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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	**7/1/1973 - 6/30/1974**					
Expense				**$310.86**	**$3,757.14**	**$4,068.00**
Indemnity				**$40,078.81**	**$0.00**	**$40,078.81**
Medical				**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,597.14	**$150,460.91**	**$382,058.05**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1978	**7/1/1977 - 6/30/1978**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$584.66**	**$5,015.74**	**$5,600.40**
Medical				**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1979	**7/1/1978 - 6/30/1979**					
Expense				**$8.00**	**$67.00**	**$75.00**
Indemnity				**$60,794.69**	**$0.00**	**$60,794.69**
Medical				**$85,570.94**	**$290,397.17**	**$375,968.11**
				$146,373.63	**$290,464.17**	**$436,837.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1982	**7/1/1981 - 6/30/1982**					
Expense				**$127.04**	**$0.00**	**$127.04**
Indemnity				**$172,321.39**	**$0.00**	**$172,321.39**
Medical				**$5,450.00**	**$0.00**	**$5,450.00**
				$177,898.43	**$0.00**	**$177,898.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1984	**7/1/1983 - 6/30/1984**					
Expense				**$8.00**	**$3,792.00**	**$3,800.00**
Indemnity				**$85,314.53**	**$0.00**	**$85,314.53**
Medical				**$27,130.72**	**$41,361.80**	**$68,492.52**
				$112,453.25	**$45,153.80**	**$157,607.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**-$679.46**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1985	7/1/1984 - 6/30/1985					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$794,018.22	$45,237.21	$839,255.43
Indemnity.....	.....			$12,314,202.11	$0.00	$12,314,202.11
Medical.....	.....			$19,350,629.99	$1,839,714.22	$21,190,344.21
				$32,458,850.32	$1,884,951.43	$34,343,801.75
# of Claims	12,524					
# Open	9	Recovery Amount:	-$455,459.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$1,141,819.99	$23,325.56	$1,165,145.55
Indemnity.....	.....			$14,552,706.60	$260,292.60	$14,812,999.20
Medical.....	.....			$24,573,028.08	$8,429,625.92	$33,002,654.00
				$40,267,554.67	$8,713,244.08	$48,980,798.75
# of Claims	13,155					
# Open	13	Recovery Amount:	-$511,236.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$1,124,976.39	$1,351.46	$1,126,327.85
Indemnity.....	.....			$16,645,516.79	$0.00	$16,645,516.79
Medical.....	.....			$18,834,787.54	$1,957,649.91	$20,792,437.45
				$36,605,280.72	$1,959,001.37	$38,564,282.09
# of Claims	12,955					
# Open	11	Recovery Amount:	-$445,724.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$842,451.27	$26,530.38	$868,981.65
Indemnity.....	.....			$20,463,278.24	$275,996.04	$20,739,274.28
Medical.....	.....			$25,423,170.22	$1,956,835.96	$27,380,006.18
				$46,728,899.73	$2,259,362.38	$48,988,262.11
# of Claims	13,849					
# Open	17	Recovery Amount:	-$81,594.66			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$873,105.30**	**$80,582.71**	**$953,688.01**
Indemnity				**$19,222,904.56**	**$251,872.42**	**$19,474,776.98**
Medical				**$28,144,270.48**	**$3,571,566.16**	**$31,715,836.64**
				$48,240,280.34	**$3,904,021.29**	**$52,144,301.63**
# of Claims	**13,413**					
# Open	**31**	**Recovery Amount:**	**-$135,469.76**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$971,509.90**	**$23,661.49**	**$995,171.39**
Indemnity				**$21,102,754.89**	**$0.00**	**$21,102,754.89**
Medical				**$28,228,395.07**	**$2,189,590.32**	**$30,417,985.39**
				$50,302,659.86	**$2,213,251.81**	**$52,515,911.67**
# of Claims	**14,070**					
# Open	**21**	**Recovery Amount:**	**-$86,201.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$240,138.14**	**$172,455.51**	**$412,593.65**
Indemnity				**$19,939,720.07**	**$137,176.93**	**$20,076,897.00**
Medical				**$34,306,326.25**	**$8,575,704.23**	**$42,882,030.48**
				$54,486,184.46	**$8,885,336.67**	**$63,371,521.13**
# of Claims	**14,441**					
# Open	**31**	**Recovery Amount:**	**-$548,155.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$176,466.22**	**$48,338.48**	**$224,804.70**
Indemnity				**$21,683,700.27**	**$390,677.46**	**$22,074,377.73**
Medical				**$36,462,664.82**	**$7,882,077.21**	**$44,344,742.03**
				$58,322,831.31	**$8,321,093.15**	**$66,643,924.46**
# of Claims	**14,854**					
# Open	**30**	**Recovery Amount:**	**-$634,685.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$204,299.44**	**$90,382.21**	**$294,681.65**
Indemnity				**$17,693,516.76**	**$727,875.53**	**$18,421,392.29**
Medical				**$25,044,081.05**	**$5,436,145.15**	**$30,480,226.20**
				$42,941,897.25	**$6,254,402.89**	**$49,196,300.14**
# of Claims	**13,202**					
# Open	**30**	**Recovery Amount:**	**-$435,320.43**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$242,491.29**	**$63,774.71**	**$306,266.00**
Indemnity				**$16,861,324.39**	**$2,762.19**	**$16,864,086.58**
Medical				**$30,896,399.83**	**$8,118,492.87**	**$39,014,892.70**
				$48,000,215.51	**$8,185,029.77**	**$56,185,245.28**
# of Claims	**12,378**					
# Open	**47**	**Recovery Amount:**	**-$519,397.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$223,483.82**	**$63,850.67**	**$287,334.49**
Indemnity				**$17,739,596.70**	**$0.00**	**$17,739,596.70**
Medical				**$31,245,270.06**	**$10,984,064.66**	**$42,229,334.72**
				$49,208,350.58	**$11,047,915.33**	**$60,256,265.91**
# of Claims	**11,766**					
# Open	**33**	**Recovery Amount:**	**-$422,574.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$276,686.17**	**$199,263.34**	**$475,949.51**
Indemnity				**$19,484,261.32**	**$188,813.72**	**$19,673,075.04**
Medical				**$30,051,203.21**	**$7,185,114.59**	**$37,236,317.80**
				$49,812,150.70	**$7,573,191.65**	**$57,385,342.35**
# of Claims	**11,475**					
# Open	**37**	**Recovery Amount:**	**-$1,422,956.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$348,628.94**	**$93,332.09**	**$441,961.03**
Indemnity				**$15,160,169.46**	**$242,761.73**	**$15,402,931.19**
Medical				**$28,543,819.59**	**$7,917,983.96**	**$36,461,803.55**
				$44,052,617.99	**$8,254,077.78**	**$52,306,695.77**
# of Claims	**10,571**					
# Open	**41**	**Recovery Amount:**	**-$578,723.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$447,009.93**	**$76,313.69**	**$523,323.62**
Indemnity				**$17,688,809.03**	**$801,465.96**	**$18,490,274.99**
Medical				**$27,159,339.65**	**$8,210,834.14**	**$35,370,173.79**
				$45,295,158.61	**$9,088,613.79**	**$54,383,772.40**
# of Claims	**11,397**					
# Open	**42**	**Recovery Amount:**	**-$561,922.04**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$632,982.46	$113,203.80	$746,186.26
Indemnity.....	.....			$24,350,787.81	$0.11	$24,350,787.92
Medical.....	.....			$30,790,843.06	$7,765,088.16	$38,555,931.22
				$55,774,613.33	$7,878,292.07	$63,652,905.40
# of Claims	11,593					
# Open	46	Recovery Amount:	-$1,517,470.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$613,080.96	$141,203.80	$754,284.76
Indemnity.....	.....			$19,197,450.28	$694,962.38	$19,892,412.66
Medical.....	.....			$26,499,555.64	$6,675,344.01	$33,174,899.65
				$46,310,086.88	$7,511,510.19	$53,821,597.07
# of Claims	11,083					
# Open	45	Recovery Amount:	-$625,526.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$647,651.21	$126,848.38	$774,499.59
Indemnity.....	.....			$20,825,070.22	$49.79	$20,825,120.01
Medical.....	.....			$31,942,817.21	$6,909,244.63	$38,852,061.84
				$53,415,538.64	$7,036,142.80	$60,451,681.44
# of Claims	10,257					
# Open	46	Recovery Amount:	-$637,288.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$769,240.90	$90,724.92	$859,965.82
Indemnity.....	.....			$18,455,642.61	$418,226.59	$18,873,869.20
Medical.....	.....			$31,693,557.90	$12,130,584.63	$43,824,142.53
				$50,918,441.41	$12,639,536.14	$63,557,977.55
# of Claims	10,585					
# Open	46	Recovery Amount:	-$886,723.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$914,277.48	$34,982.99	$949,260.47
Indemnity.....	.....			$16,954,190.94	$437,476.33	$17,391,667.27
Medical.....	.....			$26,180,149.39	$8,145,631.36	$34,325,780.75
				$44,048,617.81	$8,618,090.68	$52,666,708.49
# of Claims	9,808					
# Open	38	Recovery Amount:	-$807,395.33			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,145,985.07	$133,358.00	$1,279,343.07
Indemnity.....	.....			$19,040,768.62	$515,708.63	$19,556,477.25
Medical.....	.....			$32,921,323.38	$12,914,446.59	$45,835,769.97
				$53,108,077.07	$13,563,513.22	$66,671,590.29
# of Claims	10,434					
# Open	55	Recovery Amount:	-$694,275.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,215,985.08	$193,701.98	$1,409,687.06
Indemnity.....	.....			$18,296,566.58	$0.59	$18,296,567.17
Medical.....	.....			$26,982,640.32	$9,793,418.30	$36,776,058.62
				$46,495,191.98	$9,987,120.87	$56,482,312.85
# of Claims	9,970					
# Open	47	Recovery Amount:	-$1,088,448.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,137,447.51	$157,601.54	$1,295,049.05
Indemnity.....	.....			$16,445,752.65	$702,676.64	$17,148,429.29
Medical.....	.....			$30,132,722.59	$14,596,886.10	$44,729,608.69
				$47,715,922.75	$15,457,164.28	$63,173,087.03
# of Claims	9,777					
# Open	56	Recovery Amount:	-$943,139.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$825,885.59	$43,172.48	$869,058.07
Indemnity.....	.....			$14,363,013.40	$0.41	$14,363,013.81
Medical.....	.....			$23,539,584.66	$4,692,893.65	$28,232,478.31
				$38,728,483.65	$4,736,066.54	$43,464,550.19
# of Claims	9,752					
# Open	35	Recovery Amount:	-$351,323.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,184,560.67	$46,269.64	$1,230,830.31
Indemnity.....	.....			$18,754,383.86	$420,056.42	$19,174,440.28
Medical.....	.....			$30,773,163.82	$7,863,050.15	$38,636,213.97
				$50,712,108.35	$8,329,376.21	$59,041,484.56
# of Claims	9,780					
# Open	53	Recovery Amount:	-$876,719.69			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,087,648.40	$119,728.33	$1,207,376.73
Indemnity.....	.....			$16,376,662.43	$452,332.87	$16,828,995.30
Medical.....	.....			$31,164,594.76	$8,646,060.42	$39,810,655.18
				$48,628,905.59	$9,218,121.62	$57,847,027.21
# of Claims	9,447					
# Open	50	Recovery Amount:	-$955,111.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$977,610.07	$77,969.61	$1,055,579.68
Indemnity.....	.....			$18,935,335.72	$353,993.85	$19,289,329.57
Medical.....	.....			$26,629,764.83	$11,253,259.97	$37,883,024.80
				$46,542,710.62	$11,685,223.43	$58,227,934.05
# of Claims	9,538					
# Open	60	Recovery Amount:	-$740,264.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$987,183.90	$172,266.62	$1,159,450.52
Indemnity.....	.....			$17,855,138.16	$757,589.36	$18,612,727.52
Medical.....	.....			$26,118,154.43	$9,754,229.91	$35,872,384.34
				$44,960,476.49	$10,684,085.89	$55,644,562.38
# of Claims	9,145					
# Open	49	Recovery Amount:	-$951,629.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,094,205.79	$275,869.81	$1,370,075.60
Indemnity.....	.....			$18,724,802.28	$677,421.40	$19,402,223.68
Medical.....	.....			$24,247,710.53	$9,010,543.50	$33,258,254.03
				$44,066,718.60	$9,963,834.71	$54,030,553.31
# of Claims	8,988					
# Open	67	Recovery Amount:	-$1,083,877.57			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$918,481.63	$446,454.40	$1,364,936.03
Indemnity.....	.....			$15,200,459.42	$1,240,833.24	$16,441,292.66
Medical.....	.....			$25,389,890.77	$16,193,705.30	$41,583,596.07
				$41,508,831.82	$17,880,992.94	$59,389,824.76
# of Claims	8,758					
# Open	70	Recovery Amount:	-$904,534.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$847,711.93	$341,438.92	$1,189,150.85
Indemnity.....	.....			$14,245,907.05	$1,794,541.20	$16,040,448.25
Medical.....	.....			$24,110,277.72	$7,695,192.59	$31,805,470.31
				$39,203,896.70	$9,831,172.71	$49,035,069.41
# of Claims	8,244					
# Open	58	Recovery Amount:	-$511,020.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$912,411.66	$385,660.78	$1,298,072.44
Indemnity.....	.....			$13,783,980.30	$4,515,993.90	$18,299,974.20
Medical.....	.....			$19,732,286.25	$8,477,022.79	$28,209,309.04
				$34,428,678.21	$13,378,677.47	$47,807,355.68
# of Claims	7,262					
# Open	66	Recovery Amount:	-$505,431.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$702,694.63	$308,898.54	$1,011,593.17
Indemnity.....	.....			$11,293,473.60	$3,580,059.21	$14,873,532.81
Medical.....	.....			$17,447,144.36	$6,078,091.63	$23,525,235.99
				$29,443,312.59	$9,967,049.38	$39,410,361.97
# of Claims	7,493					
# Open	69	Recovery Amount:	-$522,431.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$612,372.88	$228,882.66	$841,255.54
Indemnity.....	.....			$8,063,374.34	$3,412,473.18	$11,475,847.52
Medical.....	.....			$13,782,597.67	$7,068,297.15	$20,850,894.82
				$22,458,344.89	$10,709,652.99	$33,167,997.88
# of Claims	6,852					
# Open	67	Recovery Amount:	-$836,339.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$618,686.02	$228,109.21	$846,795.23
Indemnity.....	.....			$7,757,595.96	$3,978,266.00	$11,735,861.96
Medical.....	.....			$13,374,978.67	$5,565,268.15	$18,940,246.82
				$21,751,260.65	$9,771,643.36	$31,522,904.01
# of Claims	6,691					
# Open	84	Recovery Amount:	-$397,268.11			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$604,754.82**	**$279,117.69**	**$883,872.51**
Indemnity				**$7,211,486.03**	**$5,521,401.93**	**$12,732,887.96**
Medical				**$11,717,004.53**	**$6,833,650.34**	**$18,550,654.87**
				$19,533,245.38	**$12,634,169.96**	**$32,167,415.34**
# of Claims	**5,003**					
# Open	**111**	**Recovery Amount:**	**-$117,241.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$381,821.84**	**$233,115.17**	**$614,937.01**
Indemnity				**$4,144,654.29**	**$2,621,731.38**	**$6,766,385.67**
Medical				**$8,643,453.59**	**$4,169,678.01**	**$12,813,131.60**
				$13,169,929.72	**$7,024,524.56**	**$20,194,454.28**
# of Claims	**5,465**					
# Open	**200**	**Recovery Amount:**	**-$49,889.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$197,011.85**	**$385,719.11**	**$582,730.96**
Indemnity				**$1,965,507.51**	**$3,999,653.44**	**$5,965,160.95**
Medical				**$4,463,499.05**	**$11,788,607.06**	**$16,252,106.11**
				$6,626,018.41	**$16,173,979.61**	**$22,799,998.02**
# of Claims	**4,904**					
# Open	**892**	**Recovery Amount:**	**-$16,096.71**			

Grand Totals						
Expense				**$26,937,250.09**	**$5,580,314.03**	**$32,517,564.12**
Indemnity				**$593,153,559.33**	**$39,380,159.17**	**$632,533,718.50**
Medical				**$926,862,160.72**	**$289,116,929.82**	**$1,215,979,090.54**
				$1,546,952,970.14	**$334,077,403.02**	**$1,881,030,373.16**
# of Claims	**380,886**					
# Open	**2,707**	**Recovery Amount:**	**-$22,859,547.90**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	**7/1/1973 - 6/30/1974**					
Expense				**$242.86**	**$3,757.14**	**$4,000.00**
Indemnity				**$40,078.81**	**$0.00**	**$40,078.81**
Medical				**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,529.14	**$150,460.91**	**$381,990.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1978	**7/1/1977 - 6/30/1978**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$584.66**	**$5,015.74**	**$5,600.40**
Medical				**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1979	**7/1/1978 - 6/30/1979**					
Expense				**$8.00**	**$67.00**	**$75.00**
Indemnity				**$60,794.69**	**$0.00**	**$60,794.69**
Medical				**$85,570.94**	**$290,397.17**	**$375,968.11**
				$146,373.63	**$290,464.17**	**$436,837.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1982	**7/1/1981 - 6/30/1982**					
Expense				**$127.04**	**$0.00**	**$127.04**
Indemnity				**$172,321.39**	**$0.00**	**$172,321.39**
Medical				**$5,450.00**	**$0.00**	**$5,450.00**
				$177,898.43	**$0.00**	**$177,898.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1984	**7/1/1983 - 6/30/1984**					
Expense				**$8.00**	**$3,792.00**	**$3,800.00**
Indemnity				**$85,314.53**	**$0.00**	**$85,314.53**
Medical				**$27,130.72**	**$41,361.80**	**$68,492.52**
				$112,453.25	**$45,153.80**	**$157,607.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**-$679.46**			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$793,838.38**	**$45,237.21**	**$839,075.59**
Indemnity				**$12,314,202.11**	**$0.00**	**$12,314,202.11**
Medical				**$18,297,632.12**	**$1,839,714.22**	**$20,137,346.34**
				$31,405,672.61	**$1,884,951.43**	**$33,290,624.04**
# of Claims	**1,868**					
# Open	**9**	**Recovery Amount:**	**-$438,667.82**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$1,139,305.91**	**$23,325.56**	**$1,162,631.47**
Indemnity				**$14,552,706.60**	**$260,292.60**	**$14,812,999.20**
Medical				**$23,354,840.56**	**$8,429,625.92**	**$31,784,466.48**
				$39,046,853.07	**$8,713,244.08**	**$47,760,097.15**
# of Claims	**2,086**					
# Open	**13**	**Recovery Amount:**	**-$494,304.02**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$1,109,375.68**	**$1,316.46**	**$1,110,692.14**
Indemnity				**$16,645,516.79**	**$0.00**	**$16,645,516.79**
Medical				**$16,882,934.76**	**$1,322,260.06**	**$18,205,194.82**
				$34,637,827.23	**$1,323,576.52**	**$35,961,403.75**
# of Claims	**1,937**					
# Open	**10**	**Recovery Amount:**	**-$414,974.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$832,963.07**	**$26,377.28**	**$859,340.35**
Indemnity				**$20,463,278.24**	**$275,996.04**	**$20,739,274.28**
Medical				**$23,756,390.67**	**$1,929,447.74**	**$25,685,838.41**
				$45,052,631.98	**$2,231,821.06**	**$47,284,453.04**
# of Claims	**2,109**					
# Open	**16**	**Recovery Amount:**	**-$74,801.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$866,517.37**	**$75,747.29**	**$942,264.66**
Indemnity				**$19,222,904.56**	**$251,872.42**	**$19,474,776.98**
Medical				**$26,476,310.05**	**$3,518,637.73**	**$29,994,947.78**
				$46,565,731.98	**$3,846,257.44**	**$50,411,989.42**
# of Claims	**2,069**					
# Open	**28**	**Recovery Amount:**	**-$127,124.42**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$962,264.31**	**$11,815.15**	**$974,079.46**
Indemnity				**$21,102,754.89**	**$0.00**	**$21,102,754.89**
Medical				**$26,064,694.83**	**$2,062,551.45**	**$28,127,246.28**
				$48,129,714.03	**$2,074,366.60**	**$50,204,080.63**
# of Claims	**2,210**					
# Open	**18**	**Recovery Amount:**	**-$85,911.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$240,136.35**	**$172,455.51**	**$412,591.86**
Indemnity				**$19,939,720.07**	**$137,176.93**	**$20,076,897.00**
Medical				**$32,391,643.23**	**$8,575,704.23**	**$40,967,347.46**
				$52,571,499.65	**$8,885,336.67**	**$61,456,836.32**
# of Claims	**2,125**					
# Open	**31**	**Recovery Amount:**	**-$523,591.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$172,842.03**	**$48,092.44**	**$220,934.47**
Indemnity				**$21,683,700.27**	**$390,677.46**	**$22,074,377.73**
Medical				**$33,741,509.59**	**$7,670,588.12**	**$41,412,097.71**
				$55,598,051.89	**$8,109,358.02**	**$63,707,409.91**
# of Claims	**2,288**					
# Open	**28**	**Recovery Amount:**	**-$589,674.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$201,191.95**	**$89,928.90**	**$291,120.85**
Indemnity				**$17,693,516.76**	**$727,875.53**	**$18,421,392.29**
Medical				**$22,914,014.50**	**$5,387,298.67**	**$28,301,313.17**
				$40,808,723.21	**$6,205,103.10**	**$47,013,826.31**
# of Claims	**2,070**					
# Open	**29**	**Recovery Amount:**	**-$414,269.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$234,579.38**	**$63,590.71**	**$298,170.09**
Indemnity				**$16,861,324.39**	**$2,762.19**	**$16,864,086.58**
Medical				**$28,174,855.72**	**$7,560,226.23**	**$35,735,081.95**
				$45,270,759.49	**$7,626,579.13**	**$52,897,338.62**
# of Claims	**1,675**					
# Open	**44**	**Recovery Amount:**	**-$509,698.84**			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$217,425.99**	**$61,789.49**	**$279,215.48**
Indemnity				**$17,739,596.70**	**$0.00**	**$17,739,596.70**
Medical				**$28,019,528.24**	**$10,818,621.41**	**$38,838,149.65**
				$45,976,550.93	**$10,880,410.90**	**$56,856,961.83**
# of Claims	**1,551**					
# Open	**31**	**Recovery Amount:**	**-$403,415.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$268,925.92**	**$198,991.34**	**$467,917.26**
Indemnity				**$19,484,261.32**	**$188,813.72**	**$19,673,075.04**
Medical				**$27,275,817.53**	**$6,857,123.79**	**$34,132,941.32**
				$47,029,004.77	**$7,244,928.85**	**$54,273,933.62**
# of Claims	**1,598**					
# Open	**35**	**Recovery Amount:**	**-$1,394,596.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$346,392.35**	**$93,332.09**	**$439,724.44**
Indemnity				**$15,160,169.46**	**$242,761.73**	**$15,402,931.19**
Medical				**$26,503,009.14**	**$7,848,014.11**	**$34,351,023.25**
				$42,009,570.95	**$8,184,107.93**	**$50,193,678.88**
# of Claims	**1,452**					
# Open	**40**	**Recovery Amount:**	**-$537,531.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$443,715.77**	**$71,184.71**	**$514,900.48**
Indemnity				**$17,688,809.03**	**$801,465.96**	**$18,490,274.99**
Medical				**$24,051,352.33**	**$8,023,647.29**	**$32,074,999.62**
				$42,183,877.13	**$8,896,297.96**	**$51,080,175.09**
# of Claims	**1,326**					
# Open	**40**	**Recovery Amount:**	**-$511,844.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$626,171.67**	**$109,826.91**	**$735,998.58**
Indemnity				**$24,350,787.81**	**$0.11**	**$24,350,787.92**
Medical				**$27,387,917.95**	**$7,384,644.03**	**$34,772,561.98**
				$52,364,877.43	**$7,494,471.05**	**$59,859,348.48**
# of Claims	**1,250**					
# Open	**42**	**Recovery Amount:**	**-$1,466,478.74**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$606,231.69**	**$141,164.50**	**$747,396.19**
Indemnity				**$19,197,450.28**	**$694,962.38**	**$19,892,412.66**
Medical				**$23,975,754.87**	**$6,673,438.45**	**$30,649,193.32**
				$43,779,436.84	**$7,509,565.33**	**$51,289,002.17**
# of Claims	**1,135**					
# Open	**44**	**Recovery Amount:**	**-$596,740.46**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$638,063.92**	**$61,446.18**	**$699,510.10**
Indemnity				**$20,825,070.22**	**$49.79**	**$20,825,120.01**
Medical				**$28,266,659.43**	**$6,210,889.91**	**$34,477,549.34**
				$49,729,793.57	**$6,272,385.88**	**$56,002,179.45**
# of Claims	**1,248**					
# Open	**42**	**Recovery Amount:**	**-$578,863.97**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$753,989.00**	**$80,766.14**	**$834,755.14**
Indemnity				**$18,455,642.61**	**$418,226.59**	**$18,873,869.20**
Medical				**$29,062,942.72**	**$11,988,713.16**	**$41,051,655.88**
				$48,272,574.33	**$12,487,705.89**	**$60,760,280.22**
# of Claims	**1,286**					
# Open	**41**	**Recovery Amount:**	**-$820,711.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$890,575.29**	**$34,476.37**	**$925,051.66**
Indemnity				**$16,954,190.94**	**$437,476.33**	**$17,391,667.27**
Medical				**$24,003,939.64**	**$7,860,499.78**	**$31,864,439.42**
				$41,848,705.87	**$8,332,452.48**	**$50,181,158.35**
# of Claims	**1,204**					
# Open	**34**	**Recovery Amount:**	**-$725,563.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,133,631.27**	**$131,279.58**	**$1,264,910.85**
Indemnity				**$19,040,768.62**	**$515,708.63**	**$19,556,477.25**
Medical				**$29,575,239.51**	**$12,455,926.77**	**$42,031,166.28**
				$49,749,639.40	**$13,102,914.98**	**$62,852,554.38**
# of Claims	**1,224**					
# Open	**52**	**Recovery Amount:**	**-$625,446.09**			

sedgwick

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,190,967.68**	**$188,381.56**	**$1,379,349.24**
Indemnity				**$18,296,566.58**	**$0.59**	**$18,296,567.17**
Medical				**$23,841,883.20**	**$9,296,301.41**	**$33,138,184.61**
				$43,329,417.46	**$9,484,683.56**	**$52,814,101.02**
# of Claims	**1,171**					
# Open	**41**	**Recovery Amount:**	**-$1,011,587.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$1,119,628.32**	**$153,388.14**	**$1,273,016.46**
Indemnity				**$16,445,752.65**	**$702,676.64**	**$17,148,429.29**
Medical				**$27,230,526.98**	**$14,307,823.73**	**$41,538,350.71**
				$44,795,907.95	**$15,163,888.51**	**$59,959,796.46**
# of Claims	**1,083**					
# Open	**51**	**Recovery Amount:**	**-$863,933.02**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$813,312.96**	**$43,172.48**	**$856,485.44**
Indemnity				**$14,363,013.40**	**$0.41**	**$14,363,013.81**
Medical				**$20,315,618.07**	**$3,841,351.60**	**$24,156,969.67**
				$35,491,944.43	**$3,884,524.49**	**$39,376,468.92**
# of Claims	**1,093**					
# Open	**32**	**Recovery Amount:**	**-$273,495.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$1,173,722.43**	**$42,058.66**	**$1,215,781.09**
Indemnity				**$18,754,383.86**	**$420,056.42**	**$19,174,440.28**
Medical				**$26,956,780.11**	**$7,599,955.79**	**$34,556,735.90**
				$46,884,886.40	**$8,062,070.87**	**$54,946,957.27**
# of Claims	**1,125**					
# Open	**48**	**Recovery Amount:**	**-$749,198.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,079,915.15**	**$117,786.66**	**$1,197,701.81**
Indemnity				**$16,376,662.43**	**$452,332.87**	**$16,828,995.30**
Medical				**$27,373,394.68**	**$7,914,529.05**	**$35,287,923.73**
				$44,829,972.26	**$8,484,648.58**	**$53,314,620.84**
# of Claims	**1,100**					
# Open	**40**	**Recovery Amount:**	**-$814,869.48**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$955,179.19**	**$45,893.54**	**$1,001,072.73**
Indemnity				**$18,935,335.72**	**$353,993.85**	**$19,289,329.57**
Medical				**$22,858,249.57**	**$10,715,277.68**	**$33,573,527.25**
				$42,748,764.48	**$11,115,165.07**	**$53,863,929.55**
# of Claims	**933**					
# Open	**56**	**Recovery Amount:**	**-$629,862.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$963,991.96**	**$137,376.16**	**$1,101,368.12**
Indemnity				**$17,855,138.16**	**$757,589.36**	**$18,612,727.52**
Medical				**$22,681,836.37**	**$9,232,703.30**	**$31,914,539.67**
				$41,500,966.49	**$10,127,668.82**	**$51,628,635.31**
# of Claims	**938**					
# Open	**44**	**Recovery Amount:**	**-$843,656.89**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,082,229.87**	**$273,731.81**	**$1,355,961.68**
Indemnity				**$18,724,802.28**	**$677,421.40**	**$19,402,223.68**
Medical				**$20,750,827.79**	**$8,836,171.83**	**$29,586,999.62**
				$40,557,859.94	**$9,787,325.04**	**$50,345,184.98**
# of Claims	**940**					
# Open	**60**	**Recovery Amount:**	**-$1,002,118.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$904,880.96**	**$429,574.12**	**$1,334,455.08**
Indemnity				**$15,200,459.42**	**$1,240,833.24**	**$16,441,292.66**
Medical				**$21,501,766.15**	**$15,798,734.57**	**$37,300,500.72**
				$37,607,106.53	**$17,469,141.93**	**$55,076,248.46**
# of Claims	**972**					
# Open	**61**	**Recovery Amount:**	**-$755,789.84**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$834,427.66**	**$340,410.85**	**$1,174,838.51**
Indemnity				**$14,245,907.05**	**$1,794,541.20**	**$16,040,448.25**
Medical				**$20,727,311.66**	**$7,530,295.25**	**$28,257,606.91**
				$35,807,646.37	**$9,665,247.30**	**$45,472,893.67**
# of Claims	**914**					
# Open	**51**	**Recovery Amount:**	**-$397,971.75**			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$892,860.23	$384,328.88	$1,277,189.11
Indemnity.....	.....			$13,783,980.30	$4,515,993.90	$18,299,974.20
Medical.....	.....			$16,206,297.06	$8,163,600.20	$24,369,897.26
				$30,883,137.59	$13,063,922.98	$43,947,060.57
# of Claims	805					
# Open	53	Recovery Amount:	-$399,362.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$680,423.90	$305,675.93	$986,099.83
Indemnity.....	.....			$11,293,473.60	$3,580,059.21	$14,873,532.81
Medical.....	.....			$14,173,935.00	$5,765,805.53	$19,939,740.53
				$26,147,832.50	$9,651,540.67	$35,799,373.17
# of Claims	838					
# Open	59	Recovery Amount:	-$413,242.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$579,631.56	$228,127.12	$807,758.68
Indemnity.....	.....			$8,063,374.34	$3,412,473.18	$11,475,847.52
Medical.....	.....			$10,718,284.61	$6,931,366.58	$17,649,651.19
				$19,361,290.51	$10,571,966.88	$29,933,257.39
# of Claims	755					
# Open	57	Recovery Amount:	-$723,844.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$578,323.93	$227,080.91	$805,404.84
Indemnity.....	.....			$7,757,595.96	$3,978,266.00	$11,735,861.96
Medical.....	.....			$10,816,174.31	$5,055,452.36	$15,871,626.67
				$19,152,094.20	$9,260,799.27	$28,412,893.47
# of Claims	707					
# Open	68	Recovery Amount:	-$285,705.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$575,083.29	$278,171.93	$853,255.22
Indemnity.....	.....			$7,211,486.03	$5,521,401.93	$12,732,887.96
Medical.....	.....			$9,660,563.40	$6,770,900.83	$16,431,464.23
				$17,447,132.72	$12,570,474.69	$30,017,607.41
# of Claims	632					
# Open	88	Recovery Amount:	-$70,387.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$344,568.77**	**$228,071.88**	**$572,640.65**
Indemnity				**$4,144,654.29**	**$2,621,731.38**	**$6,766,385.67**
Medical				**$6,512,623.67**	**$3,956,641.26**	**$10,469,264.93**
				$11,001,846.73	**$6,806,444.52**	**$17,808,291.25**
# of Claims	**667**					
# Open	**130**	**Recovery Amount:**	**-$21,841.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$177,814.63**	**$355,465.50**	**$533,280.13**
Indemnity				**$1,965,507.51**	**$3,999,653.44**	**$5,965,160.95**
Medical				**$2,816,337.01**	**$10,519,596.21**	**$13,335,933.22**
				$4,959,659.15	**$14,874,715.15**	**$19,834,374.30**
# of Claims	**515**					
# Open	**313**	**Recovery Amount:**	**-$3,336.89**			

Grand Totals						
Expense				**$26,425,504.51**	**$5,328,456.09**	**$31,753,960.60**
Indemnity				**$593,153,559.33**	**$39,380,159.17**	**$632,533,718.50**
Medical				**$825,640,456.78**	**$277,495,416.37**	**$1,103,135,873.15**
				$1,445,219,520.62	**$322,204,031.63**	**$1,767,423,552.25**
# of Claims	**48,904**					
# Open	**1,883**	**Recovery Amount:**	**-$20,595,093.53**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	7/1/1973 - 6/30/1974					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$68.00	$0.00	$68.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1985	7/1/1984 - 6/30/1985					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$179.84	$0.00	$179.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,052,997.87	$0.00	$1,052,997.87
				$1,053,177.71	$0.00	$1,053,177.71
# of Claims	10,655					
# Open	0	Recovery Amount:	-$16,791.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,514.08	$0.00	$2,514.08
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,218,187.52	$0.00	$1,218,187.52
				$1,220,701.60	$0.00	$1,220,701.60
# of Claims	11,069					
# Open	0	Recovery Amount:	-$16,932.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$15,600.71	$35.00	$15,635.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,951,852.78	$635,389.85	$2,587,242.63
				$1,967,453.49	$635,424.85	$2,602,878.34
# of Claims	10,888					
# Open	1	Recovery Amount:	-$30,749.97			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$9,488.20**	**$153.10**	**$9,641.30**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,666,779.55**	**$27,388.22**	**$1,694,167.77**
				$1,676,267.75	**$27,541.32**	**$1,703,809.07**
# of Claims	**8,190**					
# Open	**1**	**Recovery Amount:**	**-$6,793.21**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$6,587.93**	**$4,835.42**	**$11,423.35**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,667,960.43**	**$52,928.43**	**$1,720,888.86**
				$1,674,548.36	**$57,763.85**	**$1,732,312.21**
# of Claims	**8,345**					
# Open	**3**	**Recovery Amount:**	**-$8,345.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$9,245.59**	**$11,846.34**	**$21,091.93**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,163,700.24**	**$127,038.87**	**$2,290,739.11**
				$2,172,945.83	**$138,885.21**	**$2,311,831.04**
# of Claims	**9,171**					
# Open	**3**	**Recovery Amount:**	**-$290.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$1.79**	**$0.00**	**$1.79**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,914,683.02**	**$0.00**	**$1,914,683.02**
				$1,914,684.81	**$0.00**	**$1,914,684.81**
# of Claims	**9,159**					
# Open	**0**	**Recovery Amount:**	**-$24,563.55**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$3,624.19**	**$246.04**	**$3,870.23**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,721,155.23**	**$211,489.09**	**$2,932,644.32**
				$2,724,779.42	**$211,735.13**	**$2,936,514.55**
# of Claims	**9,386**					
# Open	**2**	**Recovery Amount:**	**-$45,010.77**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,107.49	$453.31	$3,560.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,130,066.55	$48,846.48	$2,178,913.03
				$2,133,174.04	$49,299.79	$2,182,473.83
# of Claims	8,336					
# Open	1	Recovery Amount:	-$21,051.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$7,911.91	$184.00	$8,095.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,721,544.11	$558,266.64	$3,279,810.75
				$2,729,456.02	$558,450.64	$3,287,906.66
# of Claims	7,843					
# Open	3	Recovery Amount:	-$9,698.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6,057.83	$2,061.18	$8,119.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,225,741.82	$165,443.25	$3,391,185.07
				$3,231,799.65	$167,504.43	$3,399,304.08
# of Claims	7,879					
# Open	2	Recovery Amount:	-$19,159.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$7,760.25	$272.00	$8,032.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,775,385.68	$327,990.80	$3,103,376.48
				$2,783,145.93	$328,262.80	$3,111,408.73
# of Claims	7,827					
# Open	2	Recovery Amount:	-$28,360.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,236.59	$0.00	$2,236.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,040,810.45	$69,969.85	$2,110,780.30
				$2,043,047.04	$69,969.85	$2,113,016.89
# of Claims	7,849					
# Open	1	Recovery Amount:	-$41,192.34			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$3,294.16**	**$5,128.98**	**$8,423.14**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,107,987.32**	**$187,186.85**	**$3,295,174.17**
				$3,111,281.48	**$192,315.83**	**$3,303,597.31**
# of Claims	**8,514**					
# Open	**2**	**Recovery Amount:**	**-$50,077.42**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$6,810.79**	**$3,376.89**	**$10,187.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,402,925.11**	**$380,444.13**	**$3,783,369.24**
				$3,409,735.90	**$383,821.02**	**$3,793,556.92**
# of Claims	**8,090**					
# Open	**4**	**Recovery Amount:**	**-$50,992.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$6,849.27**	**$39.30**	**$6,888.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,523,800.77**	**$1,905.56**	**$2,525,706.33**
				$2,530,650.04	**$1,944.86**	**$2,532,594.90**
# of Claims	**6,561**					
# Open	**1**	**Recovery Amount:**	**-$28,786.26**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$9,587.29**	**$65,402.20**	**$74,989.49**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,676,157.78**	**$698,354.72**	**$4,374,512.50**
				$3,685,745.07	**$763,756.92**	**$4,449,501.99**
# of Claims	**5,980**					
# Open	**4**	**Recovery Amount:**	**-$58,424.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$15,251.90**	**$9,958.78**	**$25,210.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,630,615.18**	**$141,871.47**	**$2,772,486.65**
				$2,645,867.08	**$151,830.25**	**$2,797,697.33**
# of Claims	**5,968**					
# Open	**5**	**Recovery Amount:**	**-$66,012.81**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$23,702.19**	**$506.62**	**$24,208.81**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,176,209.75**	**$285,131.58**	**$2,461,341.33**
				$2,199,911.94	**$285,638.20**	**$2,485,550.14**
# of Claims	**5,454**					
# Open	**4**	**Recovery Amount:**	**-$81,831.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$12,353.80**	**$2,078.42**	**$14,432.22**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,346,083.87**	**$458,519.82**	**$3,804,603.69**
				$3,358,437.67	**$460,598.24**	**$3,819,035.91**
# of Claims	**5,663**					
# Open	**3**	**Recovery Amount:**	**-$68,829.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$25,017.40**	**$5,320.42**	**$30,337.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,140,757.12**	**$497,116.89**	**$3,637,874.01**
				$3,165,774.52	**$502,437.31**	**$3,668,211.83**
# of Claims	**5,547**					
# Open	**6**	**Recovery Amount:**	**-$76,861.02**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$17,819.19**	**$4,213.40**	**$22,032.59**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,902,195.61**	**$289,062.37**	**$3,191,257.98**
				$2,920,014.80	**$293,275.77**	**$3,213,290.57**
# of Claims	**5,255**					
# Open	**5**	**Recovery Amount:**	**-$79,206.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$12,572.63**	**$0.00**	**$12,572.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,223,966.59**	**$851,542.05**	**$4,075,508.64**
				$3,236,539.22	**$851,542.05**	**$4,088,081.27**
# of Claims	**4,296**					
# Open	**3**	**Recovery Amount:**	**-$77,827.83**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$10,838.24**	**$4,210.98**	**$15,049.22**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,816,383.71**	**$263,094.36**	**$4,079,478.07**
				$3,827,221.95	**$267,305.34**	**$4,094,527.29**
# of Claims	**4,160**					
# Open	**5**	**Recovery Amount:**	**-$127,521.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$7,733.25**	**$1,941.67**	**$9,674.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,791,200.08**	**$731,531.37**	**$4,522,731.45**
				$3,798,933.33	**$733,473.04**	**$4,532,406.37**
# of Claims	**4,320**					
# Open	**10**	**Recovery Amount:**	**-$140,242.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$22,430.88**	**$32,076.07**	**$54,506.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,771,515.26**	**$537,982.29**	**$4,309,497.55**
				$3,793,946.14	**$570,058.36**	**$4,364,004.50**
# of Claims	**4,215**					
# Open	**4**	**Recovery Amount:**	**-$110,402.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$23,191.94**	**$34,890.46**	**$58,082.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,436,318.06**	**$521,526.61**	**$3,957,844.67**
				$3,459,510.00	**$556,417.07**	**$4,015,927.07**
# of Claims	**4,025**					
# Open	**5**	**Recovery Amount:**	**-$107,972.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$11,975.92**	**$2,138.00**	**$14,113.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,496,882.74**	**$174,371.67**	**$3,671,254.41**
				$3,508,858.66	**$176,509.67**	**$3,685,368.33**
# of Claims	**3,904**					
# Open	**7**	**Recovery Amount:**	**-$81,759.09**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$13,600.67	$16,880.28	$30,480.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,888,124.62	$394,970.73	$4,283,095.35
				$3,901,725.29	$411,851.01	$4,313,576.30
# of Claims	3,783					
# Open	9	Recovery Amount:	-$148,744.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$13,284.27	$1,028.07	$14,312.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,382,966.06	$164,897.34	$3,547,863.40
				$3,396,250.33	$165,925.41	$3,562,175.74
# of Claims	3,635					
# Open	7	Recovery Amount:	-$113,048.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$19,551.43	$1,331.90	$20,883.33
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,525,989.19	$313,422.59	$3,839,411.78
				$3,545,540.62	$314,754.49	$3,860,295.11
# of Claims	3,311					
# Open	13	Recovery Amount:	-$106,068.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$22,270.73	$3,222.61	$25,493.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,273,209.36	$312,286.10	$3,585,495.46
				$3,295,480.09	$315,508.71	$3,610,988.80
# of Claims	3,289					
# Open	10	Recovery Amount:	-$109,189.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$32,741.32	$755.54	$33,496.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,064,313.06	$136,930.57	$3,201,243.63
				$3,097,054.38	$137,686.11	$3,234,740.49
# of Claims	3,005					
# Open	10	Recovery Amount:	-$112,494.86			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Medical Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$40,362.09**	**$1,028.30**	**$41,390.39**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,558,804.36**	**$509,815.79**	**$3,068,620.15**
				$2,599,166.45	**$510,844.09**	**$3,110,010.54**
# of Claims	**2,705**					
# Open	**16**	**Recovery Amount:**	**-$111,562.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$29,671.53**	**$945.76**	**$30,617.29**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,056,441.13**	**$62,749.51**	**$2,119,190.64**
				$2,086,112.66	**$63,695.27**	**$2,149,807.93**
# of Claims	**2,207**					
# Open	**23**	**Recovery Amount:**	**-$46,853.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$37,253.07**	**$5,043.29**	**$42,296.36**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,130,829.92**	**$213,036.75**	**$2,343,866.67**
				$2,168,082.99	**$218,080.04**	**$2,386,163.03**
# of Claims	**2,259**					
# Open	**70**	**Recovery Amount:**	**-$28,047.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$19,197.22**	**$30,253.61**	**$49,450.83**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,647,162.04**	**$1,269,010.85**	**$2,916,172.89**
				$1,666,359.26	**$1,299,264.46**	**$2,965,623.72**
# of Claims	**2,207**					
# Open	**579**	**Recovery Amount:**	**-$12,759.82**			

Grand Totals						
Expense				**$511,745.58**	**$251,857.94**	**$763,603.52**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$101,221,703.94**	**$11,621,513.45**	**$112,843,217.39**
				$101,733,449.52	**$11,873,371.39**	**$113,606,820.91**
# of Claims	**224,952**					
# Open	**824**	**Recovery Amount:**	**-$2,264,454.37**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**130**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,550**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,999**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,689**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,157**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,180**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,796**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,860**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,336**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,050**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1,270**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1,557**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,253**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,387**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,029**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,331**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,150**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,547**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,252**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,439**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,363**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,495**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,027**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,390**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,182**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,144**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4,003**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,695**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,146**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,366**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,092**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3,279**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,164**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,539**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2,182**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**107,030**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,228.27	$0.00	$15,228.27
Medical.....	.....			$5,409.72	$0.00	$5,409.72
				$20,637.99	$0.00	$20,637.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.50	$0.00	$207.50
				$207.50	$0.00	$207.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.40	$0.00	$263.40
				$263.40	$0.00	$263.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$735.70	$0.00	$735.70
				$735.70	$0.00	$735.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$559.00**	**$0.00**	**$559.00**
				$559.00	**$0.00**	**$559.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$5.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,500.00**	**$0.00**	**$5,500.00**
Medical				**$89.84**	**$0.00**	**$89.84**
				$5,589.84	**$0.00**	**$5,589.84**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$3,499.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,019.00**	**$0.00**	**$1,019.00**
				$1,019.00	**$0.00**	**$1,019.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$316.00**	**$0.00**	**$316.00**
				$316.00	**$0.00**	**$316.00**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$425.80**	**$0.00**	**$425.80**
				$425.80	**$0.00**	**$425.80**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$278.27**	**$0.00**	**$278.27**
				$370.77	**$0.00**	**$370.77**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$37.00	**$0.00**	**$37.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$37.00	**$0.00**	**$37.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$37.00	**$0.00**	**$37.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,294.96**	**$0.00**	**$4,294.96**
Medical				**$38,149.66**	**$0.00**	**$38,149.66**
				$42,444.62	**$0.00**	**$42,444.62**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$261.26**	**$0.00**	**$261.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,915.35**	**$0.00**	**$6,915.35**
				$7,176.61	**$0.00**	**$7,176.61**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$509.09**	**$0.00**	**$509.09**
				$509.09	**$0.00**	**$509.09**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$411.00**	**$0.00**	**$411.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$116,634.99**	**$0.00**	**$116,634.99**
				$117,045.99	**$0.00**	**$117,045.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$96.06**	**$0.00**	**$96.06**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$318.95**	**$0.00**	**$318.95**
				$415.01	**$0.00**	**$415.01**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$71.14**	**$0.00**	**$71.14**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$71.14	**$0.00**	**$71.14**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$597.49**	**$0.00**	**$597.49**
				$597.49	**$0.00**	**$597.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$1,061.46**	**$0.00**	**$1,061.46**
Indemnity				**$25,023.23**	**$0.00**	**$25,023.23**
Medical				**$172,429.76**	**$0.00**	**$172,429.76**
				$198,514.45	**$0.00**	**$198,514.45**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**-$3,504.13**			

101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.43	$0.00	$143.43
				$143.43	$0.00	$143.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,030.99	$0.00	$1,030.99
Medical.....	.....			$1,268.45	$0.00	$1,268.45
				$2,682.94	$0.00	$2,682.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$558.48	$0.00	$558.48
				$558.48	$0.00	$558.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$334.89	$0.00	$334.89
				$334.89	$0.00	$334.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$354.60**	**$0.00**	**$354.60**
				$354.60	**$0.00**	**$354.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$471.24**	**$0.00**	**$471.24**
				$471.24	**$0.00**	**$471.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23.29**	**$0.00**	**$23.29**
				$41.79	**$0.00**	**$41.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$525.65**	**$0.00**	**$525.65**
				$544.15	**$0.00**	**$544.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,767.88**	**$0.00**	**$2,767.88**
				$2,767.88	**$0.00**	**$2,767.88**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$562.67**	**$0.00**	**$562.67**
				$562.67	**$0.00**	**$562.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$966.26**	**$0.00**	**$966.26**
				$1,008.26	**$0.00**	**$1,008.26**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,371.34**	**$0.00**	**$1,371.34**
				$1,371.34	**$0.00**	**$1,371.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$1,371.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,023.08**	**$0.00**	**$3,023.08**
				$3,023.08	**$0.00**	**$3,023.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$76.63**	**$0.00**	**$76.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$76.63	**$0.00**	**$76.63**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.64**	**$0.00**	**$18.64**
				$18.64	**$0.00**	**$18.64**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$41.91**	**$0.00**	**$41.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,281.61**	**$0.00**	**$3,281.61**
				$3,323.52	**$0.00**	**$3,323.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$489.99**	**$7,110.01**	**$7,600.00**
				$489.99	**$7,160.01**	**$7,650.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$599.54**	**$50.00**	**$649.54**
Indemnity				**$1,030.99**	**$0.00**	**$1,030.99**
Medical				**$16,161.50**	**$7,110.01**	**$23,271.51**
				$17,792.03	**$7,160.01**	**$24,952.04**
# of Claims	**47**					
# Open	**1**	**Recovery Amount:**	**-$1,371.34**			

103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47.54	$0.00	$47.54
				$47.54	$0.00	$47.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,929.97	$0.00	$1,929.97
Medical.....	.....			$29,399.74	$0.00	$29,399.74
				$31,329.71	$0.00	$31,329.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$753.86	$0.00	$753.86
				$753.86	$0.00	$753.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$320.00	$2,080.02	$2,400.02
Indemnity.....	.....			$47,779.78	$0.00	$47,779.78
Medical.....	.....			$38,575.72	$0.00	$38,575.72
				$86,675.50	$2,080.02	$88,755.52
# of Claims	5					
# Open	1	Recovery Amount:	-$4,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$315.43	$0.00	$315.43
Medical.....	.....			$3,110.28	$0.00	$3,110.28
				$3,425.71	$0.00	$3,425.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,765.74**	**$0.00**	**$1,765.74**
Medical				**$8,816.45**	**$0.00**	**$8,816.45**
				$10,582.19	**$0.00**	**$10,582.19**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$76.15**	**$0.00**	**$76.15**
				$76.15	**$0.00**	**$76.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$3,306.38**	**$0.00**	**$3,306.38**
Medical				**$2,708.14**	**$0.00**	**$2,708.14**
				$6,033.02	**$0.00**	**$6,033.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$6,764.10**	**$0.00**	**$6,764.10**
Indemnity				**$380,621.13**	**$0.00**	**$380,621.13**
Medical				**$56,827.00**	**$0.00**	**$56,827.00**
				$444,212.23	**$0.00**	**$444,212.23**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$386.48**	**$0.00**	**$386.48**
Medical				**$41,945.15**	**$0.00**	**$41,945.15**
				$42,339.63	**$0.00**	**$42,339.63**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$439.60**	**$0.00**	**$439.60**
				$439.60	**$0.00**	**$439.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$233.54**	**$0.00**	**$233.54**
				$233.54	**$0.00**	**$233.54**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$10,562.33**	**$0.00**	**$10,562.33**
Medical				**$34,573.00**	**$0.00**	**$34,573.00**
				$45,151.33	**$0.00**	**$45,151.33**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$157.91**	**$0.00**	**$157.91**
				$157.91	**$0.00**	**$157.91**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$1,758.59**	**$0.00**	**$1,758.59**
Medical				**$12,080.79**	**$0.00**	**$12,080.79**
				$13,871.38	**$0.00**	**$13,871.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$138.48**	**$0.00**	**$138.48**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,894.52**	**$0.00**	**$1,894.52**
				$2,033.00	**$0.00**	**$2,033.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$542.08**	**$0.00**	**$542.08**
				$542.08	**$0.00**	**$542.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$48.10**	**$0.00**	**$48.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,861.24**	**$0.00**	**$2,861.24**
				$2,909.34	**$0.00**	**$2,909.34**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$345.74**	**$0.00**	**$345.74**
				$345.74	**$0.00**	**$345.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$4,767.79**	**$0.00**	**$4,767.79**
Indemnity				**$7,018.41**	**$0.00**	**$7,018.41**
Medical				**$8,716.18**	**$0.00**	**$8,716.18**
				$20,502.38	**$0.00**	**$20,502.38**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,214.14**	**$0.00**	**$3,214.14**
				$3,214.14	**$0.00**	**$3,214.14**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$143.03**	**$286.63**	**$429.66**
Indemnity				**$4,993.20**	**$10,310.71**	**$15,303.91**
Medical				**$5,068.09**	**$24,481.91**	**$29,550.00**
				$10,204.32	**$35,079.25**	**$45,283.57**
# of Claims	**9**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$12,256.00**	**$2,366.65**	**$14,622.65**
Indemnity				**$460,437.44**	**$10,310.71**	**$470,748.15**
Medical				**$252,386.86**	**$24,481.91**	**$276,868.77**
				$725,080.30	**$37,159.27**	**$762,239.57**
# of Claims	**80**					
# Open	**7**	**Recovery Amount:**	**-$4,500.00**			

107 - LEGISLATIVE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.90	$0.00	$300.90
				$300.90	$0.00	$300.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$423.00	$0.00	$423.00
				$423.00	$0.00	$423.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$484.41	$0.00	$484.41
Medical.....	.....			$488.97	$0.00	$488.97
				$973.38	$0.00	$973.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,027.28	$0.00	$7,027.28
Medical.....	.....			$14,453.20	$0.00	$14,453.20
				$21,480.48	$0.00	$21,480.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.45	$0.00	$127.45
				$127.45	$0.00	$127.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$25,598.35**	**$0.00**	**$25,598.35**
Medical				**$15,003.39**	**$0.00**	**$15,003.39**
				$40,601.74	**$0.00**	**$40,601.74**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$5,129.71**	**$0.00**	**$5,129.71**
Medical				**$17,513.83**	**$0.00**	**$17,513.83**
				$22,651.54	**$0.00**	**$22,651.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$89.09**	**$0.00**	**$89.09**
Indemnity				**$3,777.41**	**$0.00**	**$3,777.41**
Medical				**$11,377.74**	**$0.00**	**$11,377.74**
				$15,244.24	**$0.00**	**$15,244.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$104.13**	**$0.00**	**$104.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,582.08**	**$0.00**	**$1,582.08**
				$1,686.21	**$0.00**	**$1,686.21**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$201.22**	**$0.00**	**$201.22**
Indemnity				**$42,017.16**	**$0.00**	**$42,017.16**
Medical				**$61,270.56**	**$0.00**	**$61,270.56**
				$103,488.94	**$0.00**	**$103,488.94**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

108 - VA CODE COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$349.29	$0.00	$349.29
				$349.29	$0.00	$349.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$888.74	$0.00	$888.74
Medical.....	.....			$619.30	$0.00	$619.30
				$1,508.04	$0.00	$1,508.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,084.33	$0.00	$13,084.33
Medical.....	.....			$13,871.93	$0.00	$13,871.93
				$26,956.26	$0.00	$26,956.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$349.50**	**$0.00**	**$349.50**
				$349.50	**$0.00**	**$349.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,973.07**	**$0.00**	**$13,973.07**
Medical				**$15,190.02**	**$0.00**	**$15,190.02**
				$29,163.09	**$0.00**	**$29,163.09**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

110 - JOINT LEGISLATIVE AUDIT & REVIEW

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,873.70	$0.00	$8,873.70
Medical.....	.....			$25,436.51	$0.00	$25,436.51
				$34,310.21	$0.00	$34,310.21
# of Claims	5					
# Open	0	Recovery Amount:	-$16,106.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,524.31	$0.00	$2,524.31
Medical.....	.....			$11,898.54	$0.00	$11,898.54
				$14,422.85	$0.00	$14,422.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.33	$0.00	$18.33
				$36.83	$0.00	$36.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Grand Totals

Expense.....	**$18.50**	**$0.00**	**$18.50**
Indemnity.....	**$11,398.01**	**$0.00**	**$11,398.01**
Medical.....	**$37,353.38**	**$0.00**	**$37,353.38**
	$48,769.89	**$0.00**	**$48,769.89**

# of Claims **10**

 # Open **0** **Recovery Amount:** **-$16,106.00**

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,180.06	$0.00	$4,180.06
Medical.....	.....			$1,171.34	$0.00	$1,171.34
				$5,351.40	$0.00	$5,351.40
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$675.92	$0.00	$675.92
Medical.....	.....			$5,884.26	$0.00	$5,884.26
				$6,560.18	$0.00	$6,560.18
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$830.83	$0.00	$830.83
Medical.....	.....			$1,946.38	$0.00	$1,946.38
				$2,777.21	$0.00	$2,777.21
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,982.67	$0.00	$5,982.67
Indemnity.....	.....			$122,745.05	$0.00	$122,745.05
Medical.....	.....			$61,925.45	$0.00	$61,925.45
				$190,653.17	$0.00	$190,653.17
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$25.00	$0.00	$25.00
Indemnity.....	.....			$15,600.03	$0.00	$15,600.03
Medical.....	.....			$30,255.59	$0.00	$30,255.59
				$45,880.62	$0.00	$45,880.62
# of Claims	31					
# Open	0	Recovery Amount:	-$70.56			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$3,161.59**	**$0.00**	**$3,161.59**
Indemnity				**$14,046.65**	**$0.00**	**$14,046.65**
Medical				**$49,404.37**	**$0.00**	**$49,404.37**
				$66,612.61	**$0.00**	**$66,612.61**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$10,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,338.90**	**$0.00**	**$16,338.90**
Medical				**$28,999.92**	**$0.00**	**$28,999.92**
				$45,338.82	**$0.00**	**$45,338.82**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$226,833.60**	**$0.00**	**$226,833.60**
Medical				**$29,356.70**	**$0.00**	**$29,356.70**
				$256,190.30	**$0.00**	**$256,190.30**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,818.17**	**$0.00**	**$8,818.17**
Medical				**$19,532.60**	**$0.00**	**$19,532.60**
				$28,350.77	**$0.00**	**$28,350.77**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$2,166.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,224.43**	**$0.00**	**$8,224.43**
Medical				**$6,397.50**	**$0.00**	**$6,397.50**
				$14,621.93	**$0.00**	**$14,621.93**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$27.78**	**$0.00**	**$27.78**
Indemnity				**$32,247.77**	**$0.00**	**$32,247.77**
Medical				**$93,368.23**	**$0.00**	**$93,368.23**
				$125,643.78	**$0.00**	**$125,643.78**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$33.55**	**$0.00**	**$33.55**
Indemnity				**$2,247.83**	**$0.00**	**$2,247.83**
Medical				**$14,857.96**	**$0.00**	**$14,857.96**
				$17,139.34	**$0.00**	**$17,139.34**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,174.67**	**$0.00**	**$19,174.67**
Medical				**$36,552.60**	**$0.00**	**$36,552.60**
				$55,727.27	**$0.00**	**$55,727.27**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$519.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$6,684.00**	**$0.00**	**$6,684.00**
Indemnity				**$247,113.52**	**$0.00**	**$247,113.52**
Medical				**$82,945.92**	**$0.00**	**$82,945.92**
				$336,743.44	**$0.00**	**$336,743.44**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$3,759.00**	**$0.00**	**$3,759.00**
Indemnity				**$163,398.10**	**$0.00**	**$163,398.10**
Medical				**$81,601.39**	**$0.00**	**$81,601.39**
				$248,758.49	**$0.00**	**$248,758.49**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$493.21**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$419.70	$0.00	$419.70
Indemnity.....	.....			$55.13	$0.00	$55.13
Medical.....	.....			$8,776.71	$0.00	$8,776.71
				$9,251.54	$0.00	$9,251.54
# of Claims	26					
# Open	0	Recovery Amount:	-$231.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,907.14	$0.00	$3,907.14
Medical.....	.....			$65,177.38	$0.00	$65,177.38
				$69,103.02	$0.00	$69,103.02
# of Claims	18					
# Open	0	Recovery Amount:	-$25,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$9,156.65	$0.00	$9,156.65
Indemnity.....	.....			$34,033.06	$0.00	$34,033.06
Medical.....	.....			$11,008.00	$0.00	$11,008.00
				$54,197.71	$0.00	$54,197.71
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$555.00	$0.00	$555.00
Indemnity.....	.....			$48,793.55	$0.00	$48,793.55
Medical.....	.....			$74,428.25	$0.00	$74,428.25
				$123,776.80	$0.00	$123,776.80
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$481.00	$0.00	$481.00
Indemnity.....	.....			$849.45	$0.00	$849.45
Medical.....	.....			$11,819.52	$0.00	$11,819.52
				$13,149.97	$0.00	$13,149.97
# of Claims	31					
# Open	0	Recovery Amount:	-$1,868.61			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$4,499.89**	**$32.00**	**$4,531.89**
Indemnity				**$208,822.98**	**$0.00**	**$208,822.98**
Medical				**$355,247.95**	**$152,721.95**	**$507,969.90**
				$568,570.82	**$152,753.95**	**$721,324.77**
# of Claims	**33**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$529.95**	**$0.00**	**$529.95**
Indemnity				**$29,272.10**	**$0.00**	**$29,272.10**
Medical				**$65,944.69**	**$0.00**	**$65,944.69**
				$95,746.74	**$0.00**	**$95,746.74**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$3,515.77**	**$0.00**	**$3,515.77**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15,982.81**	**$0.00**	**$15,982.81**
				$19,498.58	**$0.00**	**$19,498.58**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$6,557.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,284.07**	**$0.00**	**$17,284.07**
				$17,308.07	**$0.00**	**$17,308.07**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$64.00**	**$0.00**	**$64.00**
Indemnity				**$1,479.27**	**$0.00**	**$1,479.27**
Medical				**$15,217.61**	**$0.00**	**$15,217.61**
				$16,760.88	**$0.00**	**$16,760.88**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$7,217.85**	**$64.00**	**$7,281.85**
Indemnity				**$27,540.51**	**$0.00**	**$27,540.51**
Medical				**$344,453.17**	**$227,444.95**	**$571,898.12**
				$379,211.53	**$227,508.95**	**$606,720.48**
# of Claims	**31**					
# Open	**2**	**Recovery Amount:**	**-$45,281.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$54.58**	**$0.00**	**$54.58**
Indemnity				**$340.90**	**$0.00**	**$340.90**
Medical				**$5,563.18**	**$0.00**	**$5,563.18**
				$5,958.66	**$0.00**	**$5,958.66**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$161.38**	**$0.00**	**$161.38**
Indemnity				**$20,961.69**	**$0.00**	**$20,961.69**
Medical				**$30,088.64**	**$0.00**	**$30,088.64**
				$51,211.71	**$0.00**	**$51,211.71**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$44.13**	**$0.00**	**$44.13**
Indemnity				**$287.07**	**$0.00**	**$287.07**
Medical				**$9,673.52**	**$0.00**	**$9,673.52**
				$10,004.72	**$0.00**	**$10,004.72**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$176.61**	**$0.00**	**$176.61**
Indemnity				**$3,854.33**	**$0.00**	**$3,854.33**
Medical				**$37,256.08**	**$0.00**	**$37,256.08**
				$41,287.02	**$0.00**	**$41,287.02**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$58.11**	**$0.00**	**$58.11**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19,952.05**	**$0.00**	**$19,952.05**
				$20,010.16	**$0.00**	**$20,010.16**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$247.33**	**$0.00**	**$247.33**
Indemnity				**$23,142.46**	**$0.00**	**$23,142.46**
Medical				**$102,978.48**	**$0.00**	**$102,978.48**
				$126,368.27	**$0.00**	**$126,368.27**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$1,534.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$341.93**	**$0.00**	**$341.93**
Indemnity				**$1,091.57**	**$0.00**	**$1,091.57**
Medical				**$50,128.78**	**$0.00**	**$50,128.78**
				$51,562.28	**$0.00**	**$51,562.28**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$254.80**	**$0.00**	**$254.80**
Indemnity				**$799.89**	**$0.00**	**$799.89**
Medical				**$10,648.55**	**$0.00**	**$10,648.55**
				$11,703.24	**$0.00**	**$11,703.24**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$5,968.18**	**$744.28**	**$6,712.46**
Indemnity				**$106,206.12**	**$23,831.50**	**$130,037.62**
Medical				**$24,228.19**	**$15,621.90**	**$39,850.09**
				$136,402.49	**$40,197.68**	**$176,600.17**
# of Claims	**20**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$455.91**	**$170.16**	**$626.07**
Indemnity				**$5,145.33**	**$10,612.23**	**$15,757.56**
Medical				**$16,352.02**	**$11,606.80**	**$27,958.82**
				$21,953.26	**$22,389.19**	**$44,342.45**
# of Claims	**27**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$104.59**	**$11.02**	**$115.61**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$104.59	**$1,211.02**	**$1,315.61**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$54,023.45**	**$1,021.46**	**$55,044.91**
Indemnity				**$1,399,058.08**	**$34,443.73**	**$1,433,501.81**
Medical				**$1,836,409.86**	**$408,595.60**	**$2,245,005.46**
				$3,289,491.39	**$444,060.79**	**$3,733,552.18**
# of Claims	**979**					
# Open	**6**	**Recovery Amount:**	**-$93,723.85**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

112 - JUDICIAL INQUIRY REVIEW COMM.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.00**	**$0.00**	**$36.00**
				$36.00	**$0.00**	**$36.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.00**	**$0.00**	**$36.00**
				$54.50	**$0.00**	**$54.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

113 - CIRCUIT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$645.00**	**$0.00**	**$645.00**
Medical				**$6,286.02**	**$0.00**	**$6,286.02**
				$6,931.02	**$0.00**	**$6,931.02**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$645.00**	**$0.00**	**$645.00**
Medical				**$6,286.02**	**$0.00**	**$6,286.02**
				$6,931.02	**$0.00**	**$6,931.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.00	$0.00	$85.00
				$85.00	$0.00	$85.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58.00	$0.00	$58.00
				$58.00	$0.00	$58.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$198.89**	**$0.00**	**$198.89**
Medical				**$829.92**	**$0.00**	**$829.92**
				$1,028.81	**$0.00**	**$1,028.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$11,746.48**	**$0.00**	**$11,746.48**
Indemnity				**$145,038.06**	**$0.00**	**$145,038.06**
Medical				**$568,273.30**	**$0.00**	**$568,273.30**
				$725,057.84	**$0.00**	**$725,057.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,434.86**	**$0.00**	**$16,434.86**
				$16,434.86	**$0.00**	**$16,434.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,927.64**	**$0.00**	**$2,927.64**
				$2,927.64	**$0.00**	**$2,927.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$1,932.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$211.20**	**$0.00**	**$211.20**
				$211.20	**$0.00**	**$211.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,746.48**	**$0.00**	**$11,746.48**
Indemnity				**$145,236.95**	**$0.00**	**$145,236.95**
Medical				**$588,819.92**	**$0.00**	**$588,819.92**
				$745,803.35	**$0.00**	**$745,803.35**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**-$1,932.24**			

119 - OFFICE OF LIEUTENANT GOVERNOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,518.36**	**$0.00**	**$7,518.36**
Medical				**$5,081.81**	**$0.00**	**$5,081.81**
				$12,600.17	**$0.00**	**$12,600.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.00**	**$0.00**	**$130.00**
				$130.00	**$0.00**	**$130.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,518.36**	**$0.00**	**$7,518.36**
Medical				**$5,211.81**	**$0.00**	**$5,211.81**
				$12,730.17	**$0.00**	**$12,730.17**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.88	$0.00	$303.88
				$303.88	$0.00	$303.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.43	$0.00	$74.43
				$74.43	$0.00	$74.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.00	$0.00	$52.00
				$52.00	$0.00	$52.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.00	$0.00	$268.00
				$268.00	$0.00	$268.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$193.60**	**$0.00**	**$193.60**
				$193.60	**$0.00**	**$193.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$117.00**	**$0.00**	**$117.00**
				$117.00	**$0.00**	**$117.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$620.45**	**$0.00**	**$620.45**
				$620.45	**$0.00**	**$620.45**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$254.50**	**$0.00**	**$254.50**
				$254.50	**$0.00**	**$254.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,587.73**	**$0.00**	**$1,587.73**
				$1,587.73	**$0.00**	**$1,587.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$15,771.44**	**$11,106.75**	**$26,878.19**
Indemnity				**$6,455.82**	**$0.00**	**$6,455.82**
Medical				**$441,959.76**	**$513,253.39**	**$955,213.15**
				$464,187.02	**$524,360.14**	**$988,547.16**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,944.35**	**$0.00**	**$3,944.35**
				$3,944.35	**$0.00**	**$3,944.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.92**	**$0.00**	**$253.92**
				$253.92	**$0.00**	**$253.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$63.70**	**$0.00**	**$63.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$4,200.00**	**$4,200.00**
				$63.70	**$4,200.00**	**$4,263.70**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$15,835.14**	**$11,106.75**	**$26,941.89**
Indemnity				**$6,455.82**	**$0.00**	**$6,455.82**
Medical				**$449,667.62**	**$517,453.39**	**$967,121.01**
				$471,958.58	**$528,560.14**	**$1,000,518.72**
# of Claims	**26**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37.58	$0.00	$37.58
				$37.58	$0.00	$37.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.15	$0.00	$79.15
				$79.15	$0.00	$79.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$87.00	$0.00	$87.00
				$87.00	$0.00	$87.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.00	$0.00	$189.00
				$189.00	$0.00	$189.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.00	$0.00	$100.00
				$100.00	$0.00	$100.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$190.82**	**$0.00**	**$190.82**
				$190.82	**$0.00**	**$190.82**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$55.00**	**$0.00**	**$55.00**
				$55.00	**$0.00**	**$55.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$37.58**	**$0.00**	**$37.58**
				$37.58	**$0.00**	**$37.58**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$357.60**	**$0.00**	**$357.60**
				$357.60	**$0.00**	**$357.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$25.50**	**$0.00**	**$25.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,103.86**	**$0.00**	**$1,103.86**
				$1,129.36	**$0.00**	**$1,129.36**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60.00**	**$0.00**	**$60.00**
				$60.00	**$0.00**	**$60.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.80**	**$0.00**	**$121.80**
				$121.80	**$0.00**	**$121.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$569.05**	**$0.00**	**$569.05**
				$569.05	**$0.00**	**$569.05**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$162.40**	**$0.00**	**$162.40**
				$162.40	**$0.00**	**$162.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$319.71**	**$0.00**	**$319.71**
				$319.71	**$0.00**	**$319.71**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$710.21**	**$0.00**	**$710.21**
Medical				**$8,454.67**	**$0.00**	**$8,454.67**
				$9,164.88	**$0.00**	**$9,164.88**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$568.55**	**$0.00**	**$568.55**
				$568.55	**$0.00**	**$568.55**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,194.47**	**$0.00**	**$1,194.47**
				$1,194.47	**$0.00**	**$1,194.47**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$25.50**	**$0.00**	**$25.50**
Indemnity				**$710.21**	**$0.00**	**$710.21**
Medical				**$13,688.24**	**$0.00**	**$13,688.24**
				$14,423.95	**$0.00**	**$14,423.95**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,479.57	$0.00	$2,479.57
Medical.....	.....			$5,721.38	$0.00	$5,721.38
				$8,200.95	$0.00	$8,200.95
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$345.80	$0.00	$345.80
Indemnity.....	.....			$1,154.42	$0.00	$1,154.42
Medical.....	.....			$2,136.76	$0.00	$2,136.76
				$3,636.98	$0.00	$3,636.98
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,304.30	$0.00	$2,304.30
Indemnity.....	.....			$279,789.33	$0.00	$279,789.33
Medical.....	.....			$51,129.90	$0.00	$51,129.90
				$333,223.53	$0.00	$333,223.53
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$625.00	$0.00	$625.00
Indemnity.....	.....			$6,685.00	$0.00	$6,685.00
Medical.....	.....			$3,553.37	$0.00	$3,553.37
				$10,863.37	$0.00	$10,863.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,574.01	$0.00	$17,574.01
Medical.....	.....			$2,816.31	$0.00	$2,816.31
				$20,390.32	$0.00	$20,390.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,746.86**	**$0.00**	**$2,746.86**
Medical				**$1,662.94**	**$0.00**	**$1,662.94**
				$4,409.80	**$0.00**	**$4,409.80**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$42,825.81**	**$0.00**	**$42,825.81**
Medical				**$66,156.25**	**$0.00**	**$66,156.25**
				$108,982.06	**$0.00**	**$108,982.06**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$117.00**	**$0.00**	**$117.00**
Indemnity				**$662.83**	**$0.00**	**$662.83**
Medical				**$17,025.57**	**$0.00**	**$17,025.57**
				$17,805.40	**$0.00**	**$17,805.40**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$593.04**	**$0.00**	**$593.04**
Medical				**$5,143.74**	**$0.00**	**$5,143.74**
				$5,736.78	**$0.00**	**$5,736.78**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$754.29**	**$0.00**	**$754.29**
Medical				**$10,079.31**	**$0.00**	**$10,079.31**
				$10,833.60	**$0.00**	**$10,833.60**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$62.00**	**$0.00**	**$62.00**
Indemnity				**$392.95**	**$0.00**	**$392.95**
Medical				**$2,846.69**	**$0.00**	**$2,846.69**
				$3,301.64	**$0.00**	**$3,301.64**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,166.93**	**$0.00**	**$12,166.93**
				$12,166.93	**$0.00**	**$12,166.93**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,550.86**	**$0.00**	**$9,550.86**
Medical				**$32,469.03**	**$0.00**	**$32,469.03**
				$42,019.89	**$0.00**	**$42,019.89**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$932.00**	**$0.00**	**$932.00**
Indemnity				**$84,475.45**	**$0.00**	**$84,475.45**
Medical				**$178,068.42**	**$0.00**	**$178,068.42**
				$263,475.87	**$0.00**	**$263,475.87**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**-$4,504.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$36,064.81**	**$72.00**	**$36,136.81**
Indemnity				**$2,566,888.21**	**$0.00**	**$2,566,888.21**
Medical				**$256,080.90**	**$140,416.13**	**$396,497.03**
				$2,859,033.92	**$140,488.13**	**$2,999,522.05**
# of Claims	**51**					
# Open	**1**	**Recovery Amount:**	**-$418,004.48**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$829.30**	**$0.00**	**$829.30**
Medical				**$27,950.61**	**$0.00**	**$27,950.61**
				$28,779.91	**$0.00**	**$28,779.91**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$49.50**	**$0.00**	**$49.50**
Indemnity				**$11,007.49**	**$0.00**	**$11,007.49**
Medical				**$26,934.03**	**$0.00**	**$26,934.03**
				$37,991.02	**$0.00**	**$37,991.02**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,315.63**	**$0.00**	**$1,315.63**
Medical				**$48,305.20**	**$0.00**	**$48,305.20**
				$49,620.83	**$0.00**	**$49,620.83**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,736.53**	**$0.00**	**$8,736.53**
Medical				**$18,203.29**	**$0.00**	**$18,203.29**
				$26,939.82	**$0.00**	**$26,939.82**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$5,958.50**	**$0.00**	**$5,958.50**
Indemnity				**$319,830.39**	**$0.00**	**$319,830.39**
Medical				**$512,910.31**	**$0.00**	**$512,910.31**
				$838,699.20	**$0.00**	**$838,699.20**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$46,639.53**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$97.94**	**$0.00**	**$97.94**
Indemnity				**$21,261.42**	**$0.00**	**$21,261.42**
Medical				**$92,430.69**	**$0.00**	**$92,430.69**
				$113,790.05	**$0.00**	**$113,790.05**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$269.10**	**$0.00**	**$269.10**
Indemnity				**$9,183.02**	**$0.00**	**$9,183.02**
Medical				**$118,414.53**	**$0.00**	**$118,414.53**
				$127,866.65	**$0.00**	**$127,866.65**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$762.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,248.60**	**$0.00**	**$5,248.60**
Medical				**$138,055.68**	**$0.00**	**$138,055.68**
				$143,304.28	**$0.00**	**$143,304.28**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$122.00**	**$0.00**	**$122.00**
Indemnity				**$684.40**	**$0.00**	**$684.40**
Medical				**$48,828.67**	**$0.00**	**$48,828.67**
				$49,635.07	**$0.00**	**$49,635.07**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$15,312.66**	**$0.00**	**$15,312.66**
Indemnity				**$399,105.11**	**$0.00**	**$399,105.11**
Medical				**$248,417.49**	**$0.00**	**$248,417.49**
				$662,835.26	**$0.00**	**$662,835.26**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$209.80**	**$0.00**	**$209.80**
Indemnity				**$8,524.72**	**$0.00**	**$8,524.72**
Medical				**$29,313.41**	**$0.00**	**$29,313.41**
				$38,047.93	**$0.00**	**$38,047.93**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$546.85**	**$0.00**	**$546.85**
Indemnity				**$48,004.64**	**$0.00**	**$48,004.64**
Medical				**$167,802.63**	**$60,290.50**	**$228,093.13**
				$216,354.12	**$60,290.50**	**$276,644.62**
# of Claims	**35**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$46.25**	**$0.00**	**$46.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$34,520.93**	**$0.00**	**$34,520.93**
				$34,567.18	**$0.00**	**$34,567.18**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$4,319.40**	**$0.00**	**$4,319.40**
Indemnity				**$71,966.39**	**$0.00**	**$71,966.39**
Medical				**$274,658.02**	**$0.00**	**$274,658.02**
				$350,943.81	**$0.00**	**$350,943.81**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8,888.10**	**$0.00**	**$8,888.10**
Indemnity				**$12,248.80**	**$0.00**	**$12,248.80**
Medical				**$84,112.46**	**$0.00**	**$84,112.46**
				$105,249.36	**$0.00**	**$105,249.36**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$824.34**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$165.79**	**$0.00**	**$165.79**
Indemnity				**$13,021.90**	**$0.00**	**$13,021.90**
Medical				**$63,979.84**	**$0.00**	**$63,979.84**
				$77,167.53	**$0.00**	**$77,167.53**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$20,411.42**	**$4,332.74**	**$24,744.16**
Indemnity				**$173,851.38**	**$65,864.81**	**$239,716.19**
Medical				**$67,412.18**	**$30,895.34**	**$98,307.52**
				$261,674.98	**$101,092.89**	**$362,767.87**
# of Claims	**387**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$920.14**	**$0.00**	**$920.14**
Indemnity				**$18,058.83**	**$0.00**	**$18,058.83**
Medical				**$68,241.03**	**$0.00**	**$68,241.03**
				$87,220.00	**$0.00**	**$87,220.00**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$1,178.93**	**$3,193.15**	**$4,372.08**
Indemnity				**$82,247.19**	**$35,388.27**	**$117,635.46**
Medical				**$230,220.18**	**$28,673.30**	**$258,893.48**
				$313,646.30	**$67,254.72**	**$380,901.02**
# of Claims	**749**					
# Open	**3**	**Recovery Amount:**	**-$92.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$265.13**	**$0.00**	**$265.13**
Indemnity				**$10,443.11**	**$0.00**	**$10,443.11**
Medical				**$16,296.57**	**$0.00**	**$16,296.57**
				$27,004.81	**$0.00**	**$27,004.81**
# of Claims	**65**					
# Open	**1**	**Recovery Amount:**	**-$6,016.80**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$226.85**	**$3,933.50**	**$4,160.35**
Indemnity				**$3,416.51**	**$6,000.00**	**$9,416.51**
Medical				**$11,856.46**	**$13,050.00**	**$24,906.46**
				$15,499.82	**$22,983.50**	**$38,483.32**
# of Claims	**459**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$546.54**	**$702.36**	**$1,248.90**
Indemnity				**$3,547.50**	**$13,297.50**	**$16,845.00**
Medical				**$9,320.38**	**$28,923.06**	**$38,243.44**
				$13,414.42	**$42,922.92**	**$56,337.34**
# of Claims	**59**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$99,985.81**	**$12,233.75**	**$112,219.56**
Indemnity				**$4,239,105.49**	**$120,550.58**	**$4,359,656.07**
Medical				**$2,985,242.09**	**$302,248.33**	**$3,287,490.42**
				$7,324,333.39	**$435,032.66**	**$7,759,366.05**
# of Claims	**2,592**					
# Open	**15**	**Recovery Amount:**	**-$476,844.24**			

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$571.18	$0.00	$571.18
				$571.18	$0.00	$571.18
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.75	$0.00	$157.75
				$157.75	$0.00	$157.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$297.88	$0.00	$297.88
				$297.88	$0.00	$297.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$767.00	$0.00	$767.00
Indemnity.....	.....			$4,250.87	$0.00	$4,250.87
Medical.....	.....			$7,241.98	$0.00	$7,241.98
				$12,259.85	$0.00	$12,259.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,667.59	$0.00	$1,667.59
Medical.....	.....			$23,261.51	$0.00	$23,261.51
				$24,929.10	$0.00	$24,929.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,285.47**	**$0.00**	**$4,285.47**
Medical				**$8,511.85**	**$0.00**	**$8,511.85**
				$12,797.32	**$0.00**	**$12,797.32**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28,896.94**	**$0.00**	**$28,896.94**
Medical				**$23,661.96**	**$0.00**	**$23,661.96**
				$52,558.90	**$0.00**	**$52,558.90**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$29.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,379.25**	**$0.00**	**$4,379.25**
				$4,379.25	**$0.00**	**$4,379.25**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$308.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$86.42**	**$0.00**	**$86.42**
				$86.42	**$0.00**	**$86.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,154.29**	**$0.00**	**$6,154.29**
				$6,154.29	**$0.00**	**$6,154.29**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$4.00**	**$0.00**	**$4.00**
Indemnity				**$1,268.33**	**$0.00**	**$1,268.33**
Medical				**$1,073.23**	**$0.00**	**$1,073.23**
				$2,345.56	**$0.00**	**$2,345.56**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$464.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$454.51**	**$0.00**	**$454.51**
				$454.51	**$0.00**	**$454.51**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,443.20**	**$0.00**	**$13,443.20**
Medical				**$14,878.35**	**$0.00**	**$14,878.35**
				$28,321.55	**$0.00**	**$28,321.55**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,235.93**	**$0.00**	**$2,235.93**
				$2,235.93	**$0.00**	**$2,235.93**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$113.70**	**$0.00**	**$113.70**
Medical				**$14,585.53**	**$0.00**	**$14,585.53**
				$14,699.23	**$0.00**	**$14,699.23**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,552.32**	**$0.00**	**$2,552.32**
				$2,552.32	**$0.00**	**$2,552.32**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$2,552.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,336.01**	**$0.00**	**$1,336.01**
				$1,336.01	**$0.00**	**$1,336.01**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,635.07**	**$0.00**	**$1,635.07**
				$1,635.07	**$0.00**	**$1,635.07**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,794.82**	**$0.00**	**$3,794.82**
				$3,831.82	**$0.00**	**$3,831.82**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$747.22**	**$0.00**	**$747.22**
Indemnity				**$1,595.97**	**$0.00**	**$1,595.97**
Medical				**$24,199.03**	**$0.00**	**$24,199.03**
				$26,542.22	**$0.00**	**$26,542.22**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$233.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$156.48**	**$0.00**	**$156.48**
				$156.48	**$0.00**	**$156.48**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,036.50**	**$0.00**	**$1,036.50**
				$1,068.50	**$0.00**	**$1,068.50**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$42.00	**$0.00**	**$42.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$744.50**	**$0.00**	**$744.50**
Indemnity				**$424.82**	**$0.00**	**$424.82**
Medical				**$25,253.59**	**$0.00**	**$25,253.59**
				$26,422.91	**$0.00**	**$26,422.91**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310,762.84**	**$202,451.63**	**$513,214.47**
				$310,794.84	**$202,451.63**	**$513,246.47**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,439.03**	**$0.00**	**$4,439.03**
				$4,439.03	**$0.00**	**$4,439.03**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$70.09**	**$0.00**	**$70.09**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,098.15**	**$0.00**	**$11,098.15**
				$11,168.24	**$0.00**	**$11,168.24**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$57.95**	**$0.00**	**$57.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,025.25**	**$0.00**	**$9,025.25**
				$9,083.20	**$0.00**	**$9,083.20**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$10.68**	**$0.00**	**$10.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,614.61**	**$0.00**	**$2,614.61**
				$2,625.29	**$0.00**	**$2,625.29**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$78.40**	**$0.00**	**$78.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,877.49**	**$0.00**	**$7,877.49**
				$7,955.89	**$0.00**	**$7,955.89**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$4,089.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$304.18**	**$0.00**	**$304.18**
				$304.18	**$0.00**	**$304.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,564.68**	**$0.00**	**$2,564.68**
				$2,564.68	**$0.00**	**$2,564.68**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$23.71**	**$2,676.29**	**$2,700.00**
Indemnity				**$0.00**	**$47,144.50**	**$47,144.50**
Medical				**$8,197.10**	**$66,866.58**	**$75,063.68**
				$8,220.81	**$116,687.37**	**$124,908.18**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,646.55**	**$2,676.29**	**$5,322.84**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity			**$55,946.89**	**$47,144.50**	**$103,091.39**
Medical			**$524,398.77**	**$269,318.21**	**$793,716.98**
			$582,992.21	**$319,139.00**	**$902,131.21**

# of Claims	**188**		
# Open	**2**	**Recovery Amount:**	**-$7,676.45**

129 - Human Resource Management, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$762.50	$0.00	$762.50
				$762.50	$0.00	$762.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.00	$0.00	$52.00
				$52.00	$0.00	$52.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,041.33	$0.00	$1,041.33
				$1,041.33	$0.00	$1,041.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,611.30**	**$0.00**	**$6,611.30**
Medical				**$9,041.49**	**$0.00**	**$9,041.49**
				$15,652.79	**$0.00**	**$15,652.79**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$10,138.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$372.72**	**$0.00**	**$372.72**
				$372.72	**$0.00**	**$372.72**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$13.55**	**$0.00**	**$13.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$118.50**	**$0.00**	**$118.50**
				$132.05	**$0.00**	**$132.05**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$226.00**	**$0.00**	**$226.00**
				$226.00	**$0.00**	**$226.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,473.12**	**$0.00**	**$6,473.12**
Medical				**$14,341.14**	**$0.00**	**$14,341.14**
				$20,814.26	**$0.00**	**$20,814.26**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28,662.91**	**$0.00**	**$28,662.91**
Medical				**$39,320.04**	**$0.00**	**$39,320.04**
				$67,982.95	**$0.00**	**$67,982.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$78.17**	**$0.00**	**$78.17**
				$115.17	**$0.00**	**$115.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,879.48**	**$0.00**	**$18,879.48**
Medical				**$8,602.24**	**$0.00**	**$8,602.24**
				$27,481.72	**$0.00**	**$27,481.72**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$270.38**	**$0.00**	**$270.38**
				$270.38	**$0.00**	**$270.38**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,517.55**	**$0.00**	**$2,517.55**
				$2,517.55	**$0.00**	**$2,517.55**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,437.56**	**$0.00**	**$17,437.56**
Medical				**$76,333.39**	**$0.00**	**$76,333.39**
				$93,770.95	**$0.00**	**$93,770.95**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$63,483.49**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$257.03**	**$0.00**	**$257.03**
				$257.03	**$0.00**	**$257.03**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$192.10**	**$0.00**	**$192.10**
				$192.10	**$0.00**	**$192.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,909.90**	**$0.00**	**$1,909.90**
				$1,909.90	**$0.00**	**$1,909.90**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$130.05**	**$0.00**	**$130.05**
Indemnity				**$19,363.72**	**$0.00**	**$19,363.72**
Medical				**$41,990.05**	**$0.00**	**$41,990.05**
				$61,483.82	**$0.00**	**$61,483.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$25,000.00**			

Grand Totals						
Expense				**$180.60**	**$0.00**	**$180.60**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity			**$97,428.09**	**$0.00**	**$97,428.09**
Medical			**$197,476.53**	**$0.00**	**$197,476.53**
			$295,085.22	**$0.00**	**$295,085.22**

# of Claims	**94**		
# Open	**0**	**Recovery Amount:**	**-$98,622.10**

130 - ECONOMIC DEVELOPMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$328.72	$0.00	$328.72
Medical.....	.....			$1,792.73	$0.00	$1,792.73
				$2,121.45	$0.00	$2,121.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$49.15	$0.00	$49.15
Medical.....	.....			$9,877.08	$0.00	$9,877.08
				$9,926.23	$0.00	$9,926.23
# of Claims	5					
# Open	0	Recovery Amount:	-$6,340.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$863.86	$0.00	$863.86
				$863.86	$0.00	$863.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$65.60	$0.00	$65.60
Medical.....	.....			$394.90	$0.00	$394.90
				$460.50	$0.00	$460.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,603.98	$0.00	$2,603.98
				$2,603.98	$0.00	$2,603.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,880.28**	**$0.00**	**$18,880.28**
Medical				**$22,168.20**	**$0.00**	**$22,168.20**
				$41,048.48	**$0.00**	**$41,048.48**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.73**	**$0.00**	**$255.73**
				$255.73	**$0.00**	**$255.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,323.75**	**$0.00**	**$19,323.75**
Medical				**$37,956.48**	**$0.00**	**$37,956.48**
				$57,280.23	**$0.00**	**$57,280.23**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**-$6,340.44**			

131 - VETERAN'S AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.60	$0.00	$200.60
				$200.60	$0.00	$200.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$141.32**	**$0.00**	**$141.32**
				$141.32	**$0.00**	**$141.32**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$379.92**	**$0.00**	**$379.92**
				$379.92	**$0.00**	**$379.92**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

132 - STATE BOARD OF ELECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$669.15	$0.00	$669.15
				$669.15	$0.00	$669.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$131.04	$0.00	$131.04
Medical.....	.....			$447.45	$0.00	$447.45
				$578.49	$0.00	$578.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.25	$0.00	$211.25
				$211.25	$0.00	$211.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$810.97	$0.00	$810.97
				$810.97	$0.00	$810.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.00**	**$0.00**	**$110.00**
				$110.00	**$0.00**	**$110.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,432.27**	**$0.00**	**$1,432.27**
				$1,450.77	**$0.00**	**$1,450.77**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,111.30**	**$0.00**	**$1,111.30**
				$1,111.30	**$0.00**	**$1,111.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$28.00	**$0.00**	**$28.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$97.87**	**$0.00**	**$97.87**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$97.87	**$0.00**	**$97.87**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$115.31**	**$0.00**	**$115.31**
Indemnity				**$9,919.42**	**$0.00**	**$9,919.42**
Medical				**$79,426.96**	**$0.00**	**$79,426.96**
				$89,461.69	**$0.00**	**$89,461.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$59,801.78**			

Grand Totals						
Expense				**$259.68**	**$0.00**	**$259.68**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$10,050.46**	**$0.00**	**$10,050.46**
Medical.....	**$84,219.35**	**$0.00**	**$84,219.35**
	$94,529.49	**$0.00**	**$94,529.49**

# of Claims **29**

 # Open **0**

Recovery Amount: **-$59,801.78**

133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$834.26	$0.00	$834.26
Medical.....	.....			$2,069.65	$0.00	$2,069.65
				$2,903.91	$0.00	$2,903.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.00	$0.00	$195.00
				$195.00	$0.00	$195.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,009.04	$0.00	$1,009.04
				$1,009.04	$0.00	$1,009.04
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,932.59	$0.00	$1,932.59
				$1,932.59	$0.00	$1,932.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,218.62	$0.00	$18,218.62
Medical.....	.....			$4,057.50	$0.00	$4,057.50
				$22,276.12	$0.00	$22,276.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,962.34**	**$0.00**	**$1,962.34**
				$1,962.34	**$0.00**	**$1,962.34**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$591.84**	**$0.00**	**$591.84**
Medical				**$960.28**	**$0.00**	**$960.28**
				$1,552.12	**$0.00**	**$1,552.12**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$1,552.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.64**	**$0.00**	**$135.64**
				$135.64	**$0.00**	**$135.64**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$35.52**	**$0.00**	**$35.52**
Medical				**$279.93**	**$0.00**	**$279.93**
				$315.45	**$0.00**	**$315.45**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$224.00**	**$0.00**	**$224.00**
				$224.00	**$0.00**	**$224.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$657.04**	**$0.00**	**$657.04**
Medical				**$3,984.15**	**$0.00**	**$3,984.15**
				$4,641.19	**$0.00**	**$4,641.19**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$2,350.15**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,897.40**	**$0.00**	**$12,897.40**
Medical				**$3,542.72**	**$0.00**	**$3,542.72**
				$16,440.12	**$0.00**	**$16,440.12**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,842.37**	**$0.00**	**$6,842.37**
				$7,192.37	**$0.00**	**$7,192.37**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$153.60**	**$0.00**	**$153.60**
				$153.60	**$0.00**	**$153.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,899.15**	**$0.00**	**$2,899.15**
				$2,899.15	**$0.00**	**$2,899.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$523.65**	**$0.00**	**$523.65**
				$523.65	**$0.00**	**$523.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$156.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$209.64**	**$0.00**	**$209.64**
				$209.64	**$0.00**	**$209.64**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,651.46**	**$0.00**	**$5,651.46**
Medical				**$13,019.76**	**$0.00**	**$13,019.76**
				$18,671.22	**$0.00**	**$18,671.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$35.40**	**$0.00**	**$35.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$35.40	**$0.00**	**$35.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$55.00**	**$0.00**	**$55.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,236.51**	**$0.00**	**$2,236.51**
				$2,291.51	**$0.00**	**$2,291.51**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$440.40**	**$0.00**	**$440.40**
Indemnity				**$38,886.14**	**$0.00**	**$38,886.14**
Medical				**$46,237.52**	**$0.00**	**$46,237.52**
				$85,564.06	**$0.00**	**$85,564.06**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**-$4,058.51**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

136 - VA Information Technologies Agency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.50	$0.00	$303.50
				$303.50	$0.00	$303.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$788.66	$0.00	$788.66
Medical.....	.....			$8,937.60	$0.00	$8,937.60
				$9,726.26	$0.00	$9,726.26
# of Claims	19					
# Open	0	Recovery Amount:	-$230.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,961.02	$0.00	$4,961.02
Medical.....	.....			$34,156.72	$0.00	$34,156.72
				$39,117.74	$0.00	$39,117.74
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$57.95	$0.00	$57.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,675.89	$0.00	$6,675.89
				$6,733.84	$0.00	$6,733.84
# of Claims	4					
# Open	0	Recovery Amount:	-$6,508.24			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$19.00	$0.00	$19.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$19.00	$0.00	$19.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$372.06**	**$0.00**	**$372.06**
				$372.06	**$0.00**	**$372.06**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$129.83**	**$0.00**	**$129.83**
				$129.83	**$0.00**	**$129.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$83.25**	**$0.00**	**$83.25**
				$83.25	**$0.00**	**$83.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$25.42**	**$0.00**	**$25.42**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$25.42	**$0.00**	**$25.42**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$35.00**	**$0.00**	**$35.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11.47**	**$0.00**	**$11.47**
				$46.47	**$0.00**	**$46.47**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22.31**	**$0.00**	**$22.31**
				$22.31	**$0.00**	**$22.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$148.62**	**$0.00**	**$148.62**
				$148.62	**$0.00**	**$148.62**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$1,391.14**	**$0.00**	**$1,391.14**
Medical				**$64,764.20**	**$0.00**	**$64,764.20**
				$66,171.34	**$0.00**	**$66,171.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.09**	**$0.00**	**$174.09**
				$174.09	**$0.00**	**$174.09**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$153.37**	**$0.00**	**$153.37**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$7,140.82**	**$0.00**	**$7,140.82**
Medical.....	**$115,779.54**	**$0.00**	**$115,779.54**
	$123,073.73	**$0.00**	**$123,073.73**

# of Claims **64**

 # Open **0**

Recovery Amount: **-$6,739.18**

138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,145.67	$0.00	$1,145.67
Medical.....	.....			$4,210.32	$0.00	$4,210.32
				$5,355.99	$0.00	$5,355.99
# of Claims	14					
# Open	0	Recovery Amount:	-$2,068.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$572.65	$0.00	$572.65
Medical.....	.....			$1,714.65	$0.00	$1,714.65
				$2,287.30	$0.00	$2,287.30
# of Claims	25					
# Open	0	Recovery Amount:	-$251.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$87.60	$0.00	$87.60
Medical.....	.....			$1,394.15	$0.00	$1,394.15
				$1,481.75	$0.00	$1,481.75
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109,569.28	$0.00	$109,569.28
Medical.....	.....			$15,269.74	$0.00	$15,269.74
				$124,839.02	$0.00	$124,839.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$807.34	$0.00	$807.34
Medical.....	.....			$2,184.93	$0.00	$2,184.93
				$2,992.27	$0.00	$2,992.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$358.29**	**$0.00**	**$358.29**
Medical				**$4,566.06**	**$0.00**	**$4,566.06**
				$4,924.35	**$0.00**	**$4,924.35**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,335.21**	**$0.00**	**$7,335.21**
Medical				**$8,892.11**	**$0.00**	**$8,892.11**
				$16,227.32	**$0.00**	**$16,227.32**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$38.50**	**$0.00**	**$38.50**
Indemnity				**$7,283.45**	**$0.00**	**$7,283.45**
Medical				**$5,035.69**	**$0.00**	**$5,035.69**
				$12,357.64	**$0.00**	**$12,357.64**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$162,811.11**	**$0.00**	**$162,811.11**
Medical				**$30,627.26**	**$0.00**	**$30,627.26**
				$193,438.37	**$0.00**	**$193,438.37**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$69.75**	**$0.00**	**$69.75**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,131.45**	**$0.00**	**$1,131.45**
				$1,201.20	**$0.00**	**$1,201.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$29,206.40**	**$0.00**	**$29,206.40**
Medical				**$19,296.72**	**$0.00**	**$19,296.72**
				$48,503.12	**$0.00**	**$48,503.12**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$25.01**	**$0.00**	**$25.01**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,782.28**	**$0.00**	**$2,782.28**
				$2,807.29	**$0.00**	**$2,807.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,992.65**	**$0.00**	**$1,992.65**
				$1,992.65	**$0.00**	**$1,992.65**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$105.91**	**$0.00**	**$105.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,325.48**	**$0.00**	**$2,325.48**
				$2,431.39	**$0.00**	**$2,431.39**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$274.09**	**$0.00**	**$274.09**
Medical				**$4,269.48**	**$0.00**	**$4,269.48**
				$4,543.57	**$0.00**	**$4,543.57**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$675.15**	**$0.00**	**$675.15**
				$675.15	**$0.00**	**$675.15**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$239.17**	**$0.00**	**$239.17**
Indemnity				**$319,451.09**	**$0.00**	**$319,451.09**
Medical				**$106,368.12**	**$0.00**	**$106,368.12**
				$426,058.38	**$0.00**	**$426,058.38**
# of Claims	**140**					
# Open	**0**	**Recovery Amount:**	**-$2,319.74**			

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.00	$0.00	$466.00
				$466.00	$0.00	$466.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$781.00	$0.00	$781.00
				$781.00	$0.00	$781.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$211,222.88	$0.00	$211,222.88
Medical.....	.....			$10,689.53	$0.00	$10,689.53
				$221,912.41	$0.00	$221,912.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,537.50	$0.00	$3,537.50
				$3,537.50	$0.00	$3,537.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$765.34	$0.00	$765.34
				$765.34	$0.00	$765.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,566.19**	**$0.00**	**$1,566.19**
				$1,566.19	**$0.00**	**$1,566.19**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$740.28**	**$0.00**	**$740.28**
Medical				**$1,125.50**	**$0.00**	**$1,125.50**
				$1,865.78	**$0.00**	**$1,865.78**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$264.21**	**$0.00**	**$264.21**
				$264.21	**$0.00**	**$264.21**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,735.61**	**$0.00**	**$1,735.61**
				$1,735.61	**$0.00**	**$1,735.61**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,057.57**	**$0.00**	**$1,057.57**
				$1,057.57	**$0.00**	**$1,057.57**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,491.40**	**$0.00**	**$1,491.40**
Medical				**$5,219.23**	**$0.00**	**$5,219.23**
				$6,710.63	**$0.00**	**$6,710.63**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$10,833.50**	**$0.00**	**$10,833.50**
Indemnity				**$68,035.86**	**$0.00**	**$68,035.86**
Medical				**$69,732.94**	**$0.00**	**$69,732.94**
				$148,602.30	**$0.00**	**$148,602.30**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,129.18**	**$0.00**	**$8,129.18**
Medical				**$35,532.41**	**$0.00**	**$35,532.41**
				$43,661.59	**$0.00**	**$43,661.59**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**-$6,335.81**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$70,002.87**	**$0.00**	**$70,002.87**
Medical				**$26,469.37**	**$0.00**	**$26,469.37**
				$96,472.24	**$0.00**	**$96,472.24**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$1,069.78**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,693.70**	**$0.00**	**$3,693.70**
				$3,693.70	**$0.00**	**$3,693.70**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$466.24**	**$0.00**	**$466.24**
				$466.24	**$0.00**	**$466.24**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$129.50**	**$0.00**	**$129.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,702.18**	**$0.00**	**$3,702.18**
				$3,831.68	**$0.00**	**$3,831.68**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$2,842.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$166.50**	**$0.00**	**$166.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.08**	**$0.00**	**$172.08**
				$338.58	**$0.00**	**$338.58**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,940.09**	**$0.00**	**$4,940.09**
				$5,032.59	**$0.00**	**$5,032.59**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$3,111.36**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$278.65**	**$0.00**	**$278.65**
				$371.15	**$0.00**	**$371.15**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$552.09**	**$0.00**	**$552.09**
				$552.09	**$0.00**	**$552.09**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$150.45**	**$0.00**	**$150.45**
				$150.45	**$0.00**	**$150.45**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,740.39**	**$0.00**	**$1,740.39**
Medical				**$19,282.69**	**$0.00**	**$19,282.69**
				$21,023.08	**$0.00**	**$21,023.08**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$348.34**	**$0.00**	**$348.34**
				$348.34	**$0.00**	**$348.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,355.40**	**$0.00**	**$1,355.40**
				$1,355.40	**$0.00**	**$1,355.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$10.68**	**$0.00**	**$10.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$10.68	**$0.00**	**$10.68**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$54.00**	**$0.00**	**$54.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$260.28**	**$0.00**	**$260.28**
				$314.28	**$0.00**	**$314.28**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$7,743.85**	**$0.00**	**$7,743.85**
Medical				**$32,899.46**	**$0.00**	**$32,899.46**
				$40,651.31	**$0.00**	**$40,651.31**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$355.80**	**$0.00**	**$355.80**
				$355.80	**$0.00**	**$355.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,407.18**	**$0.00**	**$11,407.18**
Indemnity				**$369,106.71**	**$0.00**	**$369,106.71**
Medical				**$227,399.85**	**$0.00**	**$227,399.85**
				$607,913.74	**$0.00**	**$607,913.74**
# of Claims	**189**					
# Open	**0**	**Recovery Amount:**	**-$13,359.68**			

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$707.87	$0.00	$707.87
				$707.87	$0.00	$707.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.49	$0.00	$153.49
				$153.49	$0.00	$153.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$403.50	$0.00	$403.50
				$403.50	$0.00	$403.50
# of Claims	8					
# Open	0	Recovery Amount:	-$188.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.87	$0.00	$547.87
				$547.87	$0.00	$547.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.02	$0.00	$213.02
				$213.02	$0.00	$213.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$885.70**	**$0.00**	**$885.70**
				$885.70	**$0.00**	**$885.70**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,543.13**	**$0.00**	**$7,543.13**
Medical				**$5,437.27**	**$0.00**	**$5,437.27**
				$12,980.40	**$0.00**	**$12,980.40**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,020.07**	**$0.00**	**$1,020.07**
				$1,020.07	**$0.00**	**$1,020.07**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,457.84**	**$0.00**	**$1,457.84**
Medical				**$7,291.22**	**$0.00**	**$7,291.22**
				$8,749.06	**$0.00**	**$8,749.06**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$2,854.73**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,597.63**	**$0.00**	**$3,597.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$116.00**	**$0.00**	**$116.00**
				$3,713.63	**$0.00**	**$3,713.63**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$104.59**	**$0.00**	**$104.59**
				$104.59	**$0.00**	**$104.59**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$450.42**	**$0.00**	**$450.42**
Medical				**$733.27**	**$0.00**	**$733.27**
				$1,183.69	**$0.00**	**$1,183.69**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$216.80**	**$0.00**	**$216.80**
				$216.80	**$0.00**	**$216.80**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$117.90**	**$0.00**	**$117.90**
				$117.90	**$0.00**	**$117.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,996.57**	**$0.00**	**$1,996.57**
				$1,996.57	**$0.00**	**$1,996.57**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$290.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,837.76**	**$0.00**	**$2,837.76**
				$2,837.76	**$0.00**	**$2,837.76**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,059.00**	**$0.00**	**$4,059.00**
				$4,059.00	**$0.00**	**$4,059.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,496.95**	**$0.00**	**$2,496.95**
				$2,496.95	**$0.00**	**$2,496.95**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$83.60**	**$0.00**	**$83.60**
				$83.60	**$0.00**	**$83.60**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,103.87**	**$0.00**	**$1,103.87**
				$1,103.87	**$0.00**	**$1,103.87**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$29,713.03**	**$0.00**	**$29,713.03**
Medical				**$61,852.26**	**$0.00**	**$61,852.26**
				$91,565.29	**$0.00**	**$91,565.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$214.24**	**$0.00**	**$214.24**
				$242.24	**$0.00**	**$242.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$3,479.00**	**$0.00**	**$3,479.00**
Indemnity				**$1,895.00**	**$0.00**	**$1,895.00**
Medical				**$208.12**	**$0.00**	**$208.12**
				$5,582.12	**$0.00**	**$5,582.12**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$48.57**	**$0.00**	**$48.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,584.51**	**$0.00**	**$7,584.51**
				$7,633.08	**$0.00**	**$7,633.08**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$939.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$227.72**	**$0.00**	**$227.72**
				$235.72	**$0.00**	**$235.72**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$31.18**	**$0.00**	**$31.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$942.09**	**$0.00**	**$942.09**
				$973.27	**$0.00**	**$973.27**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$592.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$60.93**	**$0.00**	**$60.93**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,799.80**	**$0.00**	**$3,799.80**
				$3,860.73	**$0.00**	**$3,860.73**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$3,203.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$5,665.87**	**$0.00**	**$5,665.87**
Indemnity				**$14,659.33**	**$0.00**	**$14,659.33**
Medical				**$190.21**	**$0.00**	**$190.21**
				$20,515.41	**$0.00**	**$20,515.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10.70**	**$0.00**	**$10.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,249.71**	**$0.00**	**$1,249.71**
				$1,260.41	**$0.00**	**$1,260.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$12,937.88**	**$0.00**	**$12,937.88**
Indemnity				**$55,718.75**	**$0.00**	**$55,718.75**
Medical				**$106,794.98**	**$0.00**	**$106,794.98**
				$175,451.61	**$0.00**	**$175,451.61**
# of Claims	**165**					
# Open	**0**	**Recovery Amount:**	**-$8,068.31**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

142 - VA STATE CRIME COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense	.....			**$30.65**	**$0.00**	**$30.65**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$30.65	**$0.00**	**$30.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense	.....			**$30.65**	**$0.00**	**$30.65**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$65.00**	**$0.00**	**$65.00**
				$95.65	**$0.00**	**$95.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

144 - VETERANS CLAIMS, DIVISION OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.05	$0.00	$182.05
				$182.05	$0.00	$182.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.05	$0.00	$247.05
				$247.05	$0.00	$247.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,089.63	$0.00	$1,089.63
				$1,089.63	$0.00	$1,089.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$75.96	$0.00	$75.96
Medical.....	.....			$1,469.05	$0.00	$1,469.05
				$1,545.01	$0.00	$1,545.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.98	$0.00	$464.98
Medical.....	.....			$925.09	$0.00	$925.09
				$1,390.07	$0.00	$1,390.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$411.36	$0.00	$411.36
Medical.....	.....			$5,150.39	$0.00	$5,150.39
				$5,561.75	$0.00	$5,561.75
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$308.99	$0.00	$308.99
Medical.....	.....			$4,248.41	$0.00	$4,248.41
				$4,557.40	$0.00	$4,557.40
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$853.20**	**$0.00**	**$853.20**
				$853.20	**$0.00**	**$853.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.67**	**$0.00**	**$526.67**
				$526.67	**$0.00**	**$526.67**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,207.12**	**$0.00**	**$1,207.12**
				$1,207.12	**$0.00**	**$1,207.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,333.58**	**$0.00**	**$2,333.58**
				$2,333.58	**$0.00**	**$2,333.58**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,613.01**	**$0.00**	**$1,613.01**
				$1,613.01	**$0.00**	**$1,613.01**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$397.18**	**$0.00**	**$397.18**
				$397.18	**$0.00**	**$397.18**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$73.29**	**$0.00**	**$73.29**
Medical				**$593.72**	**$0.00**	**$593.72**
				$667.01	**$0.00**	**$667.01**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,048.30**	**$0.00**	**$1,048.30**
				$1,048.30	**$0.00**	**$1,048.30**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,157.68**	**$0.00**	**$9,157.68**
Medical				**$42,845.95**	**$0.00**	**$42,845.95**
				$52,003.63	**$0.00**	**$52,003.63**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,784.10**	**$0.00**	**$1,784.10**
				$1,784.10	**$0.00**	**$1,784.10**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,274.44**	**$0.00**	**$7,274.44**
Medical				**$21,261.78**	**$0.00**	**$21,261.78**
				$28,536.22	**$0.00**	**$28,536.22**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,052.49**	**$0.00**	**$1,052.49**
				$1,070.99	**$0.00**	**$1,070.99**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$45.18**	**$0.00**	**$45.18**
Medical				**$4,499.70**	**$0.00**	**$4,499.70**
				$4,544.88	**$0.00**	**$4,544.88**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,812.79**	**$0.00**	**$11,812.79**
Medical				**$30,452.48**	**$0.00**	**$30,452.48**
				$42,265.27	**$0.00**	**$42,265.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$692.35**	**$0.00**	**$692.35**
				$692.35	**$0.00**	**$692.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,417.83**	**$0.00**	**$7,417.83**
				$7,417.83	**$0.00**	**$7,417.83**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$6,047.05**	**$0.00**	**$6,047.05**
Medical				**$54,444.09**	**$0.00**	**$54,444.09**
				$60,499.14	**$0.00**	**$60,499.14**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,078.40**	**$0.00**	**$2,078.40**
				$2,102.40	**$0.00**	**$2,102.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$66.00**	**$0.00**	**$66.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,715.21**	**$0.00**	**$4,715.21**
				$4,781.21	**$0.00**	**$4,781.21**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$4,922.10**	**$0.00**	**$4,922.10**
Medical				**$64,219.70**	**$0.00**	**$64,219.70**
				$69,149.80	**$0.00**	**$69,149.80**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,403.52**	**$0.00**	**$3,403.52**
				$3,403.52	**$0.00**	**$3,403.52**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$937.63**	**$0.00**	**$937.63**
				$965.63	**$0.00**	**$965.63**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,326.93**	**$0.00**	**$3,326.93**
				$3,326.93	**$0.00**	**$3,326.93**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$340.75**	**$0.00**	**$340.75**
				$340.75	**$0.00**	**$340.75**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$307.74**	**$0.00**	**$307.74**
				$307.74	**$0.00**	**$307.74**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,551.22**	**$0.00**	**$3,551.22**
				$3,551.22	**$0.00**	**$3,551.22**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$557.27**	**$0.00**	**$557.27**
				$565.27	**$0.00**	**$565.27**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$287.39**	**$0.00**	**$287.39**
				$287.39	**$0.00**	**$287.39**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$76.20**	**$0.00**	**$76.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,819.20**	**$0.00**	**$5,819.20**
				$5,895.40	**$0.00**	**$5,895.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$505.04**	**$1,200.00**	**$1,705.04**
				$505.04	**$1,250.00**	**$1,755.04**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$236.70**	**$50.00**	**$286.70**
Indemnity				**$40,593.82**	**$0.00**	**$40,593.82**
Medical				**$275,956.12**	**$1,200.00**	**$277,156.12**
				$316,786.64	**$1,250.00**	**$318,036.64**
# of Claims	**226**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

147 - Office of the State Inspector Gen.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$32.63	$0.00	$32.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$32.63	$0.00	$32.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32.63	$0.00	$32.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$122.63	$0.00	$122.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

148 - VA COMMISSION FOR THE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,605.28	$0.00	$9,605.28
Medical.....	.....			$850.50	$0.00	$850.50
				$10,455.78	$0.00	$10,455.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$214.21	$0.00	$214.21
Medical.....	.....			$883.60	$0.00	$883.60
				$1,160.31	$0.00	$1,160.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.32	$0.00	$195.32
				$195.32	$0.00	$195.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$9,819.49	$0.00	$9,819.49
Medical.....	.....			$1,929.42	$0.00	$1,929.42
				$11,811.41	$0.00	$11,811.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

150 - STATE INTERNAL AUDITORS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$807.37	$0.00	$807.37
				$807.37	$0.00	$807.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$290.46	$0.00	$290.46
Medical.....	.....			$569.70	$0.00	$569.70
				$860.16	$0.00	$860.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,197.37	$0.00	$2,197.37
Medical.....	.....			$15,837.10	$0.00	$15,837.10
				$18,034.47	$0.00	$18,034.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.23	$0.00	$168.23
				$168.23	$0.00	$168.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.40**	**$0.00**	**$90.40**
				$90.40	**$0.00**	**$90.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$46.72**	**$0.00**	**$46.72**
				$46.72	**$0.00**	**$46.72**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16.20**	**$0.00**	**$16.20**
				$16.20	**$0.00**	**$16.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.66**	**$0.00**	**$65.66**
				$65.66	**$0.00**	**$65.66**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$205.00**	**$0.00**	**$205.00**
				$205.00	**$0.00**	**$205.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,092.08**	**$0.00**	**$6,092.08**
Medical				**$1,710.78**	**$0.00**	**$1,710.78**
				$7,802.86	**$0.00**	**$7,802.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$41.09**	**$0.00**	**$41.09**
Indemnity				**$6,235.29**	**$0.00**	**$6,235.29**
Medical				**$42,989.16**	**$0.00**	**$42,989.16**
				$49,265.54	**$0.00**	**$49,265.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$62.57**	**$0.00**	**$62.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$118.40**	**$0.00**	**$118.40**
				$180.97	**$0.00**	**$180.97**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,642.83**	**$0.00**	**$2,642.83**
				$2,642.83	**$0.00**	**$2,642.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,600.55**	**$0.00**	**$1,600.55**
				$1,600.55	**$0.00**	**$1,600.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,086.96**	**$0.00**	**$1,086.96**
				$1,086.96	**$0.00**	**$1,086.96**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4.72**	**$0.00**	**$4.72**
				$4.72	**$0.00**	**$4.72**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$103.66**	**$0.00**	**$103.66**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$14,815.20**	**$0.00**	**$14,815.20**
Medical.....	**$68,004.78**	**$0.00**	**$68,004.78**
	$82,923.64	**$0.00**	**$82,923.64**

# of Claims **51**

 # Open **0**

Recovery Amount: **$0.00**

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.00	$0.00	$235.00
				$235.00	$0.00	$235.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.00	$0.00	$266.00
				$266.00	$0.00	$266.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,960.20	$0.00	$1,960.20
Indemnity.....	.....			$171,542.03	$0.00	$171,542.03
Medical.....	.....			$40,104.70	$0.00	$40,104.70
				$213,606.93	$0.00	$213,606.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,168.45	$0.00	$2,168.45
Medical.....	.....			$964.11	$0.00	$964.11
				$3,132.56	$0.00	$3,132.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,196.85**	**$0.00**	**$1,196.85**
Medical				**$2,548.45**	**$0.00**	**$2,548.45**
				$3,745.30	**$0.00**	**$3,745.30**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$472.14**	**$0.00**	**$472.14**
				$472.14	**$0.00**	**$472.14**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$364.80**	**$0.00**	**$364.80**
				$364.80	**$0.00**	**$364.80**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$709.48**	**$0.00**	**$709.48**
				$709.48	**$0.00**	**$709.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,869.74**	**$0.00**	**$1,869.74**
				$1,869.74	**$0.00**	**$1,869.74**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$311.67**	**$0.00**	**$311.67**
				$311.67	**$0.00**	**$311.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,591.65**	**$0.00**	**$1,591.65**
				$1,591.65	**$0.00**	**$1,591.65**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$888.98**	**$0.00**	**$888.98**
Medical				**$15,402.01**	**$0.00**	**$15,402.01**
				$16,290.99	**$0.00**	**$16,290.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$5,151.10**	**$0.00**	**$5,151.10**
Indemnity				**$256,106.96**	**$0.00**	**$256,106.96**
Medical				**$378,001.83**	**$0.00**	**$378,001.83**
				$639,259.89	**$0.00**	**$639,259.89**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$698.60**	**$0.00**	**$698.60**
				$698.60	**$0.00**	**$698.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$389.60**	**$0.00**	**$389.60**
Medical				**$422.01**	**$0.00**	**$422.01**
				$811.61	**$0.00**	**$811.61**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$325.42**	**$0.00**	**$325.42**
				$325.42	**$0.00**	**$325.42**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$354.98**	**$0.00**	**$354.98**
				$373.48	**$0.00**	**$373.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$299.98**	**$0.00**	**$299.98**
				$299.98	**$0.00**	**$299.98**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,088.88**	**$72.00**	**$1,160.88**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$175,196.48**	**$29,935.38**	**$205,131.86**
				$176,285.36	**$30,007.38**	**$206,292.74**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$24.40**	**$0.00**	**$24.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,401.62**	**$0.00**	**$3,401.62**
				$3,426.02	**$0.00**	**$3,426.02**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$923.65**	**$0.00**	**$923.65**
				$923.65	**$0.00**	**$923.65**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$20,412.30**	**$11,087.70**	**$31,500.00**
Indemnity				**$345,504.86**	**$34,974.86**	**$380,479.72**
Medical				**$60,589.82**	**$26,594.52**	**$87,184.34**
				$426,506.98	**$72,657.08**	**$499,164.06**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,368.00**	**$25,059.00**	**$45,427.00**
				$20,368.00	**$25,109.00**	**$45,477.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$709.96**	**$0.00**	**$709.96**
				$709.96	**$0.00**	**$709.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$28,655.38**	**$11,209.70**	**$39,865.08**
Indemnity				**$777,797.73**	**$34,974.86**	**$812,772.59**
Medical				**$706,132.10**	**$81,588.90**	**$787,721.00**
				$1,512,585.21	**$127,773.46**	**$1,640,358.67**
# of Claims	**97**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$2,440.23	$0.00	$2,440.23
Indemnity.....	.....			$316,465.19	$0.00	$316,465.19
Medical.....	.....			$236,483.46	$0.00	$236,483.46
				$555,388.88	$0.00	$555,388.88
# of Claims	61					
# Open	0	Recovery Amount:	-$22,502.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$14,908.14	$0.00	$14,908.14
Indemnity.....	.....			$135,735.08	$0.00	$135,735.08
Medical.....	.....			$797,638.89	$0.00	$797,638.89
				$948,282.11	$0.00	$948,282.11
# of Claims	69					
# Open	0	Recovery Amount:	-$18,885.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$726.85	$0.00	$726.85
Indemnity.....	.....			$182,512.39	$0.00	$182,512.39
Medical.....	.....			$72,134.96	$0.00	$72,134.96
				$255,374.20	$0.00	$255,374.20
# of Claims	73					
# Open	0	Recovery Amount:	-$4,637.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$6,996.20	$0.00	$6,996.20
Indemnity.....	.....			$85,906.47	$0.00	$85,906.47
Medical.....	.....			$70,702.60	$0.00	$70,702.60
				$163,605.27	$0.00	$163,605.27
# of Claims	89					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,144.11	$0.00	$26,144.11
Medical.....	.....			$67,853.47	$0.00	$67,853.47
				$93,997.58	$0.00	$93,997.58
# of Claims	101					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$70,569.26**	**$0.00**	**$70,569.26**
Medical				**$182,870.72**	**$0.00**	**$182,870.72**
				$253,439.98	**$0.00**	**$253,439.98**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**-$7,246.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$88.00**	**$0.00**	**$88.00**
Indemnity				**$154,905.33**	**$0.00**	**$154,905.33**
Medical				**$208,832.04**	**$0.00**	**$208,832.04**
				$363,825.37	**$0.00**	**$363,825.37**
# of Claims	**83**					
# Open	**0**	**Recovery Amount:**	**-$16,448.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$361.92**	**$0.00**	**$361.92**
Indemnity				**$215,806.87**	**$0.00**	**$215,806.87**
Medical				**$185,632.38**	**$0.00**	**$185,632.38**
				$401,801.17	**$0.00**	**$401,801.17**
# of Claims	**102**					
# Open	**0**	**Recovery Amount:**	**-$15,581.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$5,991.83**	**$16.00**	**$6,007.83**
Indemnity				**$399,605.95**	**$0.00**	**$399,605.95**
Medical				**$614,389.26**	**$162,453.57**	**$776,842.83**
				$1,019,987.04	**$162,469.57**	**$1,182,456.61**
# of Claims	**112**					
# Open	**1**	**Recovery Amount:**	**-$19,310.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$7,105.67**	**$0.00**	**$7,105.67**
Indemnity				**$213,565.90**	**$0.00**	**$213,565.90**
Medical				**$441,318.35**	**$106,584.47**	**$547,902.82**
				$661,989.92	**$106,584.47**	**$768,574.39**
# of Claims	**79**					
# Open	**1**	**Recovery Amount:**	**-$19,738.89**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,161.87**	**$0.00**	**$1,161.87**
Indemnity				**$222,812.31**	**$0.00**	**$222,812.31**
Medical				**$348,678.49**	**$0.00**	**$348,678.49**
				$572,652.67	**$0.00**	**$572,652.67**
# of Claims	**61**					
# Open	**0**	**Recovery Amount:**	**-$58,880.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$67.95**	**$0.00**	**$67.95**
Indemnity				**$18,844.38**	**$0.00**	**$18,844.38**
Medical				**$57,915.77**	**$0.00**	**$57,915.77**
				$76,828.10	**$0.00**	**$76,828.10**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**-$3,319.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$13,494.11**	**$0.00**	**$13,494.11**
Indemnity				**$652,183.31**	**$0.00**	**$652,183.31**
Medical				**$801,876.08**	**$0.00**	**$801,876.08**
				$1,467,553.50	**$0.00**	**$1,467,553.50**
# of Claims	**105**					
# Open	**0**	**Recovery Amount:**	**-$37,794.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$7,547.63**	**$0.00**	**$7,547.63**
Indemnity				**$497,929.09**	**$0.00**	**$497,929.09**
Medical				**$426,628.71**	**$0.00**	**$426,628.71**
				$932,105.43	**$0.00**	**$932,105.43**
# of Claims	**122**					
# Open	**0**	**Recovery Amount:**	**-$39,303.47**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$2,392.23**	**$652.00**	**$3,044.23**
Indemnity				**$17,451.68**	**$0.00**	**$17,451.68**
Medical				**$365,534.32**	**$203,895.85**	**$569,430.17**
				$385,378.23	**$204,547.85**	**$589,926.08**
# of Claims	**98**					
# Open	**1**	**Recovery Amount:**	**-$15,269.66**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$1,476.45**	**$3,523.55**	**$5,000.00**
Indemnity				**$20,147.84**	**$0.00**	**$20,147.84**
Medical				**$332,108.10**	**$30,083.18**	**$362,191.28**
				$353,732.39	**$33,606.73**	**$387,339.12**
# of Claims	**119**					
# Open	**1**	**Recovery Amount:**	**-$1,039.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$12,300.70**	**$0.00**	**$12,300.70**
Indemnity				**$359,262.86**	**$0.00**	**$359,262.86**
Medical				**$230,354.29**	**$0.00**	**$230,354.29**
				$601,917.85	**$0.00**	**$601,917.85**
# of Claims	**122**					
# Open	**0**	**Recovery Amount:**	**-$16,043.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$5,439.32**	**$7,915.96**	**$13,355.28**
Indemnity				**$25,548.09**	**$0.00**	**$25,548.09**
Medical				**$268,677.34**	**$37,880.04**	**$306,557.38**
				$299,664.75	**$45,796.00**	**$345,460.75**
# of Claims	**111**					
# Open	**2**	**Recovery Amount:**	**-$6,089.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$22,929.02**	**$0.00**	**$22,929.02**
Indemnity				**$127,075.70**	**$0.00**	**$127,075.70**
Medical				**$154,520.28**	**$0.00**	**$154,520.28**
				$304,525.00	**$0.00**	**$304,525.00**
# of Claims	**103**					
# Open	**0**	**Recovery Amount:**	**-$26,416.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$15,766.50**	**$0.00**	**$15,766.50**
Indemnity				**$289,278.88**	**$0.00**	**$289,278.88**
Medical				**$288,951.13**	**$0.00**	**$288,951.13**
				$593,996.51	**$0.00**	**$593,996.51**
# of Claims	**130**					
# Open	**0**	**Recovery Amount:**	**-$38,285.03**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,200.00**	**$0.00**	**$1,200.00**
Indemnity				**$40,784.99**	**$0.00**	**$40,784.99**
Medical				**$121,871.16**	**$0.00**	**$121,871.16**
				$163,856.15	**$0.00**	**$163,856.15**
# of Claims	**129**					
# Open	**1**	**Recovery Amount:**	**-$69,275.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$6,635.60**	**$0.00**	**$6,635.60**
Indemnity				**$18,161.99**	**$0.00**	**$18,161.99**
Medical				**$122,145.90**	**$0.00**	**$122,145.90**
				$146,943.49	**$0.00**	**$146,943.49**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**-$43,426.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$3,502.00**	**$0.00**	**$3,502.00**
Indemnity				**$49,181.74**	**$0.00**	**$49,181.74**
Medical				**$233,881.31**	**$0.00**	**$233,881.31**
				$286,565.05	**$0.00**	**$286,565.05**
# of Claims	**125**					
# Open	**1**	**Recovery Amount:**	**-$47,725.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$294.60**	**$0.00**	**$294.60**
Indemnity				**$7,037.20**	**$0.00**	**$7,037.20**
Medical				**$55,811.17**	**$0.00**	**$55,811.17**
				$63,142.97	**$0.00**	**$63,142.97**
# of Claims	**127**					
# Open	**0**	**Recovery Amount:**	**-$26,494.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$2,142.47**	**$0.00**	**$2,142.47**
Indemnity				**$180,364.65**	**$0.00**	**$180,364.65**
Medical				**$476,861.63**	**$0.00**	**$476,861.63**
				$659,368.75	**$0.00**	**$659,368.75**
# of Claims	**165**					
# Open	**0**	**Recovery Amount:**	**-$39,799.67**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$22,992.61**	**$0.00**	**$22,992.61**
Indemnity				**$187,952.48**	**$0.00**	**$187,952.48**
Medical				**$187,762.19**	**$0.00**	**$187,762.19**
				$398,707.28	**$0.00**	**$398,707.28**
# of Claims	**151**					
# Open	**0**	**Recovery Amount:**	**-$57,552.97**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$15,826.81**	**$3,576.95**	**$19,403.76**
Indemnity				**$220,954.55**	**$0.00**	**$220,954.55**
Medical				**$546,380.77**	**$213,727.14**	**$760,107.91**
				$783,162.13	**$217,304.09**	**$1,000,466.22**
# of Claims	**124**					
# Open	**1**	**Recovery Amount:**	**-$80,672.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$4,218.33**	**$0.00**	**$4,218.33**
Indemnity				**$48,025.35**	**$0.00**	**$48,025.35**
Medical				**$183,505.73**	**$0.00**	**$183,505.73**
				$235,749.41	**$0.00**	**$235,749.41**
# of Claims	**102**					
# Open	**1**	**Recovery Amount:**	**-$29,714.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$17,604.41**	**$0.00**	**$17,604.41**
Indemnity				**$208,726.96**	**$0.00**	**$208,726.96**
Medical				**$518,960.65**	**$0.00**	**$518,960.65**
				$745,292.02	**$0.00**	**$745,292.02**
# of Claims	**80**					
# Open	**0**	**Recovery Amount:**	**-$58,215.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$7,786.93**	**$0.00**	**$7,786.93**
Indemnity				**$55,042.46**	**$0.00**	**$55,042.46**
Medical				**$233,506.48**	**$0.00**	**$233,506.48**
				$296,335.87	**$0.00**	**$296,335.87**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**-$25,149.28**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$1,151.82**	**$0.00**	**$1,151.82**
Indemnity				**$49,423.56**	**$0.00**	**$49,423.56**
Medical				**$270,508.42**	**$0.00**	**$270,508.42**
				$321,083.80	**$0.00**	**$321,083.80**
# of Claims	**96**					
# Open	**1**	**Recovery Amount:**	**-$47,558.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$9,822.75**	**$0.00**	**$9,822.75**
Indemnity				**$91,063.57**	**$0.00**	**$91,063.57**
Medical				**$60,045.33**	**$0.00**	**$60,045.33**
				$160,931.65	**$0.00**	**$160,931.65**
# of Claims	**88**					
# Open	**0**	**Recovery Amount:**	**-$15,563.55**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$2,461.90**	**$0.00**	**$2,461.90**
Indemnity				**$15,884.89**	**$0.00**	**$15,884.89**
Medical				**$151,477.69**	**$0.00**	**$151,477.69**
				$169,824.48	**$0.00**	**$169,824.48**
# of Claims	**49**					
# Open	**0**	**Recovery Amount:**	**-$2,827.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$216.83**	**$0.00**	**$216.83**
Indemnity				**$14,456.34**	**$0.00**	**$14,456.34**
Medical				**$115,449.17**	**$0.00**	**$115,449.17**
				$130,122.34	**$0.00**	**$130,122.34**
# of Claims	**55**					
# Open	**1**	**Recovery Amount:**	**-$39,769.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$9,996.74**	**$1,100.89**	**$11,097.63**
Indemnity				**$212,492.52**	**$2,508.73**	**$215,001.25**
Medical				**$51,197.51**	**$620,683.54**	**$671,881.05**
				$273,686.77	**$624,293.16**	**$897,979.93**
# of Claims	**44**					
# Open	**1**	**Recovery Amount:**	**-$11,600.17**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$24,942.66**	**$20,589.73**	**$45,532.39**
Indemnity				**$92,460.18**	**$115,520.19**	**$207,980.37**
Medical				**$154,453.19**	**$55,724.56**	**$210,177.75**
				$271,856.03	**$191,834.48**	**$463,690.51**
# of Claims	**50**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$1,660.29**	**$18,259.10**	**$19,919.39**
Indemnity				**$51,516.92**	**$70,501.79**	**$122,018.71**
Medical				**$169,502.68**	**$380,819.32**	**$550,322.00**
				$222,679.89	**$469,580.21**	**$692,260.10**
# of Claims	**56**					
# Open	**18**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$253,651.37**	**$55,634.18**	**$309,285.55**
Indemnity				**$5,575,281.04**	**$188,530.71**	**$5,763,811.75**
Medical				**$9,806,421.62**	**$1,811,851.67**	**$11,618,273.29**
				$15,635,354.03	**$2,056,016.56**	**$17,691,370.59**
# of Claims	**3,565**					
# Open	**37**	**Recovery Amount:**	**-$962,137.31**			

156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$31,623.40	$18,875.35	$50,498.75
Indemnity.....	.....			$920,692.73	$0.00	$920,692.73
Medical.....	.....			$950,575.60	$160,688.71	$1,111,264.31
				$1,902,891.73	$179,564.06	$2,082,455.79
# of Claims	297					
# Open	2	Recovery Amount:	-$93,455.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$23,285.12	$0.00	$23,285.12
Indemnity.....	.....			$939,542.73	$0.00	$939,542.73
Medical.....	.....			$917,620.79	$0.00	$917,620.79
				$1,880,448.64	$0.00	$1,880,448.64
# of Claims	319					
# Open	0	Recovery Amount:	-$126,193.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$90,335.32	$410.23	$90,745.55
Indemnity.....	.....			$1,952,505.21	$0.00	$1,952,505.21
Medical.....	.....			$3,276,330.83	$622,426.24	$3,898,757.07
				$5,319,171.36	$622,836.47	$5,942,007.83
# of Claims	301					
# Open	3	Recovery Amount:	-$114,119.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$15,936.96	$236.10	$16,173.06
Indemnity.....	.....			$600,020.58	$0.00	$600,020.58
Medical.....	.....			$1,313,490.84	$200,019.65	$1,513,510.49
				$1,929,448.38	$200,255.75	$2,129,704.13
# of Claims	513					
# Open	2	Recovery Amount:	-$6,843.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$41,592.82	$35,274.96	$76,867.78
Indemnity.....	.....			$1,939,357.72	$0.00	$1,939,357.72
Medical.....	.....			$2,775,514.20	$572,657.88	$3,348,172.08
				$4,756,464.74	$607,932.84	$5,364,397.58
# of Claims	434					
# Open	9	Recovery Amount:	-$23,338.43			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$37,546.58**	**$11,996.34**	**$49,542.92**
Indemnity				**$1,894,977.01**	**$0.00**	**$1,894,977.01**
Medical				**$3,849,986.68**	**$255,636.88**	**$4,105,623.56**
				$5,782,510.27	**$267,633.22**	**$6,050,143.49**
# of Claims	**515**					
# Open	**3**	**Recovery Amount:**	**-$37,936.71**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$10,507.53**	**$332.73**	**$10,840.26**
Indemnity				**$1,789,827.14**	**$0.00**	**$1,789,827.14**
Medical				**$5,632,233.17**	**$1,297,510.11**	**$6,929,743.28**
				$7,432,567.84	**$1,297,842.84**	**$8,730,410.68**
# of Claims	**508**					
# Open	**6**	**Recovery Amount:**	**-$90,694.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$23,558.21**	**$30,865.60**	**$54,423.81**
Indemnity				**$3,308,502.66**	**$390,677.46**	**$3,699,180.12**
Medical				**$7,630,937.35**	**$4,082,270.14**	**$11,713,207.49**
				$10,962,998.22	**$4,503,813.20**	**$15,466,811.42**
# of Claims	**565**					
# Open	**9**	**Recovery Amount:**	**-$120,374.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$10,566.70**	**$24,338.69**	**$34,905.39**
Indemnity				**$1,451,944.54**	**$0.00**	**$1,451,944.54**
Medical				**$2,880,554.14**	**$609,001.89**	**$3,489,556.03**
				$4,343,065.38	**$633,340.58**	**$4,976,405.96**
# of Claims	**496**					
# Open	**6**	**Recovery Amount:**	**-$127,266.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$22,552.20**	**$22,629.38**	**$45,181.58**
Indemnity				**$1,622,514.02**	**$0.00**	**$1,622,514.02**
Medical				**$3,518,941.43**	**$1,502,183.48**	**$5,021,124.91**
				$5,164,007.65	**$1,524,812.86**	**$6,688,820.51**
# of Claims	**480**					
# Open	**12**	**Recovery Amount:**	**-$80,621.80**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,268.06**	**$1,981.18**	**$3,249.24**
Indemnity				**$687,892.42**	**$0.00**	**$687,892.42**
Medical				**$660,156.43**	**$13,053.14**	**$673,209.57**
				$1,349,316.91	**$15,034.32**	**$1,364,351.23**
# of Claims	**432**					
# Open	**1**	**Recovery Amount:**	**-$41,062.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$25,712.09**	**$80,931.13**	**$106,643.22**
Indemnity				**$917,057.05**	**$0.00**	**$917,057.05**
Medical				**$1,714,922.69**	**$460,565.15**	**$2,175,487.84**
				$2,657,691.83	**$541,496.28**	**$3,199,188.11**
# of Claims	**453**					
# Open	**4**	**Recovery Amount:**	**-$155,035.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$5,525.55**	**$31,671.12**	**$37,196.67**
Indemnity				**$363,906.43**	**$0.00**	**$363,906.43**
Medical				**$1,091,233.91**	**$350,106.70**	**$1,441,340.61**
				$1,460,665.89	**$381,777.82**	**$1,842,443.71**
# of Claims	**432**					
# Open	**5**	**Recovery Amount:**	**-$195,061.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$23,210.35**	**$5,136.98**	**$28,347.33**
Indemnity				**$1,844,163.03**	**$0.00**	**$1,844,163.03**
Medical				**$1,390,780.39**	**$321,197.43**	**$1,711,977.82**
				$3,258,153.77	**$326,334.41**	**$3,584,488.18**
# of Claims	**433**					
# Open	**3**	**Recovery Amount:**	**-$116,545.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$43,101.22**	**$7,594.82**	**$50,696.04**
Indemnity				**$2,290,375.20**	**$0.00**	**$2,290,375.20**
Medical				**$2,835,301.49**	**$623,074.63**	**$3,458,376.12**
				$5,168,777.91	**$630,669.45**	**$5,799,447.36**
# of Claims	**439**					
# Open	**5**	**Recovery Amount:**	**-$580,669.92**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$63,374.80**	**$57,968.00**	**$121,342.80**
Indemnity				**$2,122,896.93**	**$694,962.33**	**$2,817,859.26**
Medical				**$2,626,460.41**	**$998,278.21**	**$3,624,738.62**
				$4,812,732.14	**$1,751,208.54**	**$6,563,940.68**
# of Claims	**392**					
# Open	**10**	**Recovery Amount:**	**-$57,931.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$56,800.97**	**$8,185.45**	**$64,986.42**
Indemnity				**$2,760,724.69**	**$0.00**	**$2,760,724.69**
Medical				**$2,600,582.34**	**$1,700,871.85**	**$4,301,454.19**
				$5,418,108.00	**$1,709,057.30**	**$7,127,165.30**
# of Claims	**442**					
# Open	**7**	**Recovery Amount:**	**-$204,287.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37,478.59**	**$10,870.26**	**$48,348.85**
Indemnity				**$1,980,649.23**	**$0.06**	**$1,980,649.29**
Medical				**$2,060,538.78**	**$421,935.58**	**$2,482,474.36**
				$4,078,666.60	**$432,805.90**	**$4,511,472.50**
# of Claims	**446**					
# Open	**7**	**Recovery Amount:**	**-$128,086.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$31,545.27**	**$3,291.02**	**$34,836.29**
Indemnity				**$606,743.03**	**$0.00**	**$606,743.03**
Medical				**$1,761,696.14**	**$580,307.25**	**$2,342,003.39**
				$2,399,984.44	**$583,598.27**	**$2,983,582.71**
# of Claims	**407**					
# Open	**5**	**Recovery Amount:**	**-$127,817.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$60,699.73**	**$5,368.58**	**$66,068.31**
Indemnity				**$1,801,077.71**	**$0.00**	**$1,801,077.71**
Medical				**$2,296,885.57**	**$902,256.42**	**$3,199,141.99**
				$4,158,663.01	**$907,625.00**	**$5,066,288.01**
# of Claims	**492**					
# Open	**11**	**Recovery Amount:**	**-$119,960.10**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$165,729.27**	**$35,464.40**	**$201,193.67**
Indemnity				**$2,006,046.10**	**$0.03**	**$2,006,046.13**
Medical				**$2,104,536.38**	**$1,293,015.45**	**$3,397,551.83**
				$4,276,311.75	**$1,328,479.88**	**$5,604,791.63**
# of Claims	**466**					
# Open	**4**	**Recovery Amount:**	**-$328,661.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$102,151.98**	**$111,254.84**	**$213,406.82**
Indemnity				**$1,537,853.41**	**$0.00**	**$1,537,853.41**
Medical				**$2,747,195.70**	**$1,173,256.05**	**$3,920,451.75**
				$4,387,201.09	**$1,284,510.89**	**$5,671,711.98**
# of Claims	**346**					
# Open	**11**	**Recovery Amount:**	**-$260,949.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$69,031.31**	**$8,919.65**	**$77,950.96**
Indemnity				**$1,168,838.04**	**$0.41**	**$1,168,838.45**
Medical				**$996,764.44**	**$177,570.58**	**$1,174,335.02**
				$2,234,633.79	**$186,490.64**	**$2,421,124.43**
# of Claims	**407**					
# Open	**6**	**Recovery Amount:**	**-$82,805.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$56,545.00**	**$2,798.29**	**$59,343.29**
Indemnity				**$1,710,879.63**	**$0.00**	**$1,710,879.63**
Medical				**$3,838,914.64**	**$1,652,577.86**	**$5,491,492.50**
				$5,606,339.27	**$1,655,376.15**	**$7,261,715.42**
# of Claims	**446**					
# Open	**8**	**Recovery Amount:**	**-$148,280.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$56,989.99**	**$33,875.68**	**$90,865.67**
Indemnity				**$1,030,493.92**	**$0.00**	**$1,030,493.92**
Medical				**$2,561,559.87**	**$560,115.06**	**$3,121,674.93**
				$3,649,043.78	**$593,990.74**	**$4,243,034.52**
# of Claims	**528**					
# Open	**11**	**Recovery Amount:**	**-$422,968.67**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$70,945.00**	**$48,411.07**	**$119,356.07**
Indemnity				**$2,732,166.06**	**$0.00**	**$2,732,166.06**
Medical				**$2,738,863.50**	**$3,028,373.72**	**$5,767,237.22**
				$5,541,974.56	**$3,076,784.79**	**$8,618,759.35**
# of Claims	**939**					
# Open	**11**	**Recovery Amount:**	**-$169,758.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$69,336.68**	**$25,885.58**	**$95,222.26**
Indemnity				**$3,078,101.25**	**$85,438.86**	**$3,163,540.11**
Medical				**$2,197,807.85**	**$633,919.91**	**$2,831,727.76**
				$5,345,245.78	**$745,244.35**	**$6,090,490.13**
# of Claims	**930**					
# Open	**5**	**Recovery Amount:**	**-$236,540.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$43,083.55**	**$4,502.11**	**$47,585.66**
Indemnity				**$1,476,834.84**	**$19,704.74**	**$1,496,539.58**
Medical				**$2,225,733.06**	**$1,379,237.80**	**$3,604,970.86**
				$3,745,651.45	**$1,403,444.65**	**$5,149,096.10**
# of Claims	**927**					
# Open	**8**	**Recovery Amount:**	**-$557,428.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$30,395.56**	**$36,793.23**	**$67,188.79**
Indemnity				**$1,175,307.65**	**$98,520.78**	**$1,273,828.43**
Medical				**$2,006,632.20**	**$651,898.98**	**$2,658,531.18**
				$3,212,335.41	**$787,212.99**	**$3,999,548.40**
# of Claims	**677**					
# Open	**10**	**Recovery Amount:**	**-$410,613.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$40,942.71**	**$50,714.47**	**$91,657.18**
Indemnity				**$1,058,401.78**	**$262,586.87**	**$1,320,988.65**
Medical				**$1,642,357.15**	**$323,019.93**	**$1,965,377.08**
				$2,741,701.64	**$636,321.27**	**$3,378,022.91**
# of Claims	**702**					
# Open	**12**	**Recovery Amount:**	**-$113,309.79**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$40,442.73**	**$92,857.08**	**$133,299.81**
Indemnity				**$1,092,505.39**	**$688,647.18**	**$1,781,152.57**
Medical				**$1,554,416.53**	**$599,011.58**	**$2,153,428.11**
				$2,687,364.65	**$1,380,515.84**	**$4,067,880.49**
# of Claims	**514**					
# Open	**9**	**Recovery Amount:**	**-$87,683.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$55,357.45**	**$64,994.07**	**$120,351.52**
Indemnity				**$2,167,325.82**	**$1,005,630.69**	**$3,172,956.51**
Medical				**$2,070,453.93**	**$1,009,209.16**	**$3,079,663.09**
				$4,293,137.20	**$2,079,833.92**	**$6,372,971.12**
# of Claims	**425**					
# Open	**14**	**Recovery Amount:**	**-$129,527.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$22,703.39**	**$36,541.36**	**$59,244.75**
Indemnity				**$1,035,993.47**	**$538,231.61**	**$1,574,225.08**
Medical				**$1,184,114.25**	**$701,590.77**	**$1,885,705.02**
				$2,242,811.11	**$1,276,363.74**	**$3,519,174.85**
# of Claims	**450**					
# Open	**13**	**Recovery Amount:**	**-$121,496.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$24,521.75**	**$17,045.37**	**$41,567.12**
Indemnity				**$675,571.94**	**$172,831.57**	**$848,403.51**
Medical				**$1,017,417.46**	**$848,925.21**	**$1,866,342.67**
				$1,717,511.15	**$1,038,802.15**	**$2,756,313.30**
# of Claims	**354**					
# Open	**15**	**Recovery Amount:**	**-$93,686.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$25,332.59**	**$16,119.49**	**$41,452.08**
Indemnity				**$732,069.04**	**$1,102,248.01**	**$1,834,317.05**
Medical				**$1,414,202.15**	**$2,321,312.43**	**$3,735,514.58**
				$2,171,603.78	**$3,439,679.93**	**$5,611,283.71**
# of Claims	**356**					
# Open	**19**	**Recovery Amount:**	**-$55,840.68**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$9,626.30**	**$11,697.29**	**$21,323.59**
Indemnity				**$480,108.59**	**$439,322.21**	**$919,430.80**
Medical				**$1,301,318.05**	**$680,198.38**	**$1,981,516.43**
				$1,791,052.94	**$1,131,217.88**	**$2,922,270.82**
# of Claims	**321**					
# Open	**41**	**Recovery Amount:**	**-$19,364.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$2,986.68**	**$6,863.64**	**$9,850.32**
Indemnity				**$79,845.46**	**$224,500.08**	**$304,345.54**
Medical				**$614,795.14**	**$800,744.21**	**$1,415,539.35**
				$697,627.28	**$1,032,107.93**	**$1,729,735.21**
# of Claims	**301**					
# Open	**78**	**Recovery Amount:**	**-$6,543.45**			

Grand Totals						
Expense				**$1,542,343.41**	**$962,695.54**	**$2,505,038.95**
Indemnity				**$55,033,712.45**	**$5,723,302.89**	**$60,757,015.34**
Medical				**$84,001,825.48**	**$33,508,018.42**	**$117,509,843.90**
				$140,577,881.34	**$40,194,016.85**	**$180,771,898.19**
# of Claims	**17,885**					
# Open	**385**	**Recovery Amount:**	**-$5,792,761.18**			

157 - COMPENSATION BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$269.34	$0.00	$269.34
				$269.34	$0.00	$269.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.15	$0.00	$97.15
				$97.15	$0.00	$97.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,481.61	$0.00	$3,481.61
				$3,481.61	$0.00	$3,481.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14.60	$0.00	$14.60
				$14.60	$0.00	$14.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$356.00**	**$0.00**	**$356.00**
				$356.00	**$0.00**	**$356.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.30**	**$0.00**	**$64.30**
				$64.30	**$0.00**	**$64.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$4,457.00**	**$0.00**	**$4,457.00**
	$4,457.00	**$0.00**	**$4,457.00**

# of Claims **12**

 # Open **0** **Recovery Amount:** **$0.00**

158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,831.11	$0.00	$1,831.11
				$1,831.11	$0.00	$1,831.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.39	$0.00	$202.39
				$202.39	$0.00	$202.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$670.00	$0.00	$670.00
				$670.00	$0.00	$670.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$236.38**	**$0.00**	**$236.38**
				$236.38	**$0.00**	**$236.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$734.71**	**$0.00**	**$734.71**
Medical				**$31,837.66**	**$0.00**	**$31,837.66**
				$32,572.37	**$0.00**	**$32,572.37**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,080.51**	**$0.00**	**$1,080.51**
				$1,080.51	**$0.00**	**$1,080.51**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$538.86**	**$0.00**	**$538.86**
Medical				**$219.53**	**$0.00**	**$219.53**
				$758.39	**$0.00**	**$758.39**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.00**	**$0.00**	**$102.00**
				$102.00	**$0.00**	**$102.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,247.53**	**$0.00**	**$1,247.53**
				$1,247.53	**$0.00**	**$1,247.53**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$135.77**	**$0.00**	**$135.77**
Medical				**$6,392.68**	**$0.00**	**$6,392.68**
				$6,528.45	**$0.00**	**$6,528.45**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$307.40**	**$0.00**	**$307.40**
Medical				**$3,446.26**	**$0.00**	**$3,446.26**
				$3,753.66	**$0.00**	**$3,753.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,635.41**	**$0.00**	**$2,635.41**
				$2,635.41	**$0.00**	**$2,635.41**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,799.52**	**$0.00**	**$10,799.52**
Medical				**$4,195.73**	**$0.00**	**$4,195.73**
				$14,995.25	**$0.00**	**$14,995.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,369.40**	**$0.00**	**$3,369.40**
Medical				**$14,032.69**	**$0.00**	**$14,032.69**
				$17,402.09	**$0.00**	**$17,402.09**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,822.64**	**$0.00**	**$2,822.64**
Medical				**$3,523.30**	**$0.00**	**$3,523.30**
				$6,345.94	**$0.00**	**$6,345.94**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$341.76**	**$0.00**	**$341.76**
Medical				**$1,329.96**	**$0.00**	**$1,329.96**
				$1,671.72	**$0.00**	**$1,671.72**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$696.80**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$428.54**	**$0.00**	**$428.54**
Medical				**$1,575.80**	**$0.00**	**$1,575.80**
				$2,004.34	**$0.00**	**$2,004.34**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$6,018.28**	**$1,295.46**	**$7,313.74**
Indemnity				**$404,926.53**	**$4,869.67**	**$409,796.20**
Medical				**$352,011.09**	**$68,294.40**	**$420,305.49**
				$762,955.90	**$74,459.53**	**$837,415.43**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**-$32,785.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$967.23**	**$0.00**	**$967.23**
				$967.23	**$0.00**	**$967.23**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$29.25**	**$0.00**	**$29.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$586.52**	**$0.00**	**$586.52**
				$615.77	**$0.00**	**$615.77**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,538.00**	**$0.00**	**$2,538.00**
				$2,538.00	**$0.00**	**$2,538.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$374.89**	**$0.00**	**$374.89**
				$382.89	**$0.00**	**$382.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$37.13**	**$0.00**	**$37.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,005.17**	**$0.00**	**$5,005.17**
				$5,042.30	**$0.00**	**$5,042.30**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$86.38**	**$0.00**	**$86.38**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,188.12**	**$0.00**	**$3,188.12**
				$3,274.50	**$0.00**	**$3,274.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,664.73**	**$0.00**	**$1,664.73**
				$1,664.73	**$0.00**	**$1,664.73**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$459.28**	**$0.00**	**$459.28**
				$459.28	**$0.00**	**$459.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,179.04**	**$1,295.46**	**$7,474.50**
Indemnity				**$424,405.13**	**$4,869.67**	**$429,274.80**
Medical				**$441,401.97**	**$68,294.40**	**$509,696.37**
				$871,986.14	**$74,459.53**	**$946,445.67**
# of Claims	**126**					
# Open	**1**	**Recovery Amount:**	**-$33,481.97**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

160 - VA Criminal Sentencing Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$4,599.91**	**$0.00**	**$4,599.91**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$56.27**	**$0.00**	**$56.27**
				$4,656.18	**$0.00**	**$4,656.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$4,599.91**	**$0.00**	**$4,599.91**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$56.27**	**$0.00**	**$56.27**
				$4,656.18	**$0.00**	**$4,656.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,553.34	$0.00	$2,553.34
Medical.....	.....			$6,033.40	$0.00	$6,033.40
				$8,586.74	$0.00	$8,586.74
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,979.28	$0.00	$2,979.28
Indemnity.....	.....			$21,366.58	$0.00	$21,366.58
Medical.....	.....			$51,290.36	$0.00	$51,290.36
				$75,636.22	$0.00	$75,636.22
# of Claims	20					
# Open	0	Recovery Amount:	-$1,047.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$4,793.88	$0.00	$4,793.88
Indemnity.....	.....			$186,443.01	$0.00	$186,443.01
Medical.....	.....			$75,291.78	$0.00	$75,291.78
				$266,528.67	$0.00	$266,528.67
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$655.25	$0.00	$655.25
Indemnity.....	.....			$6,084.26	$0.00	$6,084.26
Medical.....	.....			$21,837.00	$0.00	$21,837.00
				$28,576.51	$0.00	$28,576.51
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$4,737.80	$0.00	$4,737.80
Indemnity.....	.....			$433,893.41	$0.00	$433,893.41
Medical.....	.....			$40,518.94	$0.00	$40,518.94
				$479,150.15	$0.00	$479,150.15
# of Claims	19					
# Open	0	Recovery Amount:	-$50,000.00			

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Policy Cost Summary

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$81.50**	**$0.00**	**$81.50**
Indemnity				**$514.19**	**$0.00**	**$514.19**
Medical				**$11,729.73**	**$0.00**	**$11,729.73**
				$12,325.42	**$0.00**	**$12,325.42**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,071.09**	**$0.00**	**$7,071.09**
Medical				**$16,268.73**	**$0.00**	**$16,268.73**
				$23,339.82	**$0.00**	**$23,339.82**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$6,729.47**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$705.90**	**$0.00**	**$705.90**
Medical				**$9,138.89**	**$0.00**	**$9,138.89**
				$9,844.79	**$0.00**	**$9,844.79**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$1,551.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$770.67**	**$0.00**	**$770.67**
Medical				**$2,729.25**	**$0.00**	**$2,729.25**
				$3,499.92	**$0.00**	**$3,499.92**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$765.80**	**$0.00**	**$765.80**
Indemnity				**$51,441.63**	**$0.00**	**$51,441.63**
Medical				**$30,632.11**	**$0.00**	**$30,632.11**
				$82,839.54	**$0.00**	**$82,839.54**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$33,489.30**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$58.62**	**$0.00**	**$58.62**
Medical				**$4,092.75**	**$0.00**	**$4,092.75**
				$4,151.37	**$0.00**	**$4,151.37**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**-$381.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$167.66**	**$0.00**	**$167.66**
Medical				**$2,636.73**	**$0.00**	**$2,636.73**
				$2,804.39	**$0.00**	**$2,804.39**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,272.70**	**$0.00**	**$2,272.70**
Medical				**$2,552.57**	**$0.00**	**$2,552.57**
				$4,825.27	**$0.00**	**$4,825.27**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,838.23**	**$0.00**	**$1,838.23**
				$1,838.23	**$0.00**	**$1,838.23**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,466.30**	**$0.00**	**$8,466.30**
Medical				**$33,970.85**	**$0.00**	**$33,970.85**
				$42,437.15	**$0.00**	**$42,437.15**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,150.00**	**$0.00**	**$5,150.00**
Medical				**$10,557.04**	**$0.00**	**$10,557.04**
				$15,707.04	**$0.00**	**$15,707.04**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**-$1,524.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$89.25**	**$0.00**	**$89.25**
Indemnity				**$1,249.35**	**$0.00**	**$1,249.35**
Medical				**$18,601.16**	**$0.00**	**$18,601.16**
				$19,939.76	**$0.00**	**$19,939.76**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$531.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,071.95**	**$0.00**	**$3,071.95**
Medical				**$14,103.40**	**$0.00**	**$14,103.40**
				$17,175.35	**$0.00**	**$17,175.35**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$271.76**	**$0.00**	**$271.76**
Medical				**$6,334.07**	**$0.00**	**$6,334.07**
				$6,605.83	**$0.00**	**$6,605.83**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,571.03**	**$0.00**	**$3,571.03**
				$3,571.03	**$0.00**	**$3,571.03**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,172.42**	**$0.00**	**$7,172.42**
Medical				**$40,820.92**	**$0.00**	**$40,820.92**
				$47,993.34	**$0.00**	**$47,993.34**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$661.69**	**$0.00**	**$661.69**
Medical				**$8,189.14**	**$0.00**	**$8,189.14**
				$8,850.83	**$0.00**	**$8,850.83**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$315.97**	**$0.00**	**$315.97**
				$315.97	**$0.00**	**$315.97**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$241.30**	**$0.00**	**$241.30**
Medical				**$8,505.79**	**$0.00**	**$8,505.79**
				$8,747.09	**$0.00**	**$8,747.09**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$2,841.37**	**$0.00**	**$2,841.37**
Medical				**$6,776.92**	**$0.00**	**$6,776.92**
				$9,642.29	**$0.00**	**$9,642.29**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

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As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$141.29**	**$0.00**	**$141.29**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,614.95**	**$0.00**	**$9,614.95**
				$9,756.24	**$0.00**	**$9,756.24**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$564.23**	**$0.00**	**$564.23**
				$588.23	**$0.00**	**$588.23**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$274.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,061.56**	**$0.00**	**$1,061.56**
Indemnity				**$5,509.59**	**$0.00**	**$5,509.59**
Medical				**$26,521.65**	**$0.00**	**$26,521.65**
				$33,092.80	**$0.00**	**$33,092.80**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$21,196.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$348.59**	**$0.00**	**$348.59**
Medical				**$7,114.54**	**$0.00**	**$7,114.54**
				$7,471.13	**$0.00**	**$7,471.13**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$106.50**	**$0.00**	**$106.50**
Indemnity				**$10,455.70**	**$0.00**	**$10,455.70**
Medical				**$88,332.30**	**$0.00**	**$88,332.30**
				$98,894.50	**$0.00**	**$98,894.50**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$55,618.65**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$15.40**	**$0.00**	**$15.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$457.63**	**$0.00**	**$457.63**
				$473.03	**$0.00**	**$473.03**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$3,544.46**	**$0.00**	**$3,544.46**
Medical				**$11,906.69**	**$0.00**	**$11,906.69**
				$15,459.15	**$0.00**	**$15,459.15**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$8,893.71**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$133.68**	**$0.00**	**$133.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,334.48**	**$0.00**	**$2,334.48**
				$2,468.16	**$0.00**	**$2,468.16**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$161.37**	**$0.00**	**$161.37**
Indemnity				**$28,179.72**	**$0.00**	**$28,179.72**
Medical				**$16,673.28**	**$0.00**	**$16,673.28**
				$45,014.37	**$0.00**	**$45,014.37**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$103.40**	**$0.00**	**$103.40**
Indemnity				**$10,102.82**	**$0.00**	**$10,102.82**
Medical				**$29,824.48**	**$0.00**	**$29,824.48**
				$40,030.70	**$0.00**	**$40,030.70**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$69.99**	**$138.01**	**$208.00**
Indemnity				**$0.00**	**$28,600.00**	**$28,600.00**
Medical				**$11,816.00**	**$43,205.55**	**$55,021.55**
				$11,885.99	**$71,943.56**	**$83,829.55**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$231.18**	**$250.00**
Indemnity				**$1,055.83**	**$10,944.17**	**$12,000.00**
Medical				**$8,238.33**	**$10,711.67**	**$18,950.00**
				$9,312.98	**$21,887.02**	**$31,200.00**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$15,978.77**	**$369.19**	**$16,347.96**
Indemnity				**$801,665.91**	**$39,544.17**	**$841,210.08**
Medical				**$641,735.32**	**$53,917.22**	**$695,652.54**
				$1,459,380.00	**$93,830.58**	**$1,553,210.58**
# of Claims	**573**					
# Open	**2**	**Recovery Amount:**	**-$181,237.65**			

163 - AGING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.00	$0.00	$133.00
				$133.00	$0.00	$133.00
# of Claims	1					
# Open	0	Recovery Amount:	-$133.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$397.24	$0.00	$397.24
				$397.24	$0.00	$397.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$215.58**	**$0.00**	**$215.58**
				$215.58	**$0.00**	**$215.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$745.82**	**$0.00**	**$745.82**
				$745.82	**$0.00**	**$745.82**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$133.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

164 - VA Mgmt. Fellows Prgrm. Admin.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			**$44.41**	**$0.00**	**$44.41**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$2,752.94**	**$0.00**	**$2,752.94**
				$2,797.35	**$0.00**	**$2,797.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$44.41**	**$0.00**	**$44.41**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$2,752.94**	**$0.00**	**$2,752.94**
				$2,797.35	**$0.00**	**$2,797.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,013.01	$0.00	$2,013.01
Medical.....	.....			$3,903.77	$0.00	$3,903.77
				$5,916.78	$0.00	$5,916.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.15	$0.00	$421.15
				$421.15	$0.00	$421.15
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.72	$0.00	$109.72
				$109.72	$0.00	$109.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$113.00**	**$0.00**	**$113.00**
				$113.00	**$0.00**	**$113.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$412.99**	**$0.00**	**$412.99**
				$412.99	**$0.00**	**$412.99**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,113.28**	**$0.00**	**$6,113.28**
Medical				**$38,632.26**	**$0.00**	**$38,632.26**
				$44,745.54	**$0.00**	**$44,745.54**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$189.00**	**$0.00**	**$189.00**
				$189.00	**$0.00**	**$189.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,849.31**	**$0.00**	**$10,849.31**
Medical				**$45,544.89**	**$0.00**	**$45,544.89**
				$56,394.20	**$0.00**	**$56,394.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$85.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,114.06**	**$0.00**	**$5,114.06**
Medical				**$7,026.98**	**$0.00**	**$7,026.98**
				$12,141.04	**$0.00**	**$12,141.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,548.31**	**$0.00**	**$1,548.31**
Medical				**$2,293.85**	**$0.00**	**$2,293.85**
				$3,842.16	**$0.00**	**$3,842.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$431.50**	**$0.00**	**$431.50**
				$431.50	**$0.00**	**$431.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,167.40**	**$0.00**	**$1,167.40**
				$1,167.40	**$0.00**	**$1,167.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$366.06**	**$0.00**	**$366.06**
				$421.56	**$0.00**	**$421.56**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$626.60**	**$0.00**	**$626.60**
				$737.60	**$0.00**	**$737.60**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$645.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$1,006.16**	**$0.00**	**$1,006.16**
Medical				**$1,935.53**	**$0.00**	**$1,935.53**
				$2,978.69	**$0.00**	**$2,978.69**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$32.00	**$0.00**	**$32.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,337.30**	**$0.00**	**$2,337.30**
				$2,337.30	**$0.00**	**$2,337.30**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$2,337.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$85.55**	**$0.00**	**$85.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,766.79**	**$0.00**	**$6,766.79**
				$6,852.34	**$0.00**	**$6,852.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$6,766.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$2,750.00**	**$2,750.00**
Medical				**$0.00**	**$7,350.00**	**$7,350.00**
				$18.82	**$10,301.18**	**$10,320.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$339.87**	**$201.18**	**$541.05**
Indemnity				**$26,644.13**	**$2,750.00**	**$29,394.13**
Medical				**$112,278.79**	**$7,350.00**	**$119,628.79**
				$139,262.79	**$10,301.18**	**$149,563.97**
# of Claims	**66**					
# Open	**1**	**Recovery Amount:**	**-$9,834.19**			

166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$728.60	$0.00	$728.60
				$728.60	$0.00	$728.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$877.16	$0.00	$877.16
				$877.16	$0.00	$877.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.10	$0.00	$216.10
				$216.10	$0.00	$216.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,233.68	$0.00	$1,233.68
Medical.....	.....			$1,240.15	$0.00	$1,240.15
				$2,473.83	$0.00	$2,473.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$336.14	$0.00	$336.14
				$336.14	$0.00	$336.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$165.01**	**$0.00**	**$165.01**
				$165.01	**$0.00**	**$165.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.84**	**$0.00**	**$202.84**
				$202.84	**$0.00**	**$202.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$51.55**	**$0.00**	**$51.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$51.55	**$0.00**	**$51.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$50.90**	**$0.00**	**$50.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$50.90	**$0.00**	**$50.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$102.45**	**$0.00**	**$102.45**
Indemnity				**$1,233.68**	**$0.00**	**$1,233.68**
Medical				**$3,766.00**	**$0.00**	**$3,766.00**
				$5,102.13	**$0.00**	**$5,102.13**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$807.45	$0.00	$807.45
				$807.45	$0.00	$807.45
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,362.06	$0.00	$1,362.06
Medical.....	.....			$830.70	$0.00	$830.70
				$2,192.76	$0.00	$2,192.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$830.00	$0.00	$830.00
Indemnity.....	.....			$3,184.44	$0.00	$3,184.44
Medical.....	.....			$9,256.07	$0.00	$9,256.07
				$13,270.51	$0.00	$13,270.51
# of Claims	8					
# Open	0	Recovery Amount:	-$194.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,194.59	$0.00	$1,194.59
				$1,194.59	$0.00	$1,194.59
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$648.84	$0.00	$648.84
				$648.84	$0.00	$648.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,810.00**	**$0.00**	**$1,810.00**
Medical				**$4,180.40**	**$0.00**	**$4,180.40**
				$5,990.40	**$0.00**	**$5,990.40**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,589.58**	**$0.00**	**$1,589.58**
				$1,589.58	**$0.00**	**$1,589.58**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$354.01**	**$0.00**	**$354.01**
Medical				**$4,243.23**	**$0.00**	**$4,243.23**
				$4,597.24	**$0.00**	**$4,597.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.00**	**$0.00**	**$130.00**
				$130.00	**$0.00**	**$130.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$37.73**	**$0.00**	**$37.73**
Indemnity				**$5,944.82**	**$0.00**	**$5,944.82**
Medical				**$42,973.08**	**$0.00**	**$42,973.08**
				$48,955.63	**$0.00**	**$48,955.63**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$200.00**	**$0.00**	**$200.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,034.96**	**$0.00**	**$1,034.96**
				$1,234.96	**$0.00**	**$1,234.96**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,325.10**	**$0.00**	**$1,325.10**
				$1,325.10	**$0.00**	**$1,325.10**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$1,005.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,857.35**	**$0.00**	**$1,857.35**
				$1,857.35	**$0.00**	**$1,857.35**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$120.00**	**$0.00**	**$120.00**
				$120.00	**$0.00**	**$120.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,233.82**	**$0.00**	**$2,233.82**
				$2,233.82	**$0.00**	**$2,233.82**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,862.38**	**$0.00**	**$8,862.38**
Medical				**$17,771.80**	**$0.00**	**$17,771.80**
				$26,634.18	**$0.00**	**$26,634.18**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$4,891.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.20**	**$0.00**	**$95.20**
				$95.20	**$0.00**	**$95.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,698.14**	**$0.00**	**$3,698.14**
				$3,698.14	**$0.00**	**$3,698.14**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$426.80**	**$0.00**	**$426.80**
				$426.80	**$0.00**	**$426.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$244.12**	**$0.00**	**$244.12**
				$244.12	**$0.00**	**$244.12**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$212.00**	**$0.00**	**$212.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$997.29**	**$0.00**	**$997.29**
				$1,209.29	**$0.00**	**$1,209.29**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$345.02**	**$0.00**	**$345.02**
				$345.02	**$0.00**	**$345.02**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,751.16**	**$0.00**	**$1,751.16**
				$1,751.16	**$0.00**	**$1,751.16**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$439.00**	**$0.00**	**$439.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19,312.76**	**$0.00**	**$19,312.76**
				$19,751.76	**$0.00**	**$19,751.76**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$3,497.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$817.65**	**$0.00**	**$817.65**
				$817.65	**$0.00**	**$817.65**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$133.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,691.18**	**$0.00**	**$2,691.18**
				$2,691.18	**$0.00**	**$2,691.18**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$12,830.56**	**$0.00**	**$12,830.56**
Medical				**$22,210.55**	**$0.00**	**$22,210.55**
				$35,077.11	**$0.00**	**$35,077.11**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$292.06**	**$0.00**	**$292.06**
Indemnity				**$11,257.42**	**$0.00**	**$11,257.42**
Medical				**$124,418.67**	**$0.00**	**$124,418.67**
				$135,968.15	**$0.00**	**$135,968.15**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$6,963.60**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$28.86**	**$0.00**	**$28.86**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$28.86	**$0.00**	**$28.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$23.76**	**$0.00**	**$23.76**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$659.99**	**$0.00**	**$659.99**
				$683.75	**$0.00**	**$683.75**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$115.19**	**$0.00**	**$115.19**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$716.98**	**$0.00**	**$716.98**
				$832.17	**$0.00**	**$832.17**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$21.20**	**$0.00**	**$21.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$462.58**	**$0.00**	**$462.58**
				$483.78	**$0.00**	**$483.78**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$23.90**	**$0.00**	**$23.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$859.27**	**$0.00**	**$859.27**
				$883.17	**$0.00**	**$883.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,259.70**	**$0.00**	**$2,259.70**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$45,605.69**	**$0.00**	**$45,605.69**
Medical.....	**$269,904.33**	**$0.00**	**$269,904.33**
	$317,769.72	**$0.00**	**$317,769.72**

# of Claims **216**

 # Open **0**

Recovery Amount: **-$16,685.80**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$390.60	$0.00	$390.60
Medical.....	.....			$4,740.62	$0.00	$4,740.62
				$5,131.22	$0.00	$5,131.22
# of Claims	6					
# Open	0	Recovery Amount:	-$637.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$780.00	$0.00	$780.00
Indemnity.....	.....			$27,819.54	$0.00	$27,819.54
Medical.....	.....			$43,854.94	$0.00	$43,854.94
				$72,454.48	$0.00	$72,454.48
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,166.28	$0.00	$6,166.28
Medical.....	.....			$17,882.55	$0.00	$17,882.55
				$24,048.83	$0.00	$24,048.83
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,133.79	$0.00	$8,133.79
Medical.....	.....			$23,528.36	$0.00	$23,528.36
				$31,662.15	$0.00	$31,662.15
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,513.92	$0.00	$1,513.92
Medical.....	.....			$10,608.01	$0.00	$10,608.01
				$12,121.93	$0.00	$12,121.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,256.96**	**$0.00**	**$1,256.96**
				$1,256.96	**$0.00**	**$1,256.96**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$40.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$27.17**	**$0.00**	**$27.17**
Indemnity				**$44,129.00**	**$0.00**	**$44,129.00**
Medical				**$8,698.47**	**$0.00**	**$8,698.47**
				$52,854.64	**$0.00**	**$52,854.64**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$3,442.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$786.37**	**$0.00**	**$786.37**
				$786.37	**$0.00**	**$786.37**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$34.56**	**$0.00**	**$34.56**
Medical				**$2,396.67**	**$0.00**	**$2,396.67**
				$2,431.23	**$0.00**	**$2,431.23**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,977.50**	**$0.00**	**$8,977.50**
Medical				**$25,535.83**	**$0.00**	**$25,535.83**
				$34,513.33	**$0.00**	**$34,513.33**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$27.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,016.62**	**$0.00**	**$1,016.62**
				$1,016.62	**$0.00**	**$1,016.62**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$6,831.57**	**$0.00**	**$6,831.57**
Indemnity				**$210,280.00**	**$0.00**	**$210,280.00**
Medical				**$211,883.76**	**$0.00**	**$211,883.76**
				$428,995.33	**$0.00**	**$428,995.33**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$14.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,867.61**	**$0.00**	**$1,867.61**
				$1,867.61	**$0.00**	**$1,867.61**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,025.45**	**$0.00**	**$2,025.45**
				$2,025.45	**$0.00**	**$2,025.45**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,077.25**	**$0.00**	**$3,077.25**
				$3,077.25	**$0.00**	**$3,077.25**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,295.22**	**$0.00**	**$2,295.22**
Medical				**$3,216.47**	**$0.00**	**$3,216.47**
				$5,511.69	**$0.00**	**$5,511.69**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.79**	**$0.00**	**$453.79**
				$453.79	**$0.00**	**$453.79**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,163.52**	**$0.00**	**$1,163.52**
				$1,163.52	**$0.00**	**$1,163.52**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$366.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,567.18**	**$0.00**	**$4,567.18**
				$4,567.18	**$0.00**	**$4,567.18**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,332.78**	**$0.00**	**$2,332.78**
				$2,332.78	**$0.00**	**$2,332.78**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$1,683.32**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$130.06**	**$0.00**	**$130.06**
Indemnity				**$7,737.36**	**$0.00**	**$7,737.36**
Medical				**$27,170.78**	**$0.00**	**$27,170.78**
				$35,038.20	**$0.00**	**$35,038.20**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$900.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,917.50**	**$0.00**	**$4,917.50**
				$4,917.50	**$0.00**	**$4,917.50**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,264.01**	**$0.00**	**$3,264.01**
Medical				**$4,859.87**	**$0.00**	**$4,859.87**
				$8,123.88	**$0.00**	**$8,123.88**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,575.11**	**$0.00**	**$4,575.11**
				$4,575.11	**$0.00**	**$4,575.11**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$140.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$60.61**	**$0.00**	**$60.61**
Indemnity				**$13,997.22**	**$0.00**	**$13,997.22**
Medical				**$237,689.60**	**$0.00**	**$237,689.60**
				$251,747.43	**$0.00**	**$251,747.43**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,214.81**	**$0.00**	**$5,214.81**
				$5,214.81	**$0.00**	**$5,214.81**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$9,004.91**	**$0.00**	**$9,004.91**
Medical				**$36,724.11**	**$0.00**	**$36,724.11**
				$45,745.02	**$0.00**	**$45,745.02**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$249.74**	**$0.00**	**$249.74**
				$249.74	**$0.00**	**$249.74**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$174.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$59.76**	**$0.00**	**$59.76**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,805.96**	**$0.00**	**$6,805.96**
				$6,865.72	**$0.00**	**$6,865.72**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$106.77**	**$0.00**	**$106.77**
Indemnity				**$5,487.59**	**$0.00**	**$5,487.59**
Medical				**$31,837.32**	**$0.00**	**$31,837.32**
				$37,431.68	**$0.00**	**$37,431.68**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$4,930.56**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$84.45**	**$0.00**	**$84.45**
Indemnity				**$421.94**	**$0.00**	**$421.94**
Medical				**$2,633.26**	**$0.00**	**$2,633.26**
				$3,139.65	**$0.00**	**$3,139.65**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$455.11**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$18.70**	**$0.00**	**$18.70**
Indemnity				**$15,748.25**	**$0.00**	**$15,748.25**
Medical				**$37,657.31**	**$0.00**	**$37,657.31**
				$53,424.26	**$0.00**	**$53,424.26**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$27.40**	**$0.00**	**$27.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$866.74**	**$0.00**	**$866.74**
				$894.14	**$0.00**	**$894.14**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$91.20**	**$308.80**	**$400.00**
Indemnity				**$61,979.80**	**$41,808.60**	**$103,788.40**
Medical				**$17,418.64**	**$21,423.44**	**$38,842.08**
				$79,489.64	**$63,540.84**	**$143,030.48**
# of Claims	**8**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$97.31**	**$300.00**	**$397.31**
Indemnity				**$0.00**	**$10,038.98**	**$10,038.98**
Medical				**$8,930.33**	**$16,601.65**	**$25,531.98**
				$9,027.64	**$26,940.63**	**$35,968.27**
# of Claims	**10**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8,331.00**	**$608.80**	**$8,939.80**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity.....	**$427,381.49**	**$51,847.58**	**$479,229.07**
Medical.....	**$798,444.29**	**$38,025.09**	**$836,469.38**
	$1,234,156.78	**$90,481.47**	**$1,324,638.25**

# of Claims	**362**		
# Open	**7**	**Recovery Amount:**	**-$12,812.26**

173 - DEPARTMENT OF CHARITABLE GAMING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,339.88	$0.00	$1,339.88
Medical.....	.....			$7,709.57	$0.00	$7,709.57
				$9,049.45	$0.00	$9,049.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.82	$0.00	$28.82
				$28.82	$0.00	$28.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$92.20	$0.00	$92.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$92.20	$0.00	$92.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,984.64	$0.00	$1,984.64
Medical.....	.....			$7,985.00	$0.00	$7,985.00
				$9,969.64	$0.00	$9,969.64
# of Claims	1					
# Open	0	Recovery Amount:	-$6,284.57			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Grand Totals

Expense.....	**$92.20**	**$0.00**	**$92.20**
Indemnity.....	**$3,324.52**	**$0.00**	**$3,324.52**
Medical.....	**$15,723.39**	**$0.00**	**$15,723.39**
	$19,140.11	**$0.00**	**$19,140.11**

# of Claims **8**

 # Open **0** **Recovery Amount:** **-$6,284.57**

174 - VIRGINIA COLLEGE SAVINGS PLAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$163.47	$0.00	$163.47
				$163.47	$0.00	$163.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,915.08	$0.00	$17,915.08
				$17,915.08	$0.00	$17,915.08
# of Claims	2					
# Open	0	Recovery Amount:	-$11,498.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$39.44	$0.00	$39.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,717.25	$0.00	$2,717.25
				$2,756.69	$0.00	$2,756.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$39.44**	**$0.00**	**$39.44**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,795.80**	**$0.00**	**$20,795.80**
				$20,835.24	**$0.00**	**$20,835.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$11,498.93**			

175 - VA Office of Protection & Advocacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$825.86	$0.00	$825.86
Medical.....	.....			$10,317.70	$0.00	$10,317.70
				$11,143.56	$0.00	$11,143.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.71	$0.00	$171.71
				$171.71	$0.00	$171.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.11	$0.00	$169.11
				$187.61	$0.00	$187.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,542.07	$0.00	$1,542.07
				$1,542.07	$0.00	$1,542.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$825.86**	**$0.00**	**$825.86**
Medical				**$12,200.59**	**$0.00**	**$12,200.59**
				$13,044.95	**$0.00**	**$13,044.95**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

180 - ADMINISTRATION, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.25	$0.00	$170.25
				$170.25	$0.00	$170.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$218.25**	**$0.00**	**$218.25**
				$236.75	**$0.00**	**$236.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$553.98	$0.00	$553.98
				$553.98	$0.00	$553.98
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$857.12	$0.00	$857.12
Medical.....	.....			$1,658.25	$0.00	$1,658.25
				$2,515.37	$0.00	$2,515.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,066.16	$0.00	$3,066.16
Medical.....	.....			$1,767.40	$0.00	$1,767.40
				$4,833.56	$0.00	$4,833.56
# of Claims	15					
# Open	0	Recovery Amount:	-$2,383.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,184.78	$0.00	$8,184.78
Medical.....	.....			$32,153.33	$0.00	$32,153.33
				$40,338.11	$0.00	$40,338.11
# of Claims	14					
# Open	0	Recovery Amount:	-$56.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,227.70	$0.00	$6,227.70
Medical.....	.....			$6,755.94	$0.00	$6,755.94
				$12,983.64	$0.00	$12,983.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,588.24**	**$0.00**	**$6,588.24**
Medical				**$15,343.37**	**$0.00**	**$15,343.37**
				$21,931.61	**$0.00**	**$21,931.61**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$5.00**	**$0.00**	**$5.00**
Indemnity				**$6,974.56**	**$0.00**	**$6,974.56**
Medical				**$12,148.71**	**$0.00**	**$12,148.71**
				$19,128.27	**$0.00**	**$19,128.27**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$18,136.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,457.43**	**$0.00**	**$9,457.43**
Medical				**$2,749.78**	**$0.00**	**$2,749.78**
				$12,207.21	**$0.00**	**$12,207.21**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$92.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$73.52**	**$0.00**	**$73.52**
				$73.52	**$0.00**	**$73.52**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,811.43**	**$0.00**	**$2,811.43**
Medical				**$9,817.60**	**$0.00**	**$9,817.60**
				$12,629.03	**$0.00**	**$12,629.03**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,104.11**	**$0.00**	**$1,104.11**
Medical				**$1,379.17**	**$0.00**	**$1,379.17**
				$2,483.28	**$0.00**	**$2,483.28**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$11.00**	**$0.00**	**$11.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$850.32**	**$0.00**	**$850.32**
				$861.32	**$0.00**	**$861.32**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,577.90**	**$0.00**	**$1,577.90**
				$1,577.90	**$0.00**	**$1,577.90**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$1,452.68**	**$0.00**	**$1,452.68**
Indemnity				**$16,098.23**	**$0.00**	**$16,098.23**
Medical				**$79,022.51**	**$0.00**	**$79,022.51**
				$96,573.42	**$0.00**	**$96,573.42**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$43,555.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$234.50**	**$0.00**	**$234.50**
				$234.50	**$0.00**	**$234.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$2,166.22**	**$0.00**	**$2,166.22**
Indemnity				**$37,279.94**	**$0.00**	**$37,279.94**
Medical				**$191,550.27**	**$0.00**	**$191,550.27**
				$230,996.43	**$0.00**	**$230,996.43**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$25,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,448.23**	**$0.00**	**$2,448.23**
Medical				**$7,652.01**	**$0.00**	**$7,652.01**
				$10,100.24	**$0.00**	**$10,100.24**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,938.74**	**$0.00**	**$1,938.74**
Medical				**$12,020.47**	**$0.00**	**$12,020.47**
				$13,959.21	**$0.00**	**$13,959.21**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,737.79**	**$0.00**	**$6,737.79**
				$6,737.79	**$0.00**	**$6,737.79**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$444.24**	**$0.00**	**$444.24**
				$444.24	**$0.00**	**$444.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$204.63**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,755.90**	**$0.00**	**$1,755.90**
				$1,755.90	**$0.00**	**$1,755.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$600.86**	**$0.00**	**$600.86**
				$600.86	**$0.00**	**$600.86**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$576.89**	**$0.00**	**$576.89**
				$576.89	**$0.00**	**$576.89**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,109.33**	**$0.00**	**$1,109.33**
				$1,109.33	**$0.00**	**$1,109.33**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$251.04**	**$0.00**	**$251.04**
				$251.04	**$0.00**	**$251.04**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$40.56**	**$0.00**	**$40.56**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,311.90**	**$0.00**	**$6,311.90**
				$6,352.46	**$0.00**	**$6,352.46**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,139.72**	**$0.00**	**$3,139.72**
				$3,139.72	**$0.00**	**$3,139.72**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$55.68**	**$0.00**	**$55.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,399.76**	**$0.00**	**$6,399.76**
				$6,455.44	**$0.00**	**$6,455.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$125.40**	**$0.00**	**$125.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,240.50**	**$0.00**	**$13,240.50**
				$13,365.90	**$0.00**	**$13,365.90**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$5,953.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,856.54**	**$0.00**	**$3,856.54**
Indemnity				**$103,036.67**	**$0.00**	**$103,036.67**
Medical				**$417,876.96**	**$0.00**	**$417,876.96**
				$524,770.17	**$0.00**	**$524,770.17**
# of Claims	**245**					
# Open	**0**	**Recovery Amount:**	**-$95,381.03**			

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,945.66	$0.00	$3,945.66
Medical.....	.....			$7,924.34	$0.00	$7,924.34
				$11,870.00	$0.00	$11,870.00
# of Claims	27					
# Open	0	Recovery Amount:	-$2,015.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,320.54	$0.00	$1,320.54
Medical.....	.....			$3,943.20	$0.00	$3,943.20
				$5,263.74	$0.00	$5,263.74
# of Claims	42					
# Open	0	Recovery Amount:	-$514.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,863.52	$0.00	$2,863.52
Medical.....	.....			$16,026.10	$0.00	$16,026.10
				$18,889.62	$0.00	$18,889.62
# of Claims	34					
# Open	0	Recovery Amount:	-$350.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,819.36	$0.00	$1,819.36
Indemnity.....	.....			$6,306.00	$0.00	$6,306.00
Medical.....	.....			$23,096.48	$0.00	$23,096.48
				$31,221.84	$0.00	$31,221.84
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$889.62	$0.00	$889.62
Medical.....	.....			$15,459.76	$0.00	$15,459.76
				$16,349.38	$0.00	$16,349.38
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,108.25**	**$0.00**	**$10,108.25**
Medical				**$35,697.84**	**$0.00**	**$35,697.84**
				$45,806.09	**$0.00**	**$45,806.09**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$187.90**	**$0.00**	**$187.90**
Indemnity				**$8,862.99**	**$0.00**	**$8,862.99**
Medical				**$44,652.05**	**$0.00**	**$44,652.05**
				$53,702.94	**$0.00**	**$53,702.94**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$29,754.62**	**$0.00**	**$29,754.62**
Medical				**$21,777.38**	**$0.00**	**$21,777.38**
				$51,532.00	**$0.00**	**$51,532.00**
# of Claims	**49**					
# Open	**0**	**Recovery Amount:**	**-$2,964.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,445.14**	**$0.00**	**$2,445.14**
Medical				**$9,993.36**	**$0.00**	**$9,993.36**
				$12,438.50	**$0.00**	**$12,438.50**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$900.00**	**$0.00**	**$900.00**
Indemnity				**$8,579.27**	**$0.00**	**$8,579.27**
Medical				**$7,476.50**	**$0.00**	**$7,476.50**
				$16,955.77	**$0.00**	**$16,955.77**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$86.07**	**$0.00**	**$86.07**
Indemnity				**$19,376.60**	**$0.00**	**$19,376.60**
Medical				**$22,605.55**	**$0.00**	**$22,605.55**
				$42,068.22	**$0.00**	**$42,068.22**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,964.03**	**$0.00**	**$1,964.03**
Medical				**$3,986.72**	**$0.00**	**$3,986.72**
				$5,950.75	**$0.00**	**$5,950.75**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$1,892.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$3,840.74**	**$0.00**	**$3,840.74**
Indemnity				**$179,002.30**	**$0.00**	**$179,002.30**
Medical				**$238,829.61**	**$0.00**	**$238,829.61**
				$421,672.65	**$0.00**	**$421,672.65**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$39,857.77**	**$0.00**	**$39,857.77**
Medical				**$18,782.53**	**$0.00**	**$18,782.53**
				$58,648.30	**$0.00**	**$58,648.30**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,054.24**	**$0.00**	**$2,054.24**
				$2,054.24	**$0.00**	**$2,054.24**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,016.69**	**$0.00**	**$17,016.69**
Medical				**$120,396.94**	**$0.00**	**$120,396.94**
				$137,413.63	**$0.00**	**$137,413.63**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**-$3,029.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,443.75**	**$0.00**	**$1,443.75**
Medical				**$20,988.36**	**$0.00**	**$20,988.36**
				$22,432.11	**$0.00**	**$22,432.11**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$2,295.00**	**$0.00**	**$2,295.00**
Indemnity				**$19,255.85**	**$0.00**	**$19,255.85**
Medical				**$32,970.43**	**$0.00**	**$32,970.43**
				$54,521.28	**$0.00**	**$54,521.28**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$378.00**	**$0.00**	**$378.00**
Indemnity				**$18,124.16**	**$0.00**	**$18,124.16**
Medical				**$46,165.63**	**$0.00**	**$46,165.63**
				$64,667.79	**$0.00**	**$64,667.79**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$967.50**	**$0.00**	**$967.50**
Indemnity				**$140,561.79**	**$0.00**	**$140,561.79**
Medical				**$258,188.56**	**$0.00**	**$258,188.56**
				$399,717.85	**$0.00**	**$399,717.85**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$388.50**	**$0.00**	**$388.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,790.55**	**$0.00**	**$2,790.55**
				$3,179.05	**$0.00**	**$3,179.05**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$901.24**	**$0.00**	**$901.24**
Indemnity				**$5,536.15**	**$0.00**	**$5,536.15**
Medical				**$131,164.06**	**$0.00**	**$131,164.06**
				$137,601.45	**$0.00**	**$137,601.45**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**-$30,741.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$116.00**	**$0.00**	**$116.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,745.65**	**$0.00**	**$1,745.65**
				$1,861.65	**$0.00**	**$1,861.65**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$16.28**	**$0.00**	**$16.28**
Indemnity				**$4,550.20**	**$0.00**	**$4,550.20**
Medical				**$25,253.27**	**$0.00**	**$25,253.27**
				$29,819.75	**$0.00**	**$29,819.75**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$60.40**	**$0.00**	**$60.40**
Indemnity				**$239.61**	**$0.00**	**$239.61**
Medical				**$28,634.80**	**$0.00**	**$28,634.80**
				$28,934.81	**$0.00**	**$28,934.81**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$10,193.22**	**$0.00**	**$10,193.22**
Indemnity				**$206,880.51**	**$0.00**	**$206,880.51**
Medical				**$299,345.83**	**$0.00**	**$299,345.83**
				$516,419.56	**$0.00**	**$516,419.56**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$16,785.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$96.70**	**$0.00**	**$96.70**
Indemnity				**$2,500.21**	**$0.00**	**$2,500.21**
Medical				**$18,802.35**	**$0.00**	**$18,802.35**
				$21,399.26	**$0.00**	**$21,399.26**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$600.96**	**$0.00**	**$600.96**
Indemnity				**$2,752.96**	**$0.00**	**$2,752.96**
Medical				**$14,948.80**	**$0.00**	**$14,948.80**
				$18,302.72	**$0.00**	**$18,302.72**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$11,501.23**	**$1,621.87**	**$13,123.10**
Indemnity				**$351,921.02**	**$42,350.05**	**$394,271.07**
Medical				**$222,300.40**	**$28,162.20**	**$250,462.60**
				$585,722.65	**$72,134.12**	**$657,856.77**
# of Claims	**26**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$37,306.02**	**$921.86**	**$38,227.88**
Indemnity				**$178,405.87**	**$128,537.07**	**$306,942.94**
Medical				**$65,389.55**	**$57,344.69**	**$122,734.24**
				$281,101.44	**$186,803.62**	**$467,905.06**
# of Claims	**24**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$27,017.21**	**$0.00**	**$27,017.21**
Medical				**$44,694.73**	**$0.00**	**$44,694.73**
				$71,727.94	**$0.00**	**$71,727.94**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$243.27**	**$0.00**	**$243.27**
Indemnity				**$3,378.86**	**$0.00**	**$3,378.86**
Medical				**$24,178.51**	**$0.00**	**$24,178.51**
				$27,800.64	**$0.00**	**$27,800.64**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$350.62**	**$0.00**	**$350.62**
Indemnity				**$451.47**	**$0.00**	**$451.47**
Medical				**$5,234.52**	**$0.00**	**$5,234.52**
				$6,036.61	**$0.00**	**$6,036.61**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$107.76**	**$0.00**	**$107.76**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,697.19**	**$0.00**	**$6,697.19**
				$6,804.95	**$0.00**	**$6,804.95**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$56.00**	**$0.00**	**$56.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,437.48**	**$0.00**	**$4,437.48**
				$4,493.48	**$0.00**	**$4,493.48**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$104.10**	**$153.80**	**$257.90**
Indemnity				**$541.47**	**$4,879.56**	**$5,421.03**
Medical				**$5,805.76**	**$8,603.38**	**$14,409.14**
				$6,451.33	**$13,636.74**	**$20,088.07**
# of Claims	**19**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$74.64**	**$314.18**	**$388.82**
Indemnity				**$0.00**	**$12,650.00**	**$12,650.00**
Medical				**$1,395.37**	**$33,264.09**	**$34,659.46**
				$1,470.01	**$46,228.27**	**$47,698.28**
# of Claims	**26**					
# Open	**4**	**Recovery Amount:**	**-$247.68**			

Grand Totals						
Expense				**$72,615.51**	**$3,011.71**	**$75,627.22**
Indemnity				**$1,295,854.09**	**$188,416.68**	**$1,484,270.77**
Medical				**$1,853,834.40**	**$127,374.36**	**$1,981,208.76**
				$3,222,304.00	**$318,802.75**	**$3,541,106.75**
# of Claims	**1,149**					
# Open	**8**	**Recovery Amount:**	**-$58,542.01**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

183 - NATURAL RESOURCES, SECRETARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

186 - TRANSPORTATION, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,731.26**	**$0.00**	**$2,731.26**
				$2,731.26	**$0.00**	**$2,731.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,776.26**	**$0.00**	**$2,776.26**
				$2,776.26	**$0.00**	**$2,776.26**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

187 - PUBLIC SAFETY, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$14.00**	**$0.00**	**$14.00**
				$14.00	**$0.00**	**$14.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$14.00**	**$0.00**	**$14.00**
				$14.00	**$0.00**	**$14.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

188 - HEALTH & HUMAN RESOURCES, SEC OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$702.00**	**$0.00**	**$702.00**
				$702.00	**$0.00**	**$702.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.85**	**$0.00**	**$295.85**
				$295.85	**$0.00**	**$295.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$997.85**	**$0.00**	**$997.85**
				$997.85	**$0.00**	**$997.85**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$531.70	$0.00	$531.70
				$531.70	$0.00	$531.70
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,571.52	$0.00	$2,571.52
Medical.....	.....			$5,001.72	$0.00	$5,001.72
				$7,573.24	$0.00	$7,573.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$9.45	$0.00	$9.45
Indemnity.....	.....			$1,324.67	$0.00	$1,324.67
Medical.....	.....			$9,359.30	$0.00	$9,359.30
				$10,693.42	$0.00	$10,693.42
# of Claims	9					
# Open	0	Recovery Amount:	-$267.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$451.55	$0.00	$451.55
				$451.55	$0.00	$451.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$470.00	$0.00	$470.00
				$470.00	$0.00	$470.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$321.00**	**$0.00**	**$321.00**
				$321.00	**$0.00**	**$321.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$528.06**	**$0.00**	**$528.06**
Medical				**$715.41**	**$0.00**	**$715.41**
				$1,243.47	**$0.00**	**$1,243.47**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,230.90**	**$0.00**	**$5,230.90**
Medical				**$8,317.32**	**$0.00**	**$8,317.32**
				$13,548.22	**$0.00**	**$13,548.22**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,625.13**	**$0.00**	**$1,625.13**
Medical				**$2,506.35**	**$0.00**	**$2,506.35**
				$4,131.48	**$0.00**	**$4,131.48**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,219.14**	**$0.00**	**$2,219.14**
Medical				**$8,233.99**	**$0.00**	**$8,233.99**
				$10,453.13	**$0.00**	**$10,453.13**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,879.68**	**$0.00**	**$4,879.68**
Medical				**$17,353.93**	**$0.00**	**$17,353.93**
				$22,233.61	**$0.00**	**$22,233.61**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,279.32**	**$0.00**	**$2,279.32**
				$2,279.32	**$0.00**	**$2,279.32**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,169.71**	**$0.00**	**$2,169.71**
				$2,169.71	**$0.00**	**$2,169.71**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,969.28**	**$0.00**	**$4,969.28**
Medical				**$114,568.05**	**$0.00**	**$114,568.05**
				$119,537.33	**$0.00**	**$119,537.33**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$10,000.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,660.64**	**$0.00**	**$3,660.64**
				$3,660.64	**$0.00**	**$3,660.64**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,424.40**	**$0.00**	**$5,424.40**
Medical				**$9,194.57**	**$0.00**	**$9,194.57**
				$14,618.97	**$0.00**	**$14,618.97**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$557.33**	**$0.00**	**$557.33**
				$557.33	**$0.00**	**$557.33**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$4,922.42**	**$0.00**	**$4,922.42**
Indemnity				**$7,358.69**	**$0.00**	**$7,358.69**
Medical				**$49,854.41**	**$0.00**	**$49,854.41**
				$62,135.52	**$0.00**	**$62,135.52**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,077.97**	**$0.00**	**$3,077.97**
Medical				**$1,202.09**	**$0.00**	**$1,202.09**
				$4,280.06	**$0.00**	**$4,280.06**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$1,815.19**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,614.38**	**$0.00**	**$3,614.38**
				$3,614.38	**$0.00**	**$3,614.38**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$76.95**	**$0.00**	**$76.95**
Medical				**$4,567.36**	**$0.00**	**$4,567.36**
				$4,644.31	**$0.00**	**$4,644.31**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$2,358.12**	**$60.00**	**$2,418.12**
Indemnity				**$5,111.78**	**$0.00**	**$5,111.78**
Medical				**$399,984.45**	**$22,245.32**	**$422,229.77**
				$407,454.35	**$22,305.32**	**$429,759.67**
# of Claims	**9**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$24,672.90**	**$0.00**	**$24,672.90**
Medical				**$10,545.51**	**$0.00**	**$10,545.51**
				$35,218.41	**$0.00**	**$35,218.41**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$143.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$4,989.86**	**$0.00**	**$4,989.86**
Indemnity				**$160,991.97**	**$0.00**	**$160,991.97**
Medical				**$135,373.68**	**$0.00**	**$135,373.68**
				$301,355.51	**$0.00**	**$301,355.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$224.47**	**$0.00**	**$224.47**
				$224.47	**$0.00**	**$224.47**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,814.83**	**$0.00**	**$1,814.83**
Indemnity				**$5,728.70**	**$0.00**	**$5,728.70**
Medical				**$285,302.72**	**$0.00**	**$285,302.72**
				$292,846.25	**$0.00**	**$292,846.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$87.75**	**$0.00**	**$87.75**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19,772.74**	**$0.00**	**$19,772.74**
				$19,860.49	**$0.00**	**$19,860.49**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,976.20**	**$7,226.72**	**$14,202.92**
				$6,992.20	**$7,226.72**	**$14,218.92**
# of Claims	**14**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$712.42**	**$0.00**	**$712.42**
				$728.42	**$0.00**	**$728.42**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$34,380.69**	**$0.00**	**$34,380.69**
Medical				**$89,862.04**	**$0.00**	**$89,862.04**
				$124,250.73	**$0.00**	**$124,250.73**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$12,500.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,858.75**	**$0.00**	**$4,858.75**
				$4,858.75	**$0.00**	**$4,858.75**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26.73**	**$0.00**	**$26.73**
				$34.73	**$0.00**	**$34.73**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$57.40**	**$0.00**	**$57.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,389.11**	**$0.00**	**$2,389.11**
				$2,446.51	**$0.00**	**$2,446.51**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$1,328.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.60**	**$0.00**	**$247.60**
				$247.60	**$0.00**	**$247.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$14,287.83**	**$60.00**	**$14,347.83**
Indemnity				**$270,172.43**	**$0.00**	**$270,172.43**
Medical				**$1,201,206.55**	**$29,472.04**	**$1,230,678.59**
				$1,485,666.81	**$29,532.04**	**$1,515,198.85**
# of Claims	**297**					
# Open	**2**	**Recovery Amount:**	**-$26,053.84**			

192 - COMMERCE AND TRADE, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$403.58	$0.00	$403.58
Indemnity.....	.....			$126,408.64	$0.00	$126,408.64
Medical.....	.....			$89,890.32	$0.00	$89,890.32
				$216,702.54	$0.00	$216,702.54
# of Claims	111					
# Open	0	Recovery Amount:	-$6,136.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,282.94	$0.00	$30,282.94
Medical.....	.....			$46,570.53	$0.00	$46,570.53
				$76,853.47	$0.00	$76,853.47
# of Claims	141					
# Open	0	Recovery Amount:	-$160.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$9,647.28	$0.00	$9,647.28
Medical.....	.....			$42,727.34	$0.00	$42,727.34
				$52,437.12	$0.00	$52,437.12
# of Claims	135					
# Open	0	Recovery Amount:	-$129.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$3,294.65	$0.00	$3,294.65
Indemnity.....	.....			$41,822.43	$0.00	$41,822.43
Medical.....	.....			$85,063.38	$0.00	$85,063.38
				$130,180.46	$0.00	$130,180.46
# of Claims	121					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,391.47	$0.00	$2,391.47
Indemnity.....	.....			$34,552.50	$0.00	$34,552.50
Medical.....	.....			$47,551.25	$0.00	$47,551.25
				$84,495.22	$0.00	$84,495.22
# of Claims	139					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$1,039.32**	**$0.00**	**$1,039.32**
Indemnity				**$209,818.48**	**$0.00**	**$209,818.48**
Medical				**$61,553.75**	**$0.00**	**$61,553.75**
				$272,411.55	**$0.00**	**$272,411.55**
# of Claims	**110**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$21,550.22**	**$0.00**	**$21,550.22**
Medical				**$67,346.60**	**$0.00**	**$67,346.60**
				$88,896.82	**$0.00**	**$88,896.82**
# of Claims	**79**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,606.61**	**$0.00**	**$17,606.61**
Medical				**$38,012.30**	**$0.00**	**$38,012.30**
				$55,618.91	**$0.00**	**$55,618.91**
# of Claims	**80**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$54,695.62**	**$0.00**	**$54,695.62**
Medical				**$50,500.45**	**$0.00**	**$50,500.45**
				$105,196.07	**$0.00**	**$105,196.07**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**-$17.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$6,176.40**	**$72.00**	**$6,248.40**
Indemnity				**$211,419.18**	**$0.00**	**$211,419.18**
Medical				**$837,616.24**	**$580,799.76**	**$1,418,416.00**
				$1,055,211.82	**$580,871.76**	**$1,636,083.58**
# of Claims	**78**					
# Open	**1**	**Recovery Amount:**	**-$301.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$454.23**	**$0.00**	**$454.23**
Indemnity				**$13,587.78**	**$0.00**	**$13,587.78**
Medical				**$36,593.79**	**$0.00**	**$36,593.79**
				$50,635.80	**$0.00**	**$50,635.80**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**-$2,708.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$415.94**	**$0.00**	**$415.94**
Medical				**$12,119.81**	**$0.00**	**$12,119.81**
				$12,535.75	**$0.00**	**$12,535.75**
# of Claims	**91**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$49.92**	**$0.00**	**$49.92**
Indemnity				**$13,226.73**	**$0.00**	**$13,226.73**
Medical				**$45,531.60**	**$0.00**	**$45,531.60**
				$58,808.25	**$0.00**	**$58,808.25**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**-$2,825.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$5.40**	**$0.00**	**$5.40**
Indemnity				**$8,510.66**	**$0.00**	**$8,510.66**
Medical				**$52,880.39**	**$0.00**	**$52,880.39**
				$61,396.45	**$0.00**	**$61,396.45**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,231.95**	**$0.00**	**$1,231.95**
Medical				**$4,978.59**	**$0.00**	**$4,978.59**
				$6,210.54	**$0.00**	**$6,210.54**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$7,753.00**	**$3,300.00**	**$11,053.00**
Indemnity				**$175,176.78**	**$0.00**	**$175,176.78**
Medical				**$170,061.87**	**$214,253.64**	**$384,315.51**
				$352,991.65	**$217,553.64**	**$570,545.29**
# of Claims	**53**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,519.05**	**$0.00**	**$7,519.05**
Medical				**$57,586.50**	**$0.00**	**$57,586.50**
				$65,105.55	**$0.00**	**$65,105.55**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,362.56**	**$0.00**	**$2,362.56**
Medical				**$39,214.74**	**$0.00**	**$39,214.74**
				$41,577.30	**$0.00**	**$41,577.30**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,757.54**	**$0.00**	**$7,757.54**
Medical				**$22,344.31**	**$0.00**	**$22,344.31**
				$30,101.85	**$0.00**	**$30,101.85**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$8,961.49**	**$0.00**	**$8,961.49**
Indemnity				**$52,860.22**	**$0.00**	**$52,860.22**
Medical				**$61,205.30**	**$0.00**	**$61,205.30**
				$123,027.01	**$0.00**	**$123,027.01**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,258.01**	**$0.00**	**$3,258.01**
Medical				**$18,036.72**	**$0.00**	**$18,036.72**
				$21,294.73	**$0.00**	**$21,294.73**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$13.50**	**$0.00**	**$13.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,244.79**	**$0.00**	**$8,244.79**
				$8,258.29	**$0.00**	**$8,258.29**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$11,549.92**	**$0.00**	**$11,549.92**
Medical				**$37,832.30**	**$0.00**	**$37,832.30**
				$49,414.22	**$0.00**	**$49,414.22**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$16,225.52**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$12,256.89**	**$0.00**	**$12,256.89**
Indemnity				**$211,951.08**	**$0.00**	**$211,951.08**
Medical				**$119,695.08**	**$0.00**	**$119,695.08**
				$343,903.05	**$0.00**	**$343,903.05**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$2,762.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$104.30**	**$0.00**	**$104.30**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,070.87**	**$0.00**	**$10,070.87**
				$10,175.17	**$0.00**	**$10,175.17**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$6,188.93**	**$0.00**	**$6,188.93**
Medical				**$32,096.50**	**$0.00**	**$32,096.50**
				$38,310.83	**$0.00**	**$38,310.83**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$9,594.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,831.14**	**$0.00**	**$2,831.14**
Medical				**$14,937.27**	**$0.00**	**$14,937.27**
				$17,768.41	**$0.00**	**$17,768.41**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$198.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$689.50**	**$0.00**	**$689.50**
Indemnity				**$2,747.80**	**$0.00**	**$2,747.80**
Medical				**$9,483.11**	**$0.00**	**$9,483.11**
				$12,920.41	**$0.00**	**$12,920.41**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$10,717.01**	**$4,015.59**	**$14,732.60**
Indemnity				**$327,753.14**	**$57,416.86**	**$385,170.00**
Medical				**$358,237.39**	**$241,161.78**	**$599,399.17**
				$696,707.54	**$302,594.23**	**$999,301.77**
# of Claims	**25**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$12,885.45**	**$0.00**	**$12,885.45**
Medical				**$50,968.22**	**$0.00**	**$50,968.22**
				$63,877.67	**$0.00**	**$63,877.67**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$687.94**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$5,371.45**	**$3,544.00**	**$8,915.45**
Indemnity				**$7,230.24**	**$0.00**	**$7,230.24**
Medical				**$102,302.31**	**$175,333.49**	**$277,635.80**
				$114,904.00	**$178,877.49**	**$293,781.49**
# of Claims	**23**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$4,378.10**	**$448.00**	**$4,826.10**
Indemnity				**$109,972.63**	**$75,604.30**	**$185,576.93**
Medical				**$131,346.56**	**$18,824.60**	**$150,171.16**
				$245,697.29	**$94,876.90**	**$340,574.19**
# of Claims	**23**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$69.43**	**$0.00**	**$69.43**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,080.03**	**$0.00**	**$8,080.03**
				$8,149.46	**$0.00**	**$8,149.46**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$96.25**	**$142.00**	**$238.25**
Indemnity				**$37,153.56**	**$44,844.58**	**$81,998.14**
Medical				**$94,314.61**	**$63,357.99**	**$157,672.60**
				$131,564.42	**$108,344.57**	**$239,908.99**
# of Claims	**25**					
# Open	**1**	**Recovery Amount:**	**-$521.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$205.28**	**$0.00**	**$205.28**
Indemnity				**$1,080.60**	**$0.00**	**$1,080.60**
Medical				**$1,051.88**	**$0.00**	**$1,051.88**
				$2,337.76	**$0.00**	**$2,337.76**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$118.20**	**$0.00**	**$118.20**
Indemnity				**$318.00**	**$0.00**	**$318.00**
Medical				**$6,148.12**	**$0.00**	**$6,148.12**
				$6,584.32	**$0.00**	**$6,584.32**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$66.82**	**$311.18**	**$378.00**
Indemnity				**$0.00**	**$5,500.00**	**$5,500.00**
Medical				**$2,214.15**	**$27,100.00**	**$29,314.15**
				$2,280.97	**$32,911.18**	**$35,192.15**
# of Claims	**19**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$64,760.09**	**$11,832.77**	**$76,592.86**
Indemnity				**$1,775,373.61**	**$183,365.74**	**$1,958,739.35**
Medical				**$2,874,408.97**	**$1,320,831.26**	**$4,195,240.23**
				$4,714,542.67	**$1,516,029.77**	**$6,230,572.44**
# of Claims	**2,166**					
# Open	**10**	**Recovery Amount:**	**-$42,268.12**			

198 - CHILDREN, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$730.95	$0.00	$730.95
Medical.....	.....			$1,315.45	$0.00	$1,315.45
				$2,046.40	$0.00	$2,046.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$730.95	$0.00	$730.95
Medical.....	.....			$1,315.45	$0.00	$1,315.45
				$2,046.40	$0.00	$2,046.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$3,277.74	$0.00	$3,277.74
Indemnity.....	.....			$16,936.79	$0.00	$16,936.79
Medical.....	.....			$148,725.47	$0.00	$148,725.47
				$168,940.00	$0.00	$168,940.00
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,758.37	$0.00	$2,758.37
Medical.....	.....			$20,012.78	$0.00	$20,012.78
				$22,771.15	$0.00	$22,771.15
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,285.44	$0.00	$2,285.44
Medical.....	.....			$12,563.62	$0.00	$12,563.62
				$14,849.06	$0.00	$14,849.06
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$4,731.00	$0.00	$4,731.00
Indemnity.....	.....			$93,435.76	$0.00	$93,435.76
Medical.....	.....			$51,904.88	$0.00	$51,904.88
				$150,071.64	$0.00	$150,071.64
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$31.32	$0.00	$31.32
Indemnity.....	.....			$12,638.23	$0.00	$12,638.23
Medical.....	.....			$76,646.13	$0.00	$76,646.13
				$89,315.68	$0.00	$89,315.68
# of Claims	82					
# Open	0	Recovery Amount:	-$45.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,254.60**	**$0.00**	**$12,254.60**
Medical				**$43,558.02**	**$0.00**	**$43,558.02**
				$55,812.62	**$0.00**	**$55,812.62**
# of Claims	**83**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$1,254.46**	**$0.00**	**$1,254.46**
Indemnity				**$327,856.14**	**$0.00**	**$327,856.14**
Medical				**$134,123.55**	**$0.00**	**$134,123.55**
				$463,234.15	**$0.00**	**$463,234.15**
# of Claims	**84**					
# Open	**0**	**Recovery Amount:**	**-$6,860.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$383.81**	**$0.00**	**$383.81**
Indemnity				**$30,268.66**	**$0.00**	**$30,268.66**
Medical				**$165,901.02**	**$0.00**	**$165,901.02**
				$196,553.49	**$0.00**	**$196,553.49**
# of Claims	**132**					
# Open	**0**	**Recovery Amount:**	**-$369.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,919.91**	**$0.00**	**$8,919.91**
Medical				**$72,792.53**	**$0.00**	**$72,792.53**
				$81,712.44	**$0.00**	**$81,712.44**
# of Claims	**114**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$14.90**	**$0.00**	**$14.90**
Indemnity				**$4,493.06**	**$0.00**	**$4,493.06**
Medical				**$19,835.89**	**$0.00**	**$19,835.89**
				$24,343.85	**$0.00**	**$24,343.85**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**-$142.70**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,437.26	$0.00	$15,437.26
Medical.....	.....			$97,857.02	$0.00	$97,857.02
				$113,294.28	$0.00	$113,294.28
# of Claims	99					
# Open	0	Recovery Amount:	-$381.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$28.20	$0.00	$28.20
Indemnity.....	.....			$12,044.48	$0.00	$12,044.48
Medical.....	.....			$72,270.13	$0.00	$72,270.13
				$84,342.81	$0.00	$84,342.81
# of Claims	107					
# Open	0	Recovery Amount:	-$855.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$301.32	$0.00	$301.32
Indemnity.....	.....			$11,411.14	$0.00	$11,411.14
Medical.....	.....			$57,354.51	$0.00	$57,354.51
				$69,066.97	$0.00	$69,066.97
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$10,424.00	$32.00	$10,456.00
Indemnity.....	.....			$299,019.13	$0.00	$299,019.13
Medical.....	.....			$161,950.16	$12,566.51	$174,516.67
				$471,393.29	$12,598.51	$483,991.80
# of Claims	103					
# Open	1	Recovery Amount:	-$195.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,737.47	$0.00	$22,737.47
Medical.....	.....			$71,125.40	$0.00	$71,125.40
				$93,862.87	$0.00	$93,862.87
# of Claims	87					
# Open	0	Recovery Amount:	-$1,047.22			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,520.68**	**$0.00**	**$2,520.68**
Medical				**$41,557.99**	**$0.00**	**$41,557.99**
				$44,078.67	**$0.00**	**$44,078.67**
# of Claims	**120**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$24,703.88**	**$0.00**	**$24,703.88**
Medical				**$66,785.48**	**$0.00**	**$66,785.48**
				$91,489.36	**$0.00**	**$91,489.36**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,728.17**	**$0.00**	**$3,728.17**
Medical				**$73,121.36**	**$0.00**	**$73,121.36**
				$76,849.53	**$0.00**	**$76,849.53**
# of Claims	**101**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$4,116.84**	**$0.00**	**$4,116.84**
Indemnity				**$54,996.47**	**$0.00**	**$54,996.47**
Medical				**$193,369.02**	**$0.00**	**$193,369.02**
				$252,482.33	**$0.00**	**$252,482.33**
# of Claims	**107**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$3,564.00**	**$0.00**	**$3,564.00**
Indemnity				**$108,109.99**	**$0.00**	**$108,109.99**
Medical				**$269,042.91**	**$0.00**	**$269,042.91**
				$380,716.90	**$0.00**	**$380,716.90**
# of Claims	**128**					
# Open	**0**	**Recovery Amount:**	**-$2,906.98**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$4,611.84**	**$0.00**	**$4,611.84**
Indemnity				**$90,075.35**	**$0.00**	**$90,075.35**
Medical				**$148,421.15**	**$0.00**	**$148,421.15**
				$243,108.34	**$0.00**	**$243,108.34**
# of Claims	**145**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$1,052.93**	**$0.00**	**$1,052.93**
Indemnity				**$43,293.24**	**$0.00**	**$43,293.24**
Medical				**$81,299.07**	**$0.00**	**$81,299.07**
				$125,645.24	**$0.00**	**$125,645.24**
# of Claims	**152**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$284.35**	**$0.00**	**$284.35**
Indemnity				**$5,364.91**	**$0.00**	**$5,364.91**
Medical				**$138,220.84**	**$0.00**	**$138,220.84**
				$143,870.10	**$0.00**	**$143,870.10**
# of Claims	**157**					
# Open	**0**	**Recovery Amount:**	**-$1,896.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$3,167.28**	**$0.00**	**$3,167.28**
Indemnity				**$24,380.77**	**$0.00**	**$24,380.77**
Medical				**$224,411.54**	**$0.00**	**$224,411.54**
				$251,959.59	**$0.00**	**$251,959.59**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$6,974.55**	**$0.00**	**$6,974.55**
Indemnity				**$54,433.20**	**$0.00**	**$54,433.20**
Medical				**$204,178.12**	**$0.00**	**$204,178.12**
				$265,585.87	**$0.00**	**$265,585.87**
# of Claims	**154**					
# Open	**0**	**Recovery Amount:**	**-$10,036.91**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$8,106.91**	**$0.00**	**$8,106.91**
Indemnity				**$32,344.95**	**$0.00**	**$32,344.95**
Medical				**$154,277.80**	**$0.00**	**$154,277.80**
				$194,729.66	**$0.00**	**$194,729.66**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**-$5,209.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$6,162.10**	**$0.00**	**$6,162.10**
Indemnity				**$154,229.98**	**$0.00**	**$154,229.98**
Medical				**$465,017.52**	**$0.00**	**$465,017.52**
				$625,409.60	**$0.00**	**$625,409.60**
# of Claims	**129**					
# Open	**0**	**Recovery Amount:**	**-$47,120.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$2,888.50**	**$294.00**	**$3,182.50**
Indemnity				**$82,312.25**	**$0.00**	**$82,312.25**
Medical				**$173,249.60**	**$12,792.81**	**$186,042.41**
				$258,450.35	**$13,086.81**	**$271,537.16**
# of Claims	**126**					
# Open	**1**	**Recovery Amount:**	**-$4,270.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$2,195.60**	**$0.00**	**$2,195.60**
Indemnity				**$33,638.80**	**$0.00**	**$33,638.80**
Medical				**$160,854.90**	**$0.00**	**$160,854.90**
				$196,689.30	**$0.00**	**$196,689.30**
# of Claims	**127**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$1,297.03**	**$0.00**	**$1,297.03**
Indemnity				**$37,222.87**	**$0.00**	**$37,222.87**
Medical				**$193,039.97**	**$0.00**	**$193,039.97**
				$231,559.87	**$0.00**	**$231,559.87**
# of Claims	**117**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$699.18**	**$0.00**	**$699.18**
Indemnity				**$30,349.85**	**$0.00**	**$30,349.85**
Medical				**$202,704.75**	**$0.00**	**$202,704.75**
				$233,753.78	**$0.00**	**$233,753.78**
# of Claims	**140**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$5,761.70**	**$3,000.00**	**$8,761.70**
Indemnity				**$101,414.61**	**$0.00**	**$101,414.61**
Medical				**$174,002.62**	**$36,590.71**	**$210,593.33**
				$281,178.93	**$39,590.71**	**$320,769.64**
# of Claims	**134**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$1,551.02**	**$0.00**	**$1,551.02**
Indemnity				**$5,177.43**	**$0.00**	**$5,177.43**
Medical				**$93,903.04**	**$0.00**	**$93,903.04**
				$100,631.49	**$0.00**	**$100,631.49**
# of Claims	**131**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$1,129.81**	**$0.00**	**$1,129.81**
Indemnity				**$787.14**	**$0.00**	**$787.14**
Medical				**$112,553.29**	**$0.00**	**$112,553.29**
				$114,470.24	**$0.00**	**$114,470.24**
# of Claims	**97**					
# Open	**0**	**Recovery Amount:**	**-$10,617.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$703.21**	**$92.00**	**$795.21**
Indemnity				**$2,886.41**	**$0.00**	**$2,886.41**
Medical				**$90,886.64**	**$5,119.83**	**$96,006.47**
				$94,476.26	**$5,211.83**	**$99,688.09**
# of Claims	**95**					
# Open	**1**	**Recovery Amount:**	**-$1,577.08**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$2,005.57**	**$0.00**	**$2,005.57**
Indemnity				**$8,174.41**	**$0.00**	**$8,174.41**
Medical				**$200,504.56**	**$31,909.02**	**$232,413.58**
				$210,684.54	**$31,909.02**	**$242,593.56**
# of Claims	**129**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$518.90**	**$1,381.18**	**$1,900.08**
Indemnity				**$7,212.66**	**$21,538.24**	**$28,750.90**
Medical				**$50,564.17**	**$74,991.40**	**$125,555.57**
				$58,295.73	**$97,910.82**	**$156,206.55**
# of Claims	**96**					
# Open	**14**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$77,238.07**	**$4,799.18**	**$82,037.25**
Indemnity				**$1,779,854.46**	**$21,538.24**	**$1,801,392.70**
Medical				**$4,718,587.45**	**$173,970.28**	**$4,892,557.73**
				$6,575,679.98	**$200,307.70**	**$6,775,987.68**
# of Claims	**3,993**					
# Open	**21**	**Recovery Amount:**	**-$93,531.31**			

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,730.35	$0.00	$8,730.35
Medical.....	.....			$13,328.51	$0.00	$13,328.51
				$22,058.86	$0.00	$22,058.86
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$35,739.91	$0.00	$35,739.91
Indemnity.....	.....			$150,099.92	$0.00	$150,099.92
Medical.....	.....			$1,320,098.90	$1,049,703.99	$2,369,802.89
				$1,505,938.73	$1,049,703.99	$2,555,642.72
# of Claims	78					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$936.97	$0.00	$936.97
Indemnity.....	.....			$11,654.85	$0.00	$11,654.85
Medical.....	.....			$49,174.18	$0.00	$49,174.18
				$61,766.00	$0.00	$61,766.00
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,338.00	$0.00	$1,338.00
Indemnity.....	.....			$38,226.21	$0.00	$38,226.21
Medical.....	.....			$69,741.11	$0.00	$69,741.11
				$109,305.32	$0.00	$109,305.32
# of Claims	97					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$3,164.75	$0.00	$3,164.75
Indemnity.....	.....			$149,401.70	$0.00	$149,401.70
Medical.....	.....			$56,510.44	$0.00	$56,510.44
				$209,076.89	$0.00	$209,076.89
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$6,074.04	$200.00	$6,274.04
Indemnity.....	.....			$95,158.37	$0.00	$95,158.37
Medical.....	.....			$379,820.05	$570,732.74	$950,552.79
				$481,052.46	$570,932.74	$1,051,985.20
# of Claims	90					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,020.90	$0.00	$6,020.90
Medical.....	.....			$22,997.32	$0.00	$22,997.32
				$29,018.22	$0.00	$29,018.22
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,142.02	$0.00	$3,142.02
Medical.....	.....			$20,351.41	$0.00	$20,351.41
				$23,493.43	$0.00	$23,493.43
# of Claims	14					
# Open	0	Recovery Amount:	-$1.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,499.18	$0.00	$7,499.18
Medical.....	.....			$18,871.67	$0.00	$18,871.67
				$26,370.85	$0.00	$26,370.85
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$247.40	$0.00	$247.40
Medical.....	.....			$3,057.35	$0.00	$3,057.35
				$3,304.75	$0.00	$3,304.75
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$21,150.01**	**$0.00**	**$21,150.01**
Medical				**$21,962.32**	**$0.00**	**$21,962.32**
				$43,120.33	**$0.00**	**$43,120.33**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$27.91**	**$0.00**	**$27.91**
Medical				**$1,306.17**	**$0.00**	**$1,306.17**
				$1,334.08	**$0.00**	**$1,334.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$10.80**	**$0.00**	**$10.80**
Indemnity				**$227.00**	**$0.00**	**$227.00**
Medical				**$2,601.91**	**$0.00**	**$2,601.91**
				$2,839.71	**$0.00**	**$2,839.71**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,537.88**	**$0.00**	**$4,537.88**
				$4,537.88	**$0.00**	**$4,537.88**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,898.74**	**$0.00**	**$12,898.74**
Medical				**$33,211.46**	**$0.00**	**$33,211.46**
				$46,110.20	**$0.00**	**$46,110.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$2,265.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,089.64**	**$0.00**	**$1,089.64**
				$1,089.64	**$0.00**	**$1,089.64**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,887.68**	**$0.00**	**$2,887.68**
				$2,887.68	**$0.00**	**$2,887.68**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$92.50	**$0.00**	**$92.50**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$166.50**	**$0.00**	**$166.50**
Indemnity				**$341.00**	**$0.00**	**$341.00**
Medical				**$5,993.97**	**$0.00**	**$5,993.97**
				$6,501.47	**$0.00**	**$6,501.47**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$112.86**	**$0.00**	**$112.86**
				$223.86	**$0.00**	**$223.86**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$1,461.33**	**$0.00**	**$1,461.33**
Medical				**$5,129.04**	**$0.00**	**$5,129.04**
				$6,645.87	**$0.00**	**$6,645.87**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$129.50**	**$0.00**	**$129.50**
Indemnity				**$278.05**	**$0.00**	**$278.05**
Medical				**$2,171.78**	**$0.00**	**$2,171.78**
				$2,579.33	**$0.00**	**$2,579.33**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,972.72**	**$0.00**	**$3,972.72**
				$3,972.72	**$0.00**	**$3,972.72**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,373.99**	**$0.00**	**$4,373.99**
Medical				**$16,363.46**	**$0.00**	**$16,363.46**
				$20,737.45	**$0.00**	**$20,737.45**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,303.31**	**$0.00**	**$2,303.31**
				$2,303.31	**$0.00**	**$2,303.31**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$1,006.48**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$222.02**	**$0.00**	**$222.02**
				$222.02	**$0.00**	**$222.02**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$137.05**	**$0.00**	**$137.05**
				$137.05	**$0.00**	**$137.05**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$40.00**	**$0.00**	**$40.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$496.93**	**$0.00**	**$496.93**
				$536.93	**$0.00**	**$536.93**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$4,385.61**	**$0.00**	**$4,385.61**
Medical				**$4,285.68**	**$0.00**	**$4,285.68**
				$8,687.29	**$0.00**	**$8,687.29**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$249.00**	**$0.00**	**$249.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,276.45**	**$0.00**	**$1,276.45**
				$1,525.45	**$0.00**	**$1,525.45**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$34.40**	**$0.00**	**$34.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$34.40	**$0.00**	**$34.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$11.18**	**$0.00**	**$11.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,267.80**	**$0.00**	**$9,267.80**
				$9,278.98	**$0.00**	**$9,278.98**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$389.49**	**$0.00**	**$389.49**
Indemnity				**$2,595.87**	**$0.00**	**$2,595.87**
Medical				**$40,859.85**	**$0.00**	**$40,859.85**
				$43,845.21	**$0.00**	**$43,845.21**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$225.42**	**$0.00**	**$225.42**
Medical				**$2,829.06**	**$0.00**	**$2,829.06**
				$3,062.48	**$0.00**	**$3,062.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$71.90**	**$369.30**	**$441.20**
Indemnity				**$11,930.67**	**$0.00**	**$11,930.67**
Medical				**$14,613.79**	**$2,265.00**	**$16,878.79**
				$26,616.36	**$2,634.30**	**$29,250.66**
# of Claims	**11**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$12,650.00**	**$12,650.00**
Medical				**$0.00**	**$17,000.00**	**$17,000.00**
				$18.82	**$29,851.18**	**$29,870.00**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$48,674.26**	**$770.48**	**$49,444.74**
Indemnity				**$530,076.50**	**$12,650.00**	**$542,726.50**
Medical				**$2,131,583.77**	**$1,639,701.73**	**$3,771,285.50**
				$2,710,334.53	**$1,653,122.21**	**$4,363,456.74**
# of Claims	**717**					
# Open	**7**	**Recovery Amount:**	**-$3,272.73**			

202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.27	$0.00	$96.27
Medical.....	.....			$3,340.99	$0.00	$3,340.99
				$3,437.26	$0.00	$3,437.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,140.25	$0.00	$1,140.25
				$1,140.25	$0.00	$1,140.25
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,188.84	$0.00	$4,188.84
Medical.....	.....			$2,817.57	$0.00	$2,817.57
				$7,006.41	$0.00	$7,006.41
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$2,229.11	$0.00	$2,229.11
Medical.....	.....			$12,290.08	$0.00	$12,290.08
				$14,902.69	$0.00	$14,902.69
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,516.30	$0.00	$2,516.30
Medical.....	.....			$5,099.92	$0.00	$5,099.92
				$7,616.22	$0.00	$7,616.22
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,412.09**	**$0.00**	**$2,412.09**
				$2,412.09	**$0.00**	**$2,412.09**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,179.41**	**$0.00**	**$9,179.41**
Medical				**$19,399.67**	**$0.00**	**$19,399.67**
				$28,579.08	**$0.00**	**$28,579.08**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$902.61**	**$0.00**	**$902.61**
				$902.61	**$0.00**	**$902.61**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,348.62**	**$0.00**	**$1,348.62**
Medical				**$6,596.48**	**$0.00**	**$6,596.48**
				$7,945.10	**$0.00**	**$7,945.10**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$311.37**	**$0.00**	**$311.37**
Medical				**$1,795.86**	**$0.00**	**$1,795.86**
				$2,107.23	**$0.00**	**$2,107.23**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,033.68**	**$0.00**	**$11,033.68**
				$11,033.68	**$0.00**	**$11,033.68**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$187.50**	**$0.00**	**$187.50**
Medical				**$3,069.91**	**$0.00**	**$3,069.91**
				$3,257.41	**$0.00**	**$3,257.41**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$20.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,540.26**	**$0.00**	**$2,540.26**
				$2,540.26	**$0.00**	**$2,540.26**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$615.00**	**$0.00**	**$615.00**
				$615.00	**$0.00**	**$615.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,656.51**	**$0.00**	**$1,656.51**
Medical				**$2,253.32**	**$0.00**	**$2,253.32**
				$3,909.83	**$0.00**	**$3,909.83**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,127.28**	**$0.00**	**$1,127.28**
				$1,127.28	**$0.00**	**$1,127.28**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$530.92**	**$0.00**	**$530.92**
				$530.92	**$0.00**	**$530.92**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$196.45**	**$0.00**	**$196.45**
				$196.45	**$0.00**	**$196.45**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,457.10**	**$0.00**	**$1,457.10**
				$1,457.10	**$0.00**	**$1,457.10**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$238.08**	**$0.00**	**$238.08**
				$238.08	**$0.00**	**$238.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.00**	**$0.00**	**$255.00**
				$255.00	**$0.00**	**$255.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$772.42**	**$0.00**	**$772.42**
				$772.42	**$0.00**	**$772.42**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$294.78**	**$0.00**	**$294.78**
Medical				**$6,561.64**	**$0.00**	**$6,561.64**
				$6,856.42	**$0.00**	**$6,856.42**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$15.00**	**$0.00**	**$15.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$738.28**	**$0.00**	**$738.28**
				$753.28	**$0.00**	**$753.28**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,127.09**	**$0.00**	**$4,127.09**
				$4,127.09	**$0.00**	**$4,127.09**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$53.90**	**$0.00**	**$53.90**
Indemnity				**$739.33**	**$0.00**	**$739.33**
Medical				**$585.78**	**$0.00**	**$585.78**
				$1,379.01	**$0.00**	**$1,379.01**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$68.91**	**$0.00**	**$68.91**
Medical				**$1,748.01**	**$0.00**	**$1,748.01**
				$1,816.92	**$0.00**	**$1,816.92**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$463.30**	**$0.00**	**$463.30**
				$463.30	**$0.00**	**$463.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$512.23**	**$0.00**	**$512.23**
				$512.23	**$0.00**	**$512.23**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,516.57**	**$0.00**	**$4,516.57**
				$4,516.57	**$0.00**	**$4,516.57**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$3,942.17**	**$0.00**	**$3,942.17**
Medical				**$3,827.56**	**$0.00**	**$3,827.56**
				$7,785.73	**$0.00**	**$7,785.73**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.80**	**$0.00**	**$121.80**
				$121.80	**$0.00**	**$121.80**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,538.89**	**$0.00**	**$4,538.89**
				$4,538.89	**$0.00**	**$4,538.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$48.80**	**$151.20**	**$200.00**
Indemnity				**$5,893.24**	**$24,931.72**	**$30,824.96**
Medical				**$15,719.84**	**$24,243.29**	**$39,963.13**
				$21,661.88	**$49,326.21**	**$70,988.09**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$194.75**	**$0.00**	**$194.75**
				$194.75	**$0.00**	**$194.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$525.20**	**$151.20**	**$676.40**
Indemnity				**$32,652.36**	**$24,931.72**	**$57,584.08**
Medical				**$123,540.68**	**$24,243.29**	**$147,783.97**
				$156,718.24	**$49,326.21**	**$206,044.45**
# of Claims	**271**					
# Open	**1**	**Recovery Amount:**	**-$20.79**			

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	7/1/1973 - 6/30/1974					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$68.00	$0.00	$68.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$71,618.22	$0.00	$71,618.22
Indemnity.....	.....			$554,178.83	$0.00	$554,178.83
Medical.....	.....			$2,957,823.22	$0.00	$2,957,823.22
				$3,583,620.27	$0.00	$3,583,620.27
# of Claims	204					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$12,719.44	$0.00	$12,719.44
Indemnity.....	.....			$87,555.60	$0.00	$87,555.60
Medical.....	.....			$125,378.01	$0.00	$125,378.01
				$225,653.05	$0.00	$225,653.05
# of Claims	246					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$10,956.09	$0.00	$10,956.09
Indemnity.....	.....			$102,822.25	$0.00	$102,822.25
Medical.....	.....			$112,216.72	$0.00	$112,216.72
				$225,995.06	$0.00	$225,995.06
# of Claims	267					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$9,218.30	$0.00	$9,218.30
Indemnity.....	.....			$41,862.96	$0.00	$41,862.96
Medical.....	.....			$62,265.22	$0.00	$62,265.22
				$113,346.48	$0.00	$113,346.48
# of Claims	196					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$6,136.37**	**$0.00**	**$6,136.37**
Indemnity				**$261,646.54**	**$0.00**	**$261,646.54**
Medical				**$364,793.75**	**$0.00**	**$364,793.75**
				$632,576.66	**$0.00**	**$632,576.66**
# of Claims	**173**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$21,137.72**	**$0.00**	**$21,137.72**
Indemnity				**$132,486.08**	**$0.00**	**$132,486.08**
Medical				**$157,490.74**	**$0.00**	**$157,490.74**
				$311,114.54	**$0.00**	**$311,114.54**
# of Claims	**218**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$465.00**	**$264.00**	**$729.00**
Indemnity				**$22,897.05**	**$0.00**	**$22,897.05**
Medical				**$197,456.19**	**$4,754.53**	**$202,210.72**
				$220,818.24	**$5,018.53**	**$225,836.77**
# of Claims	**174**					
# Open	**1**	**Recovery Amount:**	**-$76.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$126,220.32**	**$0.00**	**$126,220.32**
Medical				**$183,826.34**	**$0.00**	**$183,826.34**
				$310,054.66	**$0.00**	**$310,054.66**
# of Claims	**146**					
# Open	**0**	**Recovery Amount:**	**-$777.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$6,923.30**	**$25.09**	**$6,948.39**
Indemnity				**$45,448.10**	**$0.00**	**$45,448.10**
Medical				**$899,401.28**	**$1,329,956.37**	**$2,229,357.65**
				$951,772.68	**$1,329,981.46**	**$2,281,754.14**
# of Claims	**165**					
# Open	**1**	**Recovery Amount:**	**-$145.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,082.51**	**$0.00**	**$7,082.51**
Medical				**$56,767.89**	**$0.00**	**$56,767.89**
				$63,850.40	**$0.00**	**$63,850.40**
# of Claims	**147**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$590.00**	**$0.00**	**$590.00**
Indemnity				**$6,759.10**	**$0.00**	**$6,759.10**
Medical				**$98,711.47**	**$0.00**	**$98,711.47**
				$106,060.57	**$0.00**	**$106,060.57**
# of Claims	**147**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$39.00**	**$0.00**	**$39.00**
Indemnity				**$190,732.45**	**$0.00**	**$190,732.45**
Medical				**$74,432.67**	**$0.00**	**$74,432.67**
				$265,204.12	**$0.00**	**$265,204.12**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**-$14.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$89,739.85**	**$0.00**	**$89,739.85**
Medical				**$75,512.61**	**$0.00**	**$75,512.61**
				$165,260.46	**$0.00**	**$165,260.46**
# of Claims	**97**					
# Open	**0**	**Recovery Amount:**	**-$45.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$11,532.58**	**$0.00**	**$11,532.58**
Indemnity				**$194,071.37**	**$0.00**	**$194,071.37**
Medical				**$184,697.32**	**$0.00**	**$184,697.32**
				$390,301.27	**$0.00**	**$390,301.27**
# of Claims	**110**					
# Open	**0**	**Recovery Amount:**	**-$26.25**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$1,041.50**	**$0.00**	**$1,041.50**
Indemnity				**$42,387.48**	**$0.00**	**$42,387.48**
Medical				**$231,426.83**	**$0.00**	**$231,426.83**
				$274,855.81	**$0.00**	**$274,855.81**
# of Claims	**97**					
# Open	**0**	**Recovery Amount:**	**-$10,508.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,931.45**	**$0.00**	**$2,931.45**
Medical				**$61,395.11**	**$0.00**	**$61,395.11**
				$64,326.56	**$0.00**	**$64,326.56**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**-$74.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$10,736.71**	**$0.00**	**$10,736.71**
Indemnity				**$33,905.52**	**$0.00**	**$33,905.52**
Medical				**$156,441.88**	**$0.00**	**$156,441.88**
				$201,084.11	**$0.00**	**$201,084.11**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$7,398.98**	**$0.00**	**$7,398.98**
Indemnity				**$133,414.70**	**$0.00**	**$133,414.70**
Medical				**$361,620.74**	**$0.00**	**$361,620.74**
				$502,434.42	**$0.00**	**$502,434.42**
# of Claims	**107**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$7,661.84**	**$0.00**	**$7,661.84**
Indemnity				**$371,114.51**	**$0.00**	**$371,114.51**
Medical				**$402,482.73**	**$0.00**	**$402,482.73**
				$781,259.08	**$0.00**	**$781,259.08**
# of Claims	**80**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,316.00**	**$540.00**	**$1,856.00**
Indemnity				**$32,266.17**	**$0.00**	**$32,266.17**
Medical				**$311,480.55**	**$53,003.66**	**$364,484.21**
				$345,062.72	**$53,543.66**	**$398,606.38**
# of Claims	**75**					
# Open	**1**	**Recovery Amount:**	**-$986.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$26,145.47**	**$25,928.13**	**$52,073.60**
Indemnity				**$138,535.08**	**$0.00**	**$138,535.08**
Medical				**$323,292.31**	**$121,198.43**	**$444,490.74**
				$487,972.86	**$147,126.56**	**$635,099.42**
# of Claims	**98**					
# Open	**1**	**Recovery Amount:**	**-$436.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$122.24**	**$0.00**	**$122.24**
Indemnity				**$25,532.69**	**$0.00**	**$25,532.69**
Medical				**$130,064.20**	**$0.00**	**$130,064.20**
				$155,719.13	**$0.00**	**$155,719.13**
# of Claims	**84**					
# Open	**0**	**Recovery Amount:**	**-$44,000.71**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$27,360.01**	**$0.00**	**$27,360.01**
Indemnity				**$172,476.41**	**$0.00**	**$172,476.41**
Medical				**$291,977.15**	**$202,620.09**	**$494,597.24**
				$491,813.57	**$202,620.09**	**$694,433.66**
# of Claims	**89**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$825.50**	**$0.00**	**$825.50**
Indemnity				**$24,056.82**	**$0.00**	**$24,056.82**
Medical				**$211,534.31**	**$0.00**	**$211,534.31**
				$236,416.63	**$0.00**	**$236,416.63**
# of Claims	**87**					
# Open	**0**	**Recovery Amount:**	**-$5,026.07**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$2,472.85**	**$0.00**	**$2,472.85**
Medical				**$97,471.98**	**$0.00**	**$97,471.98**
				$99,972.83	**$0.00**	**$99,972.83**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**-$1,859.84**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$96.00**	**$0.00**	**$96.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$55,715.97**	**$0.00**	**$55,715.97**
				$55,811.97	**$0.00**	**$55,811.97**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$528.63**	**$0.00**	**$528.63**
Indemnity				**$1,959.18**	**$0.00**	**$1,959.18**
Medical				**$37,700.25**	**$0.00**	**$37,700.25**
				$40,188.06	**$0.00**	**$40,188.06**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**-$8,361.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$4,024.78**	**$3,794.07**	**$7,818.85**
Indemnity				**$119,903.86**	**$2,588.26**	**$122,492.12**
Medical				**$99,344.23**	**$2,946.79**	**$102,291.02**
				$223,272.87	**$9,329.12**	**$232,601.99**
# of Claims	**75**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$348.07**	**$0.00**	**$348.07**
Indemnity				**$4,506.71**	**$0.00**	**$4,506.71**
Medical				**$34,282.48**	**$0.00**	**$34,282.48**
				$39,137.26	**$0.00**	**$39,137.26**
# of Claims	**61**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$36,172.82**	**$9,331.82**	**$45,504.64**
Indemnity				**$505,106.73**	**$110,025.87**	**$615,132.60**
Medical				**$366,235.23**	**$495,883.92**	**$862,119.15**
				$907,514.78	**$615,241.61**	**$1,522,756.39**
# of Claims	**59**					
# Open	**1**	**Recovery Amount:**	**-$10,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$241.16**	**$0.00**	**$241.16**
Indemnity				**$3,432.89**	**$0.00**	**$3,432.89**
Medical				**$35,802.98**	**$0.00**	**$35,802.98**
				$39,477.03	**$0.00**	**$39,477.03**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$375.86**	**$0.00**	**$375.86**
Indemnity				**$2,086.00**	**$0.00**	**$2,086.00**
Medical				**$44,133.37**	**$0.00**	**$44,133.37**
				$46,595.23	**$0.00**	**$46,595.23**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$654.57**	**$0.00**	**$654.57**
Indemnity				**$11,525.77**	**$0.00**	**$11,525.77**
Medical				**$82,296.51**	**$0.00**	**$82,296.51**
				$94,476.85	**$0.00**	**$94,476.85**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$1,511.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$6,142.60**	**$0.00**	**$6,142.60**
Indemnity				**$4,416.36**	**$0.00**	**$4,416.36**
Medical				**$68,646.78**	**$0.00**	**$68,646.78**
				$79,205.74	**$0.00**	**$79,205.74**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$6,831.83**	**$7,152.00**	**$13,983.83**
Indemnity				**$154,556.05**	**$338,108.95**	**$492,665.00**
Medical				**$102,265.45**	**$47,575.05**	**$149,840.50**
				$263,653.33	**$392,836.00**	**$656,489.33**
# of Claims	**34**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10,617.81**	**$663.36**	**$11,281.17**
Indemnity				**$1,676.68**	**$0.00**	**$1,676.68**
Medical				**$64,298.90**	**$23,491.86**	**$87,790.76**
				$76,593.39	**$24,155.22**	**$100,748.61**
# of Claims	**44**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,370.07**	**$1,012.06**	**$4,382.13**
Indemnity				**$22,036.71**	**$37,848.17**	**$59,884.88**
Medical				**$36,414.78**	**$70,412.13**	**$106,826.91**
				$61,821.56	**$109,272.36**	**$171,093.92**
# of Claims	**48**					
# Open	**7**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$303,460.47**	**$48,710.53**	**$352,171.00**
Indemnity				**$3,673,803.63**	**$488,571.25**	**$4,162,374.88**
Medical				**$9,157,098.15**	**$2,351,842.83**	**$11,508,940.98**
				$13,134,362.25	**$2,889,124.61**	**$16,023,486.86**
# of Claims	**4,116**					
# Open	**16**	**Recovery Amount:**	**-$83,849.92**			

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,932.84	$0.00	$4,932.84
Indemnity.....	.....			$163,405.49	$0.00	$163,405.49
Medical.....	.....			$387,654.68	$0.00	$387,654.68
				$555,993.01	$0.00	$555,993.01
# of Claims	1,215					
# Open	0	Recovery Amount:	-$1,955.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,844.06	$0.00	$2,844.06
Indemnity.....	.....			$123,243.78	$0.00	$123,243.78
Medical.....	.....			$162,387.73	$0.00	$162,387.73
				$288,475.57	$0.00	$288,475.57
# of Claims	1,188					
# Open	0	Recovery Amount:	-$2,875.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$30,917.93	$0.00	$30,917.93
Indemnity.....	.....			$491,716.48	$0.00	$491,716.48
Medical.....	.....			$611,366.68	$246,991.16	$858,357.84
				$1,134,001.09	$246,991.16	$1,380,992.25
# of Claims	1,180					
# Open	1	Recovery Amount:	-$345.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$30,952.93	$0.00	$30,952.93
Indemnity.....	.....			$597,407.26	$0.00	$597,407.26
Medical.....	.....			$599,695.48	$0.00	$599,695.48
				$1,228,055.67	$0.00	$1,228,055.67
# of Claims	1,204					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$14,190.06	$0.00	$14,190.06
Indemnity.....	.....			$496,532.76	$0.00	$496,532.76
Medical.....	.....			$324,172.68	$0.00	$324,172.68
				$834,895.50	$0.00	$834,895.50
# of Claims	1,158					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$66,147.34**	**$0.00**	**$66,147.34**
Indemnity				**$1,221,438.36**	**$0.00**	**$1,221,438.36**
Medical				**$2,282,739.86**	**$0.00**	**$2,282,739.86**
				$3,570,325.56	**$0.00**	**$3,570,325.56**
# of Claims	**1,346**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$423.40**	**$0.00**	**$423.40**
Indemnity				**$404,892.55**	**$0.00**	**$404,892.55**
Medical				**$329,748.26**	**$0.00**	**$329,748.26**
				$735,064.21	**$0.00**	**$735,064.21**
# of Claims	**1,334**					
# Open	**0**	**Recovery Amount:**	**-$5,483.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$7,847.35**	**$113.00**	**$7,960.35**
Indemnity				**$1,132,366.77**	**$0.00**	**$1,132,366.77**
Medical				**$875,049.58**	**$40,090.79**	**$915,140.37**
				$2,015,263.70	**$40,203.79**	**$2,055,467.49**
# of Claims	**1,395**					
# Open	**1**	**Recovery Amount:**	**-$984.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$12,129.57**	**$456.44**	**$12,586.01**
Indemnity				**$654,412.76**	**$0.00**	**$654,412.76**
Medical				**$776,494.23**	**$150,455.24**	**$926,949.47**
				$1,443,036.56	**$150,911.68**	**$1,593,948.24**
# of Claims	**1,212**					
# Open	**1**	**Recovery Amount:**	**-$4,693.47**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$31,101.26**	**$889.35**	**$31,990.61**
Indemnity				**$825,460.51**	**$2,762.19**	**$828,222.70**
Medical				**$1,492,185.35**	**$1,183,945.60**	**$2,676,130.95**
				$2,348,747.12	**$1,187,597.14**	**$3,536,344.26**
# of Claims	**1,081**					
# Open	**2**	**Recovery Amount:**	**-$2,509.06**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$13,534.62**	**$8,489.82**	**$22,024.44**
Indemnity				**$414,853.48**	**$0.00**	**$414,853.48**
Medical				**$929,670.28**	**$515,600.67**	**$1,445,270.95**
				$1,358,058.38	**$524,090.49**	**$1,882,148.87**
# of Claims	**958**					
# Open	**1**	**Recovery Amount:**	**-$345.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$29,486.02**	**$0.00**	**$29,486.02**
Indemnity				**$726,040.57**	**$0.00**	**$726,040.57**
Medical				**$1,653,393.52**	**$0.00**	**$1,653,393.52**
				$2,408,920.11	**$0.00**	**$2,408,920.11**
# of Claims	**898**					
# Open	**0**	**Recovery Amount:**	**-$3,263.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$68,534.31**	**$35,328.50**	**$103,862.81**
Indemnity				**$949,437.36**	**$0.00**	**$949,437.36**
Medical				**$3,357,480.23**	**$1,093,725.84**	**$4,451,206.07**
				$4,375,451.90	**$1,129,054.34**	**$5,504,506.24**
# of Claims	**841**					
# Open	**4**	**Recovery Amount:**	**-$794.87**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$701.26**	**$0.00**	**$701.26**
Indemnity				**$184,350.53**	**$0.00**	**$184,350.53**
Medical				**$256,082.33**	**$0.00**	**$256,082.33**
				$441,134.12	**$0.00**	**$441,134.12**
# of Claims	**898**					
# Open	**0**	**Recovery Amount:**	**-$7,912.09**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$184,510.96**	**$0.00**	**$184,510.96**
Medical				**$354,933.12**	**$0.00**	**$354,933.12**
				$539,794.08	**$0.00**	**$539,794.08**
# of Claims	**1,014**					
# Open	**0**	**Recovery Amount:**	**-$998.50**			
Grand Totals						
Expense				**$314,092.95**	**$45,277.11**	**$359,370.06**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity		**$8,570,069.62**	**$2,762.19**	**$8,572,831.81**
Medical		**$14,393,054.01**	**$3,230,809.30**	**$17,623,863.31**
		$23,277,216.58	**$3,278,848.60**	**$26,556,065.18**

# of Claims	**16,922**		
# Open	**10**	**Recovery Amount:**	**-$32,161.05**

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1985	7/1/1984 - 6/30/1985					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$7,257.23	$0.00	$7,257.23
Indemnity.....	.....			$397,184.49	$0.00	$397,184.49
Medical.....	.....			$411,554.97	$0.00	$411,554.97
				$815,996.69	$0.00	$815,996.69
# of Claims	1,800					
# Open	0	Recovery Amount:	-$53.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$14,827.50	$0.00	$14,827.50
Indemnity.....	.....			$545,668.25	$0.00	$545,668.25
Medical.....	.....			$406,345.11	$0.00	$406,345.11
				$966,840.86	$0.00	$966,840.86
# of Claims	1,837					
# Open	0	Recovery Amount:	-$4,018.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,714.13	$0.00	$2,714.13
Indemnity.....	.....			$161,692.74	$0.00	$161,692.74
Medical.....	.....			$316,531.84	$0.00	$316,531.84
				$480,938.71	$0.00	$480,938.71
# of Claims	1,543					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,846.50	$0.00	$1,846.50
Indemnity.....	.....			$36,534.49	$0.00	$36,534.49
Medical.....	.....			$173,842.87	$0.00	$173,842.87
				$212,223.86	$0.00	$212,223.86
# of Claims	327					
# Open	0	Recovery Amount:	-$45.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$19,917.52**	**$1,877.57**	**$21,795.09**
Indemnity				**$449,141.63**	**$0.00**	**$449,141.63**
Medical				**$1,051,997.14**	**$591,950.63**	**$1,643,947.77**
				$1,521,056.29	**$593,828.20**	**$2,114,884.49**
# of Claims	**269**					
# Open	**1**	**Recovery Amount:**	**-$74.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$812.50**	**$0.00**	**$812.50**
Indemnity				**$60,070.94**	**$0.00**	**$60,070.94**
Medical				**$221,895.11**	**$0.00**	**$221,895.11**
				$282,778.55	**$0.00**	**$282,778.55**
# of Claims	**259**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$30.25**	**$0.00**	**$30.25**
Indemnity				**$201,608.12**	**$0.00**	**$201,608.12**
Medical				**$233,003.63**	**$0.00**	**$233,003.63**
				$434,642.00	**$0.00**	**$434,642.00**
# of Claims	**303**					
# Open	**0**	**Recovery Amount:**	**-$1,595.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$3,663.55**	**$0.00**	**$3,663.55**
Indemnity				**$288,565.94**	**$0.00**	**$288,565.94**
Medical				**$239,566.59**	**$0.00**	**$239,566.59**
				$531,796.08	**$0.00**	**$531,796.08**
# of Claims	**305**					
# Open	**0**	**Recovery Amount:**	**-$812.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$842.75**	**$0.00**	**$842.75**
Indemnity				**$93,150.18**	**$0.00**	**$93,150.18**
Medical				**$289,350.41**	**$0.00**	**$289,350.41**
				$383,343.34	**$0.00**	**$383,343.34**
# of Claims	**294**					
# Open	**0**	**Recovery Amount:**	**-$1,666.62**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2,256.33**	**$0.00**	**$2,256.33**
Indemnity				**$671,768.01**	**$0.00**	**$671,768.01**
Medical				**$439,643.06**	**$0.00**	**$439,643.06**
				$1,113,667.40	**$0.00**	**$1,113,667.40**
# of Claims	**253**					
# Open	**0**	**Recovery Amount:**	**-$526.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,332.25**	**$0.00**	**$1,332.25**
Indemnity				**$199,867.59**	**$0.00**	**$199,867.59**
Medical				**$336,845.84**	**$0.00**	**$336,845.84**
				$538,045.68	**$0.00**	**$538,045.68**
# of Claims	**223**					
# Open	**0**	**Recovery Amount:**	**-$1,861.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2,552.00**	**$0.00**	**$2,552.00**
Indemnity				**$671,216.16**	**$0.00**	**$671,216.16**
Medical				**$585,461.41**	**$0.00**	**$585,461.41**
				$1,259,229.57	**$0.00**	**$1,259,229.57**
# of Claims	**214**					
# Open	**0**	**Recovery Amount:**	**-$11,415.21**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$10,431.50**	**$0.00**	**$10,431.50**
Indemnity				**$450,928.40**	**$0.00**	**$450,928.40**
Medical				**$449,011.56**	**$618,274.00**	**$1,067,285.56**
				$910,371.46	**$618,274.00**	**$1,528,645.46**
# of Claims	**232**					
# Open	**1**	**Recovery Amount:**	**-$10,884.27**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$1,446.50**	**$0.00**	**$1,446.50**
Indemnity				**$88,785.48**	**$0.00**	**$88,785.48**
Medical				**$240,957.26**	**$0.00**	**$240,957.26**
				$331,189.24	**$0.00**	**$331,189.24**
# of Claims	**311**					
# Open	**0**	**Recovery Amount:**	**-$3,709.57**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$3,742.00**	**$0.00**	**$3,742.00**
Indemnity				**$154,697.01**	**$0.00**	**$154,697.01**
Medical				**$395,151.26**	**$0.00**	**$395,151.26**
				$553,590.27	**$0.00**	**$553,590.27**
# of Claims	**263**					
# Open	**0**	**Recovery Amount:**	**-$21,451.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$3,964.90**	**$0.00**	**$3,964.90**
Indemnity				**$183,524.34**	**$0.00**	**$183,524.34**
Medical				**$253,643.94**	**$0.00**	**$253,643.94**
				$441,133.18	**$0.00**	**$441,133.18**
# of Claims	**262**					
# Open	**0**	**Recovery Amount:**	**-$8,368.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$1,219.57**	**$292.00**	**$1,511.57**
Indemnity				**$29,458.66**	**$0.00**	**$29,458.66**
Medical				**$764,518.93**	**$108,618.73**	**$873,137.66**
				$795,197.16	**$108,910.73**	**$904,107.89**
# of Claims	**291**					
# Open	**1**	**Recovery Amount:**	**-$509.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$6,507.22**	**$0.00**	**$6,507.22**
Indemnity				**$171,935.64**	**$0.00**	**$171,935.64**
Medical				**$1,589,098.61**	**$0.00**	**$1,589,098.61**
				$1,767,541.47	**$0.00**	**$1,767,541.47**
# of Claims	**263**					
# Open	**0**	**Recovery Amount:**	**-$2,563.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$12,973.78**	**$0.00**	**$12,973.78**
Indemnity				**$116,483.26**	**$0.00**	**$116,483.26**
Medical				**$402,435.01**	**$0.00**	**$402,435.01**
				$531,892.05	**$0.00**	**$531,892.05**
# of Claims	**323**					
# Open	**0**	**Recovery Amount:**	**-$2,459.52**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$34,020.59**	**$2,258.00**	**$36,278.59**
Indemnity				**$355,434.12**	**$0.00**	**$355,434.12**
Medical				**$891,873.66**	**$198,208.94**	**$1,090,082.60**
				$1,281,328.37	**$200,466.94**	**$1,481,795.31**
# of Claims	**314**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$24,579.31**	**$3,500.00**	**$28,079.31**
Indemnity				**$139,458.64**	**$0.00**	**$139,458.64**
Medical				**$904,848.70**	**$223,127.67**	**$1,127,976.37**
				$1,068,886.65	**$226,627.67**	**$1,295,514.32**
# of Claims	**289**					
# Open	**1**	**Recovery Amount:**	**-$263.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$88,165.47**	**$304.20**	**$88,469.67**
Indemnity				**$1,318,460.22**	**$0.00**	**$1,318,460.22**
Medical				**$874,265.58**	**$43,984.34**	**$918,249.92**
				$2,280,891.27	**$44,288.54**	**$2,325,179.81**
# of Claims	**275**					
# Open	**2**	**Recovery Amount:**	**-$19,495.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$15,588.00**	**$0.00**	**$15,588.00**
Indemnity				**$370,336.89**	**$0.00**	**$370,336.89**
Medical				**$563,932.67**	**$0.00**	**$563,932.67**
				$949,857.56	**$0.00**	**$949,857.56**
# of Claims	**270**					
# Open	**0**	**Recovery Amount:**	**-$647.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$77,225.36**	**$5,610.00**	**$82,835.36**
Indemnity				**$815,487.11**	**$0.00**	**$815,487.11**
Medical				**$1,470,180.34**	**$432,232.35**	**$1,902,412.69**
				$2,362,892.81	**$437,842.35**	**$2,800,735.16**
# of Claims	**276**					
# Open	**4**	**Recovery Amount:**	**-$2,420.75**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$666.00**	**$0.00**	**$666.00**
Indemnity				**$84,012.95**	**$0.00**	**$84,012.95**
Medical				**$456,831.12**	**$0.00**	**$456,831.12**
				$541,510.07	**$0.00**	**$541,510.07**
# of Claims	**222**					
# Open	**0**	**Recovery Amount:**	**-$1,610.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$55,995.62**	**$218.00**	**$56,213.62**
Indemnity				**$1,241,453.55**	**$0.00**	**$1,241,453.55**
Medical				**$1,187,001.17**	**$260,978.12**	**$1,447,979.29**
				$2,484,450.34	**$261,196.12**	**$2,745,646.46**
# of Claims	**231**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$82,689.97**	**$35,305.59**	**$117,995.56**
Indemnity				**$695,573.92**	**$0.00**	**$695,573.92**
Medical				**$1,578,586.47**	**$1,340,893.12**	**$2,919,479.59**
				$2,356,850.36	**$1,376,198.71**	**$3,733,049.07**
# of Claims	**236**					
# Open	**4**	**Recovery Amount:**	**-$24,520.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$142,446.90**	**$23,080.12**	**$165,527.02**
Indemnity				**$1,964,958.59**	**$70,944.10**	**$2,035,902.69**
Medical				**$1,476,117.32**	**$420,487.41**	**$1,896,604.73**
				$3,583,522.81	**$514,511.63**	**$4,098,034.44**
# of Claims	**219**					
# Open	**7**	**Recovery Amount:**	**-$4,762.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$18,518.97**	**$5,285.50**	**$23,804.47**
Indemnity				**$225,505.51**	**$25,028.74**	**$250,534.25**
Medical				**$884,511.67**	**$564,078.89**	**$1,448,590.56**
				$1,128,536.15	**$594,393.13**	**$1,722,929.28**
# of Claims	**250**					
# Open	**3**	**Recovery Amount:**	**-$3,060.52**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$16,045.68**	**$0.00**	**$16,045.68**
Indemnity				**$256,752.48**	**$0.00**	**$256,752.48**
Medical				**$660,372.20**	**$0.00**	**$660,372.20**
				$933,170.36	**$0.00**	**$933,170.36**
# of Claims	**209**					
# Open	**0**	**Recovery Amount:**	**-$61,509.47**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$31,761.54**	**$0.00**	**$31,761.54**
Indemnity				**$256,108.41**	**$0.00**	**$256,108.41**
Medical				**$367,791.85**	**$0.00**	**$367,791.85**
				$655,661.80	**$0.00**	**$655,661.80**
# of Claims	**201**					
# Open	**0**	**Recovery Amount:**	**-$5,775.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$25,030.16**	**$10,496.69**	**$35,526.85**
Indemnity				**$158,725.07**	**$79,534.88**	**$238,259.95**
Medical				**$675,325.61**	**$87,455.84**	**$762,781.45**
				$859,080.84	**$177,487.41**	**$1,036,568.25**
# of Claims	**265**					
# Open	**3**	**Recovery Amount:**	**-$282.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$59,235.99**	**$79,847.09**	**$139,083.08**
Indemnity				**$479,272.98**	**$292,087.37**	**$771,360.35**
Medical				**$773,114.65**	**$907,485.85**	**$1,680,600.50**
				$1,311,623.62	**$1,279,420.31**	**$2,591,043.93**
# of Claims	**218**					
# Open	**4**	**Recovery Amount:**	**-$1,250.55**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$12,820.52**	**$14,107.71**	**$26,928.23**
Indemnity				**$228,920.59**	**$78,590.29**	**$307,510.88**
Medical				**$517,823.55**	**$243,710.87**	**$761,534.42**
				$759,564.66	**$336,408.87**	**$1,095,973.53**
# of Claims	**180**					
# Open	**4**	**Recovery Amount:**	**-$861.01**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$68,890.33**	**$21,541.30**	**$90,431.63**
Indemnity				**$591,746.84**	**$355,081.27**	**$946,828.11**
Medical				**$554,365.38**	**$149,464.27**	**$703,829.65**
				$1,215,002.55	**$526,086.84**	**$1,741,089.39**
# of Claims	**101**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$28,650.98**	**$20,845.20**	**$49,496.18**
Indemnity				**$200,823.67**	**$165,728.78**	**$366,552.45**
Medical				**$479,661.27**	**$149,824.48**	**$629,485.75**
				$709,135.92	**$336,398.46**	**$1,045,534.38**
# of Claims	**129**					
# Open	**13**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24,622.75**	**$29,193.10**	**$53,815.85**
Indemnity				**$85,822.07**	**$128,167.98**	**$213,990.05**
Medical				**$273,053.71**	**$284,070.11**	**$557,123.82**
				$383,498.53	**$441,431.19**	**$824,929.72**
# of Claims	**89**					
# Open	**25**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$905,292.12**	**$253,762.07**	**$1,159,054.19**
Indemnity				**$14,441,134.94**	**$1,195,163.41**	**$15,636,298.35**
Medical				**$23,390,511.47**	**$6,624,845.62**	**$30,015,357.09**
				$38,736,938.53	**$8,073,771.10**	**$46,810,709.63**
# of Claims	**13,547**					
# Open	**83**	**Recovery Amount:**	**-$198,476.50**			

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$16,717.92	$0.00	$16,717.92
Indemnity.....	.....			$383,668.44	$0.00	$383,668.44
Medical.....	.....			$343,080.05	$0.00	$343,080.05
				$743,466.41	$0.00	$743,466.41
# of Claims	450					
# Open	0	Recovery Amount:	-$669.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$148,227.07	$3,500.00	$151,727.07
Indemnity.....	.....			$1,288,979.66	$123,438.40	$1,412,418.06
Medical.....	.....			$4,377,305.85	$2,633,016.27	$7,010,322.12
				$5,814,512.58	$2,759,954.67	$8,574,467.25
# of Claims	437					
# Open	2	Recovery Amount:	-$85,505.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$23,556.33	$0.00	$23,556.33
Indemnity.....	.....			$342,939.64	$0.00	$342,939.64
Medical.....	.....			$316,391.42	$0.00	$316,391.42
				$682,887.39	$0.00	$682,887.39
# of Claims	471					
# Open	0	Recovery Amount:	-$2,706.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$45,861.31	$12,683.09	$58,544.40
Indemnity.....	.....			$1,187,758.49	$0.00	$1,187,758.49
Medical.....	.....			$1,957,160.24	$429,602.06	$2,386,762.30
				$3,190,780.04	$442,285.15	$3,633,065.19
# of Claims	517					
# Open	3	Recovery Amount:	-$2,997.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$41,737.78	$6,937.84	$48,675.62
Indemnity.....	.....			$756,198.56	$0.00	$756,198.56
Medical.....	.....			$1,421,769.31	$390,550.24	$1,812,319.55
				$2,219,705.65	$397,488.08	$2,617,193.73
# of Claims	549					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$31,406.21**	**$0.00**	**$31,406.21**
Indemnity				**$617,209.94**	**$0.00**	**$617,209.94**
Medical				**$456,583.91**	**$0.00**	**$456,583.91**
				$1,105,200.06	**$0.00**	**$1,105,200.06**
# of Claims	**514**					
# Open	**0**	**Recovery Amount:**	**-$137.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$4,770.34**	**$0.00**	**$4,770.34**
Indemnity				**$757,003.14**	**$0.00**	**$757,003.14**
Medical				**$1,328,002.80**	**$0.00**	**$1,328,002.80**
				$2,089,776.28	**$0.00**	**$2,089,776.28**
# of Claims	**507**					
# Open	**0**	**Recovery Amount:**	**-$4,062.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$8,685.20**	**$1,963.96**	**$10,649.16**
Indemnity				**$845,290.53**	**$0.00**	**$845,290.53**
Medical				**$1,266,241.91**	**$41,128.20**	**$1,307,370.11**
				$2,120,217.64	**$43,092.16**	**$2,163,309.80**
# of Claims	**526**					
# Open	**1**	**Recovery Amount:**	**-$8,243.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$9,850.00**	**$422.56**	**$10,272.56**
Indemnity				**$433,769.91**	**$0.00**	**$433,769.91**
Medical				**$876,017.70**	**$143,553.96**	**$1,019,571.66**
				$1,319,637.61	**$143,976.52**	**$1,463,614.13**
# of Claims	**504**					
# Open	**2**	**Recovery Amount:**	**-$28,065.27**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$4,712.16**	**$0.00**	**$4,712.16**
Indemnity				**$143,736.09**	**$0.00**	**$143,736.09**
Medical				**$421,827.34**	**$0.00**	**$421,827.34**
				$570,275.59	**$0.00**	**$570,275.59**
# of Claims	**482**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,958.22**	**$144.00**	**$4,102.22**
Indemnity				**$643,999.13**	**$0.00**	**$643,999.13**
Medical				**$1,375,457.83**	**$1,563,004.49**	**$2,938,462.32**
				$2,023,415.18	**$1,563,148.49**	**$3,586,563.67**
# of Claims	**440**					
# Open	**2**	**Recovery Amount:**	**-$18,933.76**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$6,485.90**	**$394.00**	**$6,879.90**
Indemnity				**$885,387.05**	**$0.00**	**$885,387.05**
Medical				**$1,231,717.78**	**$221,785.44**	**$1,453,503.22**
				$2,123,590.73	**$222,179.44**	**$2,345,770.17**
# of Claims	**413**					
# Open	**2**	**Recovery Amount:**	**-$97,997.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$10,470.88**	**$240.00**	**$10,710.88**
Indemnity				**$541,963.70**	**$0.00**	**$541,963.70**
Medical				**$1,377,355.13**	**$159,511.85**	**$1,536,866.98**
				$1,929,789.71	**$159,751.85**	**$2,089,541.56**
# of Claims	**462**					
# Open	**4**	**Recovery Amount:**	**-$2,730.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$32,877.52**	**$2,859.10**	**$35,736.62**
Indemnity				**$993,854.35**	**$0.00**	**$993,854.35**
Medical				**$2,842,253.88**	**$508,836.12**	**$3,351,090.00**
				$3,868,985.75	**$511,695.22**	**$4,380,680.97**
# of Claims	**427**					
# Open	**3**	**Recovery Amount:**	**-$5,124.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$29,299.25**	**$5,776.30**	**$35,075.55**
Indemnity				**$1,168,280.12**	**$0.00**	**$1,168,280.12**
Medical				**$1,593,987.43**	**$681,346.46**	**$2,275,333.89**
				$2,791,566.80	**$687,122.76**	**$3,478,689.56**
# of Claims	**370**					
# Open	**7**	**Recovery Amount:**	**-$859.58**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$29,215.45**	**$0.00**	**$29,215.45**
Indemnity				**$914,560.56**	**$0.00**	**$914,560.56**
Medical				**$2,032,176.66**	**$975,671.30**	**$3,007,847.96**
				$2,975,952.67	**$975,671.30**	**$3,951,623.97**
# of Claims	**536**					
# Open	**1**	**Recovery Amount:**	**-$11,424.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$51,466.87**	**$8,476.44**	**$59,943.31**
Indemnity				**$679,080.97**	**$0.00**	**$679,080.97**
Medical				**$2,347,454.07**	**$141,715.98**	**$2,489,170.05**
				$3,078,001.91	**$150,192.42**	**$3,228,194.33**
# of Claims	**607**					
# Open	**2**	**Recovery Amount:**	**-$6,161.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$17,695.18**	**$3,078.37**	**$20,773.55**
Indemnity				**$431,292.27**	**$0.00**	**$431,292.27**
Medical				**$1,018,354.55**	**$205,965.29**	**$1,224,319.84**
				$1,467,342.00	**$209,043.66**	**$1,676,385.66**
# of Claims	**676**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$828.32**	**$0.00**	**$828.32**
Indemnity				**$68,014.55**	**$0.00**	**$68,014.55**
Medical				**$527,729.24**	**$0.00**	**$527,729.24**
				$596,572.11	**$0.00**	**$596,572.11**
# of Claims	**570**					
# Open	**0**	**Recovery Amount:**	**-$3,934.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$36,117.11**	**$352.00**	**$36,469.11**
Indemnity				**$523,894.68**	**$0.00**	**$523,894.68**
Medical				**$1,337,817.82**	**$230,480.61**	**$1,568,298.43**
				$1,897,829.61	**$230,832.61**	**$2,128,662.22**
# of Claims	**656**					
# Open	**4**	**Recovery Amount:**	**-$954.82**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$40,557.17**	**$75.28**	**$40,632.45**
Indemnity				**$2,030,854.94**	**$0.00**	**$2,030,854.94**
Medical				**$743,094.21**	**$30,329.84**	**$773,424.05**
				$2,814,506.32	**$30,405.12**	**$2,844,911.44**
# of Claims	**834**					
# Open	**1**	**Recovery Amount:**	**-$5,211.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$73,367.72**	**$4,094.90**	**$77,462.62**
Indemnity				**$531,065.75**	**$0.00**	**$531,065.75**
Medical				**$1,212,007.07**	**$306,011.65**	**$1,518,018.72**
				$1,816,440.54	**$310,106.55**	**$2,126,547.09**
# of Claims	**727**					
# Open	**2**	**Recovery Amount:**	**-$12,130.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$67,498.52**	**$6,822.82**	**$74,321.34**
Indemnity				**$859,676.15**	**$0.00**	**$859,676.15**
Medical				**$1,678,378.84**	**$276,823.77**	**$1,955,202.61**
				$2,605,553.51	**$283,646.59**	**$2,889,200.10**
# of Claims	**699**					
# Open	**4**	**Recovery Amount:**	**-$8,265.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$62,211.32**	**$4,308.09**	**$66,519.41**
Indemnity				**$424,211.53**	**$0.00**	**$424,211.53**
Medical				**$1,016,486.97**	**$179,608.54**	**$1,196,095.51**
				$1,502,909.82	**$183,916.63**	**$1,686,826.45**
# of Claims	**720**					
# Open	**3**	**Recovery Amount:**	**-$524.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$93,968.20**	**$12,346.57**	**$106,314.77**
Indemnity				**$1,275,254.09**	**$0.00**	**$1,275,254.09**
Medical				**$2,089,262.32**	**$900,624.73**	**$2,989,887.05**
				$3,458,484.61	**$912,971.30**	**$4,371,455.91**
# of Claims	**625**					
# Open	**5**	**Recovery Amount:**	**-$2,118.12**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$45,645.38**	**$2,188.05**	**$47,833.43**
Indemnity				**$1,025,145.81**	**$347,787.44**	**$1,372,933.25**
Medical				**$854,777.57**	**$77,681.78**	**$932,459.35**
				$1,925,568.76	**$427,657.27**	**$2,353,226.03**
# of Claims	**771**					
# Open	**2**	**Recovery Amount:**	**-$197.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$60,858.68**	**$10,011.70**	**$70,870.38**
Indemnity				**$990,847.65**	**$5,610.04**	**$996,457.69**
Medical				**$2,584,270.96**	**$2,230,236.87**	**$4,814,507.83**
				$3,635,977.29	**$2,245,858.61**	**$5,881,835.90**
# of Claims	**687**					
# Open	**3**	**Recovery Amount:**	**-$5,492.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$22,548.15**	**$18.82**	**$22,566.97**
Indemnity				**$304,134.69**	**$2,771.98**	**$306,906.67**
Medical				**$735,623.79**	**$61,009.80**	**$796,633.59**
				$1,062,306.63	**$63,800.60**	**$1,126,107.23**
# of Claims	**671**					
# Open	**1**	**Recovery Amount:**	**-$196.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$36,134.69**	**$9,765.31**	**$45,900.00**
Indemnity				**$541,476.66**	**$24,731.96**	**$566,208.62**
Medical				**$1,089,656.93**	**$211,787.87**	**$1,301,444.80**
				$1,667,268.28	**$246,285.14**	**$1,913,553.42**
# of Claims	**674**					
# Open	**1**	**Recovery Amount:**	**-$3,624.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$20,926.87**	**$4,715.22**	**$25,642.09**
Indemnity				**$376,938.98**	**$0.00**	**$376,938.98**
Medical				**$962,340.78**	**$69,890.57**	**$1,032,231.35**
				$1,360,206.63	**$74,605.79**	**$1,434,812.42**
# of Claims	**588**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$30,744.70**	**$10,805.45**	**$41,550.15**
Indemnity				**$542,781.99**	**$173,147.54**	**$715,929.53**
Medical				**$1,025,177.76**	**$726,788.89**	**$1,751,966.65**
				$1,598,704.45	**$910,741.88**	**$2,509,446.33**
# of Claims	**541**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$24,275.12**	**$0.00**	**$24,275.12**
Indemnity				**$604,345.09**	**$0.00**	**$604,345.09**
Medical				**$901,307.46**	**$63,410.00**	**$964,717.46**
				$1,529,927.67	**$63,410.00**	**$1,593,337.67**
# of Claims	**561**					
# Open	**1**	**Recovery Amount:**	**-$16,620.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$20,491.89**	**$3,451.13**	**$23,943.02**
Indemnity				**$245,604.05**	**$0.00**	**$245,604.05**
Medical				**$510,196.42**	**$82,225.05**	**$592,421.47**
				$776,292.36	**$85,676.18**	**$861,968.54**
# of Claims	**513**					
# Open	**1**	**Recovery Amount:**	**-$1,728.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$4,331.80**	**$0.00**	**$4,331.80**
Indemnity				**$79,331.51**	**$0.00**	**$79,331.51**
Medical				**$186,923.13**	**$0.00**	**$186,923.13**
				$270,586.44	**$0.00**	**$270,586.44**
# of Claims	**382**					
# Open	**0**	**Recovery Amount:**	**-$261.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$39,540.52**	**$11,234.60**	**$50,775.12**
Indemnity				**$231,579.39**	**$171,218.23**	**$402,797.62**
Medical				**$779,246.59**	**$72,918.75**	**$852,165.34**
				$1,050,366.50	**$255,371.58**	**$1,305,738.08**
# of Claims	**338**					
# Open	**2**	**Recovery Amount:**	**-$50.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$18,528.88**	**$12,744.78**	**$31,273.66**
Indemnity				**$285,217.55**	**$121,152.08**	**$406,369.63**
Medical				**$559,289.25**	**$173,414.74**	**$732,703.99**
				$863,035.68	**$307,311.60**	**$1,170,347.28**
# of Claims	**388**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,109.75**	**$16,491.85**	**$19,601.60**
Indemnity				**$46,365.82**	**$57,858.92**	**$104,224.74**
Medical				**$170,910.55**	**$218,511.26**	**$389,421.81**
				$220,386.12	**$292,862.03**	**$513,248.15**
# of Claims	**392**					
# Open	**40**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,218,678.38**	**$155,902.23**	**$1,374,580.61**
Indemnity				**$24,001,713.43**	**$1,027,716.59**	**$25,029,430.02**
Medical				**$45,547,635.52**	**$14,007,442.38**	**$59,555,077.90**
				$70,768,027.33	**$15,191,061.20**	**$85,959,088.53**
# of Claims	**20,225**					
# Open	**114**	**Recovery Amount:**	**-$336,931.37**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$125.00	$0.00	$125.00
Indemnity.....	.....			$12,413.53	$0.00	$12,413.53
Medical.....	.....			$17,148.68	$0.00	$17,148.68
				$29,687.21	$0.00	$29,687.21
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$15,246.71	$0.00	$15,246.71
Indemnity.....	.....			$346,924.79	$0.00	$346,924.79
Medical.....	.....			$766,050.68	$0.00	$766,050.68
				$1,128,222.18	$0.00	$1,128,222.18
# of Claims	1,125					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,636.36	$0.00	$6,636.36
Indemnity.....	.....			$438,362.59	$0.00	$438,362.59
Medical.....	.....			$385,800.70	$0.00	$385,800.70
				$830,799.65	$0.00	$830,799.65
# of Claims	1,235					
# Open	0	Recovery Amount:	-$74.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$15,566.18	$0.00	$15,566.18
Indemnity.....	.....			$881,760.50	$0.00	$881,760.50
Medical.....	.....			$790,218.88	$0.00	$790,218.88
				$1,687,545.56	$0.00	$1,687,545.56
# of Claims	1,361					
# Open	0	Recovery Amount:	-$327.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,707.00	$0.00	$2,707.00
Indemnity.....	.....			$645,296.20	$0.00	$645,296.20
Medical.....	.....			$775,872.80	$0.00	$775,872.80
				$1,423,876.00	$0.00	$1,423,876.00
# of Claims	1,379					
# Open	0	Recovery Amount:	-$6,782.62			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$1,478.76**	**$0.00**	**$1,478.76**
Indemnity				**$220,931.04**	**$0.00**	**$220,931.04**
Medical				**$510,596.74**	**$206,937.33**	**$717,534.07**
				$733,006.54	**$206,937.33**	**$939,943.87**
# of Claims	**1,273**					
# Open	**1**	**Recovery Amount:**	**-$2,236.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,173.71**	**$0.00**	**$1,173.71**
Indemnity				**$132,215.00**	**$0.00**	**$132,215.00**
Medical				**$287,975.20**	**$0.00**	**$287,975.20**
				$421,363.91	**$0.00**	**$421,363.91**
# of Claims	**1,198**					
# Open	**0**	**Recovery Amount:**	**-$299.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2,995.23**	**$0.00**	**$2,995.23**
Indemnity				**$309,556.01**	**$0.00**	**$309,556.01**
Medical				**$644,434.69**	**$125,609.27**	**$770,043.96**
				$956,985.93	**$125,609.27**	**$1,082,595.20**
# of Claims	**1,102**					
# Open	**1**	**Recovery Amount:**	**-$713.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$10,380.71**	**$1,158.27**	**$11,538.98**
Indemnity				**$985,622.38**	**$0.00**	**$985,622.38**
Medical				**$2,323,323.03**	**$1,713,336.59**	**$4,036,659.62**
				$3,319,326.12	**$1,714,494.86**	**$5,033,820.98**
# of Claims	**996**					
# Open	**3**	**Recovery Amount:**	**-$82.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$9,824.92**	**$2,092.00**	**$11,916.92**
Indemnity				**$1,760,352.87**	**$188,813.70**	**$1,949,166.57**
Medical				**$1,629,161.03**	**$308,613.24**	**$1,937,774.27**
				$3,399,338.82	**$499,518.94**	**$3,898,857.76**
# of Claims	**993**					
# Open	**3**	**Recovery Amount:**	**-$1,156.91**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$13,502.12**	**$6,846.38**	**$20,348.50**
Indemnity				**$1,071,471.43**	**$0.00**	**$1,071,471.43**
Medical				**$913,249.03**	**$76,368.84**	**$989,617.87**
				$1,998,222.58	**$83,215.22**	**$2,081,437.80**
# of Claims	**579**					
# Open	**2**	**Recovery Amount:**	**-$1,077.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$4,665.78**	**$1,647.12**	**$6,312.90**
Indemnity				**$508,605.85**	**$0.00**	**$508,605.85**
Medical				**$1,922,900.93**	**$18,296.10**	**$1,941,197.03**
				$2,436,172.56	**$19,943.22**	**$2,456,115.78**
# of Claims	**875**					
# Open	**2**	**Recovery Amount:**	**-$2,574.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$4,349.06**	**$280.00**	**$4,629.06**
Indemnity				**$192,384.16**	**$0.00**	**$192,384.16**
Medical				**$900,410.70**	**$261,469.18**	**$1,161,879.88**
				$1,097,143.92	**$261,749.18**	**$1,358,893.10**
# of Claims	**683**					
# Open	**1**	**Recovery Amount:**	**-$6,799.94**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$22,294.52**	**$6,396.75**	**$28,691.27**
Indemnity				**$1,298,299.12**	**$0.00**	**$1,298,299.12**
Medical				**$1,794,832.91**	**$510,008.78**	**$2,304,841.69**
				$3,115,426.55	**$516,405.53**	**$3,631,832.08**
# of Claims	**619**					
# Open	**4**	**Recovery Amount:**	**-$4,097.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$4,293.81**	**$0.00**	**$4,293.81**
Indemnity				**$488,998.67**	**$0.00**	**$488,998.67**
Medical				**$781,989.29**	**$0.00**	**$781,989.29**
				$1,275,281.77	**$0.00**	**$1,275,281.77**
# of Claims	**666**					
# Open	**0**	**Recovery Amount:**	**-$12,698.95**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$606.00**	**$0.00**	**$606.00**
Indemnity				**$97,577.83**	**$0.00**	**$97,577.83**
Medical				**$430,798.56**	**$35,971.25**	**$466,769.81**
				$528,982.39	**$35,971.25**	**$564,953.64**
# of Claims	**682**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$28,714.65**	**$260.88**	**$28,975.53**
Indemnity				**$555,522.07**	**$0.00**	**$555,522.07**
Medical				**$642,942.65**	**$61,689.04**	**$704,631.69**
				$1,227,179.37	**$61,949.92**	**$1,289,129.29**
# of Claims	**650**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$38,613.45**	**$20,162.74**	**$58,776.19**
Indemnity				**$932,519.71**	**$0.00**	**$932,519.71**
Medical				**$1,026,330.83**	**$761,782.09**	**$1,788,112.92**
				$1,997,463.99	**$781,944.83**	**$2,779,408.82**
# of Claims	**661**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$66,692.01**	**$4,481.18**	**$71,173.19**
Indemnity				**$1,409,002.85**	**$0.56**	**$1,409,003.41**
Medical				**$920,249.65**	**$387,440.91**	**$1,307,690.56**
				$2,395,944.51	**$391,922.65**	**$2,787,867.16**
# of Claims	**605**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$94,957.11**	**$431.32**	**$95,388.43**
Indemnity				**$944,247.06**	**$0.00**	**$944,247.06**
Medical				**$1,397,545.99**	**$672,392.52**	**$2,069,938.51**
				$2,436,750.16	**$672,823.84**	**$3,109,574.00**
# of Claims	**649**					
# Open	**2**	**Recovery Amount:**	**-$325.25**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$37,854.60**	**$386.10**	**$38,240.70**
Indemnity				**$629,542.89**	**$0.00**	**$629,542.89**
Medical				**$1,413,391.62**	**$699,482.28**	**$2,112,873.90**
				$2,080,789.11	**$699,868.38**	**$2,780,657.49**
# of Claims	**715**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$63,025.99**	**$273.67**	**$63,299.66**
Indemnity				**$1,474,331.06**	**$0.00**	**$1,474,331.06**
Medical				**$1,535,855.66**	**$861,581.45**	**$2,397,437.11**
				$3,073,212.71	**$861,855.12**	**$3,935,067.83**
# of Claims	**632**					
# Open	**3**	**Recovery Amount:**	**-$7,523.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$193,410.17**	**$12,765.09**	**$206,175.26**
Indemnity				**$2,222,244.35**	**$12,282.25**	**$2,234,526.60**
Medical				**$2,555,875.10**	**$1,183,746.26**	**$3,739,621.36**
				$4,971,529.62	**$1,208,793.60**	**$6,180,323.22**
# of Claims	**696**					
# Open	**9**	**Recovery Amount:**	**-$200,375.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$72,834.13**	**$8,552.10**	**$81,386.23**
Indemnity				**$1,514,599.58**	**$0.00**	**$1,514,599.58**
Medical				**$1,334,434.66**	**$595,951.74**	**$1,930,386.40**
				$2,921,868.37	**$604,503.84**	**$3,526,372.21**
# of Claims	**706**					
# Open	**4**	**Recovery Amount:**	**-$44,195.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$124,153.24**	**$19,340.22**	**$143,493.46**
Indemnity				**$2,986,429.82**	**$6,349.38**	**$2,992,779.20**
Medical				**$2,469,144.73**	**$695,737.08**	**$3,164,881.81**
				$5,579,727.79	**$721,426.68**	**$6,301,154.47**
# of Claims	**745**					
# Open	**10**	**Recovery Amount:**	**-$78,920.38**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$79,170.77**	**$34,242.06**	**$113,412.83**
Indemnity				**$1,076,442.08**	**$5,532.10**	**$1,081,974.18**
Medical				**$1,610,130.97**	**$403,489.12**	**$2,013,620.09**
				$2,765,743.82	**$443,263.28**	**$3,209,007.10**
# of Claims	**728**					
# Open	**3**	**Recovery Amount:**	**-$8,485.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$137,943.09**	**$87,313.46**	**$225,256.55**
Indemnity				**$1,385,026.48**	**$150,439.37**	**$1,535,465.85**
Medical				**$1,911,300.36**	**$1,281,773.59**	**$3,193,073.95**
				$3,434,269.93	**$1,519,526.42**	**$4,953,796.35**
# of Claims	**762**					
# Open	**5**	**Recovery Amount:**	**-$2,532.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$33,850.63**	**$5,373.03**	**$39,223.66**
Indemnity				**$553,828.06**	**$74,191.00**	**$628,019.06**
Medical				**$1,272,735.53**	**$257,880.78**	**$1,530,616.31**
				$1,860,414.22	**$337,444.81**	**$2,197,859.03**
# of Claims	**721**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$111,209.63**	**$22,480.08**	**$133,689.71**
Indemnity				**$1,868,490.02**	**$368,929.22**	**$2,237,419.24**
Medical				**$1,262,695.94**	**$301,224.42**	**$1,563,920.36**
				$3,242,395.59	**$692,633.72**	**$3,935,029.31**
# of Claims	**660**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$86,268.02**	**$47,024.63**	**$133,292.65**
Indemnity				**$707,343.73**	**$253,174.84**	**$960,518.57**
Medical				**$1,172,269.67**	**$750,074.97**	**$1,922,344.64**
				$1,965,881.42	**$1,050,274.44**	**$3,016,155.86**
# of Claims	**630**					
# Open	**5**	**Recovery Amount:**	**-$3,458.76**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$17,294.59**	**$3,303.43**	**$20,598.02**
Indemnity				**$249,512.86**	**$99,724.29**	**$349,237.15**
Medical				**$718,230.73**	**$288,159.28**	**$1,006,390.01**
				$985,038.18	**$391,187.00**	**$1,376,225.18**
# of Claims	**625**					
# Open	**4**	**Recovery Amount:**	**-$36,308.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$89,087.80**	**$32,931.87**	**$122,019.67**
Indemnity				**$969,563.89**	**$433,695.91**	**$1,403,259.80**
Medical				**$942,557.63**	**$266,747.53**	**$1,209,305.16**
				$2,001,209.32	**$733,375.31**	**$2,734,584.63**
# of Claims	**543**					
# Open	**7**	**Recovery Amount:**	**-$112.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$78,227.10**	**$62,137.77**	**$140,364.87**
Indemnity				**$1,067,175.00**	**$1,276,856.71**	**$2,344,031.71**
Medical				**$1,912,558.62**	**$932,090.76**	**$2,844,649.38**
				$3,057,960.72	**$2,271,085.24**	**$5,329,045.96**
# of Claims	**453**					
# Open	**9**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$28,653.22**	**$17,334.13**	**$45,987.35**
Indemnity				**$256,093.07**	**$166,021.77**	**$422,114.84**
Medical				**$503,223.37**	**$200,819.01**	**$704,042.38**
				$787,969.66	**$384,174.91**	**$1,172,144.57**
# of Claims	**406**					
# Open	**9**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$14,151.64**	**$32,396.10**	**$46,547.74**
Indemnity				**$290,885.30**	**$309,773.82**	**$600,659.12**
Medical				**$256,995.15**	**$725,865.57**	**$982,860.72**
				$562,032.09	**$1,068,035.49**	**$1,630,067.58**
# of Claims	**362**					
# Open	**53**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,511,957.71**	**$429,610.38**	**$1,941,568.09**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$30,483,571.85**	**$3,345,784.92**	**$33,829,356.77**
Medical	**$39,733,232.71**	**$14,584,538.98**	**$54,317,771.69**
	$71,728,762.27	**$18,359,934.28**	**$90,088,696.55**

# of Claims	**26,795**		
# Open	**154**	**Recovery Amount:**	**-$421,157.60**

211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$1,942.99	$0.00	$1,942.99
Indemnity.....	.....			$35,736.60	$0.00	$35,736.60
Medical.....	.....			$206,348.39	$0.00	$206,348.39
				$244,027.98	$0.00	$244,027.98
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,199.70	$0.00	$6,199.70
Medical.....	.....			$10,104.37	$0.00	$10,104.37
				$16,304.07	$0.00	$16,304.07
# of Claims	19					
# Open	0	Recovery Amount:	-$398.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$4,108.88	$34.00	$4,142.88
Indemnity.....	.....			$139,361.21	$0.00	$139,361.21
Medical.....	.....			$123,555.24	$14,366.58	$137,921.82
				$267,025.33	$14,400.58	$281,425.91
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$4,617.16	$0.00	$4,617.16
Medical.....	.....			$7,791.44	$0.00	$7,791.44
				$13,238.10	$0.00	$13,238.10
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,825.39	$0.00	$1,825.39
Indemnity.....	.....			$25,120.21	$0.00	$25,120.21
Medical.....	.....			$418,190.06	$0.00	$418,190.06
				$445,135.66	$0.00	$445,135.66
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,012.60**	**$0.00**	**$2,012.60**
Medical				**$8,907.23**	**$0.00**	**$8,907.23**
				$10,919.83	**$0.00**	**$10,919.83**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,569.09**	**$0.00**	**$12,569.09**
Medical				**$28,131.52**	**$0.00**	**$28,131.52**
				$40,700.61	**$0.00**	**$40,700.61**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,514.54**	**$0.00**	**$2,514.54**
Medical				**$24,538.94**	**$0.00**	**$24,538.94**
				$27,053.48	**$0.00**	**$27,053.48**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,552.57**	**$0.00**	**$2,552.57**
Medical				**$9,035.29**	**$0.00**	**$9,035.29**
				$11,587.86	**$0.00**	**$11,587.86**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$122,188.62**	**$0.00**	**$122,188.62**
Medical				**$22,377.70**	**$0.00**	**$22,377.70**
				$144,566.32	**$0.00**	**$144,566.32**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$656.84**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,267.63**	**$0.00**	**$2,267.63**
Medical				**$18,458.93**	**$0.00**	**$18,458.93**
				$20,726.56	**$0.00**	**$20,726.56**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$338.40**	**$0.00**	**$338.40**
Indemnity				**$5,289.31**	**$0.00**	**$5,289.31**
Medical				**$47,005.20**	**$0.00**	**$47,005.20**
				$52,632.91	**$0.00**	**$52,632.91**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,458.77**	**$0.00**	**$2,458.77**
Medical				**$6,565.08**	**$0.00**	**$6,565.08**
				$9,023.85	**$0.00**	**$9,023.85**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$2,111.00**	**$0.00**	**$2,111.00**
Indemnity				**$84,407.24**	**$0.00**	**$84,407.24**
Medical				**$140,865.65**	**$0.00**	**$140,865.65**
				$227,383.89	**$0.00**	**$227,383.89**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$455.00**	**$0.00**	**$455.00**
Indemnity				**$17,617.05**	**$0.00**	**$17,617.05**
Medical				**$106,797.91**	**$0.00**	**$106,797.91**
				$124,869.96	**$0.00**	**$124,869.96**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$739.05**	**$0.00**	**$739.05**
Medical				**$9,950.95**	**$0.00**	**$9,950.95**
				$10,690.00	**$0.00**	**$10,690.00**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,318.18**	**$0.00**	**$15,318.18**
Medical				**$25,566.52**	**$0.00**	**$25,566.52**
				$40,884.70	**$0.00**	**$40,884.70**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,144.35**	**$0.00**	**$1,144.35**
Medical				**$4,499.84**	**$0.00**	**$4,499.84**
				$5,644.19	**$0.00**	**$5,644.19**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,688.05**	**$0.00**	**$3,688.05**
Medical				**$8,605.61**	**$0.00**	**$8,605.61**
				$12,293.66	**$0.00**	**$12,293.66**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,690.00**	**$0.00**	**$1,690.00**
Indemnity				**$9,485.55**	**$0.00**	**$9,485.55**
Medical				**$29,650.24**	**$0.00**	**$29,650.24**
				$40,825.79	**$0.00**	**$40,825.79**
# of Claims	**64**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$570.17**	**$0.00**	**$570.17**
Indemnity				**$24,943.36**	**$0.00**	**$24,943.36**
Medical				**$63,061.47**	**$0.00**	**$63,061.47**
				$88,575.00	**$0.00**	**$88,575.00**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$595.34**	**$0.00**	**$595.34**
Indemnity				**$13,135.04**	**$0.00**	**$13,135.04**
Medical				**$57,569.55**	**$0.00**	**$57,569.55**
				$71,299.93	**$0.00**	**$71,299.93**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$284.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$815.82**	**$0.00**	**$815.82**
Indemnity				**$1,441.73**	**$0.00**	**$1,441.73**
Medical				**$50,259.69**	**$0.00**	**$50,259.69**
				$52,517.24	**$0.00**	**$52,517.24**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$666.97**	**$0.00**	**$666.97**
Indemnity				**$11,821.60**	**$0.00**	**$11,821.60**
Medical				**$41,441.25**	**$0.00**	**$41,441.25**
				$53,929.82	**$0.00**	**$53,929.82**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,080.55**	**$0.00**	**$1,080.55**
Indemnity				**$1,770.00**	**$0.00**	**$1,770.00**
Medical				**$62,294.27**	**$0.00**	**$62,294.27**
				$65,144.82	**$0.00**	**$65,144.82**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$24,265.65**	**$0.00**	**$24,265.65**
Indemnity				**$72,727.26**	**$0.00**	**$72,727.26**
Medical				**$72,376.78**	**$0.00**	**$72,376.78**
				$169,369.69	**$0.00**	**$169,369.69**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$14,759.79**	**$0.00**	**$14,759.79**
Indemnity				**$27,673.00**	**$0.00**	**$27,673.00**
Medical				**$120,368.56**	**$0.00**	**$120,368.56**
				$162,801.35	**$0.00**	**$162,801.35**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$17,450.90**	**$3,075.00**	**$20,525.90**
Indemnity				**$121,270.70**	**$0.00**	**$121,270.70**
Medical				**$53,163.96**	**$8,907.08**	**$62,071.04**
				$191,885.56	**$11,982.08**	**$203,867.64**
# of Claims	**47**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$94.00**	**$0.00**	**$94.00**
Indemnity				**$2,625.49**	**$0.00**	**$2,625.49**
Medical				**$62,662.48**	**$0.00**	**$62,662.48**
				$65,381.97	**$0.00**	**$65,381.97**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$521.84**	**$0.00**	**$521.84**
Indemnity				**$56,607.10**	**$0.00**	**$56,607.10**
Medical				**$152,371.92**	**$0.00**	**$152,371.92**
				$209,500.86	**$0.00**	**$209,500.86**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$35.70**	**$0.00**	**$35.70**
Indemnity				**$1,245.00**	**$0.00**	**$1,245.00**
Medical				**$73,408.41**	**$0.00**	**$73,408.41**
				$74,689.11	**$0.00**	**$74,689.11**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$164.49**	**$0.00**	**$164.49**
Indemnity				**$1,378.25**	**$0.00**	**$1,378.25**
Medical				**$10,423.51**	**$0.00**	**$10,423.51**
				$11,966.25	**$0.00**	**$11,966.25**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$525.11**	**$0.00**	**$525.11**
Indemnity				**$8,451.59**	**$0.00**	**$8,451.59**
Medical				**$51,255.43**	**$0.00**	**$51,255.43**
				$60,232.13	**$0.00**	**$60,232.13**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$9,134.62**	**$0.00**	**$9,134.62**
Indemnity				**$35,410.99**	**$0.00**	**$35,410.99**
Medical				**$78,721.42**	**$0.00**	**$78,721.42**
				$123,267.03	**$0.00**	**$123,267.03**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$0.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$3,538.59**	**$0.00**	**$3,538.59**
Indemnity				**$5,243.41**	**$0.00**	**$5,243.41**
Medical				**$33,296.30**	**$0.00**	**$33,296.30**
				$42,078.30	**$0.00**	**$42,078.30**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$387.67**	**$0.00**	**$387.67**
Indemnity				**$898.92**	**$0.00**	**$898.92**
Medical				**$15,022.06**	**$0.00**	**$15,022.06**
				$16,308.65	**$0.00**	**$16,308.65**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$313.06**	**$177.50**	**$490.56**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,941.88**	**$14,358.57**	**$39,300.45**
				$25,254.94	**$14,536.07**	**$39,791.01**
# of Claims	**18**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$88,221.43**	**$3,286.50**	**$91,507.93**
Indemnity				**$881,930.92**	**$0.00**	**$881,930.92**
Medical				**$2,279,585.05**	**$37,632.23**	**$2,317,217.28**
				$3,249,737.40	**$40,918.73**	**$3,290,656.13**
# of Claims	**1,289**					
# Open	**5**	**Recovery Amount:**	**-$1,340.90**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$143.10	$0.00	$143.10
Indemnity.....	.....			$90,143.95	$0.00	$90,143.95
Medical.....	.....			$46,586.99	$0.00	$46,586.99
				$136,874.04	$0.00	$136,874.04
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$5,962.12	$0.00	$5,962.12
Indemnity.....	.....			$71,414.93	$0.00	$71,414.93
Medical.....	.....			$120,181.61	$0.00	$120,181.61
				$197,558.66	$0.00	$197,558.66
# of Claims	70					
# Open	0	Recovery Amount:	-$845.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,443.73	$0.00	$5,443.73
Medical.....	.....			$25,285.85	$0.00	$25,285.85
				$30,729.58	$0.00	$30,729.58
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$696.00	$0.00	$696.00
Indemnity.....	.....			$14,523.21	$0.00	$14,523.21
Medical.....	.....			$41,632.53	$0.00	$41,632.53
				$56,851.74	$0.00	$56,851.74
# of Claims	140					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$35.00	$0.00	$35.00
Indemnity.....	.....			$18,634.78	$0.00	$18,634.78
Medical.....	.....			$54,318.72	$0.00	$54,318.72
				$72,988.50	$0.00	$72,988.50
# of Claims	133					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28,948.41**	**$0.00**	**$28,948.41**
Medical				**$35,327.36**	**$0.00**	**$35,327.36**
				$64,275.77	**$0.00**	**$64,275.77**
# of Claims	**93**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$3,558.00**	**$135.52**	**$3,693.52**
Indemnity				**$68,762.55**	**$0.00**	**$68,762.55**
Medical				**$1,212,080.87**	**$32,203.44**	**$1,244,284.31**
				$1,284,401.42	**$32,338.96**	**$1,316,740.38**
# of Claims	**54**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$77,715.01**	**$0.00**	**$77,715.01**
Medical				**$100,654.16**	**$0.00**	**$100,654.16**
				$178,369.17	**$0.00**	**$178,369.17**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**-$4,567.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$88.25**	**$0.00**	**$88.25**
Indemnity				**$98,475.02**	**$0.00**	**$98,475.02**
Medical				**$66,991.67**	**$0.00**	**$66,991.67**
				$165,554.94	**$0.00**	**$165,554.94**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$63,821.80**	**$0.00**	**$63,821.80**
Medical				**$76,966.95**	**$0.00**	**$76,966.95**
				$140,788.75	**$0.00**	**$140,788.75**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,943.42**	**$0.00**	**$4,943.42**
Medical				**$10,983.90**	**$0.00**	**$10,983.90**
				$15,927.32	**$0.00**	**$15,927.32**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,604.06**	**$0.00**	**$2,604.06**
Medical				**$18,530.87**	**$0.00**	**$18,530.87**
				$21,134.93	**$0.00**	**$21,134.93**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$22,840.58**	**$0.00**	**$22,840.58**
Medical				**$101,842.35**	**$0.00**	**$101,842.35**
				$124,682.93	**$0.00**	**$124,682.93**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$402.72**	**$0.00**	**$402.72**
Medical				**$8,977.84**	**$0.00**	**$8,977.84**
				$9,380.56	**$0.00**	**$9,380.56**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$52.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$16,630.06**	**$0.00**	**$16,630.06**
Indemnity				**$103,360.88**	**$0.00**	**$103,360.88**
Medical				**$43,209.65**	**$0.00**	**$43,209.65**
				$163,200.59	**$0.00**	**$163,200.59**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,689.12**	**$0.00**	**$1,689.12**
Medical				**$14,452.08**	**$0.00**	**$14,452.08**
				$16,141.20	**$0.00**	**$16,141.20**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,670.27**	**$0.00**	**$17,670.27**
				$17,670.27	**$0.00**	**$17,670.27**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$692.62**	**$0.00**	**$692.62**
Medical				**$6,227.97**	**$0.00**	**$6,227.97**
				$6,939.09	**$0.00**	**$6,939.09**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,503.39**	**$0.00**	**$20,503.39**
				$20,503.39	**$0.00**	**$20,503.39**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$139.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,612.43**	**$0.00**	**$9,612.43**
Medical				**$65,667.10**	**$0.00**	**$65,667.10**
				$75,279.53	**$0.00**	**$75,279.53**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$87.25**	**$0.00**	**$87.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45,270.29**	**$0.00**	**$45,270.29**
				$45,357.54	**$0.00**	**$45,357.54**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$28.30**	**$0.00**	**$28.30**
Indemnity				**$1,999.56**	**$0.00**	**$1,999.56**
Medical				**$27,391.33**	**$0.00**	**$27,391.33**
				$29,419.19	**$0.00**	**$29,419.19**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,302.13**	**$0.00**	**$4,302.13**
Medical				**$99,788.45**	**$0.00**	**$99,788.45**
				$104,090.58	**$0.00**	**$104,090.58**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$9,093.77**	**$0.00**	**$9,093.77**
Medical				**$111,605.31**	**$0.00**	**$111,605.31**
				$120,723.08	**$0.00**	**$120,723.08**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$24,259.41**	**$4,000.00**	**$28,259.41**
Indemnity				**$312,733.88**	**$415,574.23**	**$728,308.11**
Medical				**$2,698,652.30**	**$893,123.44**	**$3,591,775.74**
				$3,035,645.59	**$1,312,697.67**	**$4,348,343.26**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**-$923.26**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$66.45**	**$0.00**	**$66.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,905.55**	**$0.00**	**$11,905.55**
				$11,972.00	**$0.00**	**$11,972.00**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**-$4,455.42**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,081.05**	**$0.00**	**$1,081.05**
Indemnity				**$1,508.44**	**$0.00**	**$1,508.44**
Medical				**$43,044.70**	**$0.00**	**$43,044.70**
				$45,634.19	**$0.00**	**$45,634.19**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$14,017.70**	**$0.00**	**$14,017.70**
Indemnity				**$133,236.97**	**$0.00**	**$133,236.97**
Medical				**$171,142.71**	**$0.00**	**$171,142.71**
				$318,397.38	**$0.00**	**$318,397.38**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$52.00**	**$0.00**	**$52.00**
Indemnity				**$13,119.71**	**$0.00**	**$13,119.71**
Medical				**$9,984.43**	**$0.00**	**$9,984.43**
				$23,156.14	**$0.00**	**$23,156.14**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$114.27**	**$0.00**	**$114.27**
Indemnity				**$8,785.08**	**$0.00**	**$8,785.08**
Medical				**$24,257.45**	**$0.00**	**$24,257.45**
				$33,156.80	**$0.00**	**$33,156.80**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$12,145.33**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$28.07**	**$0.00**	**$28.07**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,851.86**	**$0.00**	**$1,851.86**
				$1,879.93	**$0.00**	**$1,879.93**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$196.26**	**$0.00**	**$196.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,272.79**	**$0.00**	**$6,272.79**
				$6,469.05	**$0.00**	**$6,469.05**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$225.22**	**$0.00**	**$225.22**
Indemnity				**$3,570.97**	**$0.00**	**$3,570.97**
Medical				**$10,910.07**	**$0.00**	**$10,910.07**
				$14,706.26	**$0.00**	**$14,706.26**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$150.05**	**$0.00**	**$150.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$234.52**	**$0.00**	**$234.52**
				$384.57	**$0.00**	**$384.57**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$437.18**	**$212.50**	**$649.68**
Indemnity				**$10,068.77**	**$0.00**	**$10,068.77**
Medical				**$22,217.34**	**$3,313.15**	**$25,530.49**
				$32,723.29	**$3,525.65**	**$36,248.94**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$151.61**	**$280.00**	**$431.61**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,462.24**	**$9,456.89**	**$13,919.13**
				$4,613.85	**$9,736.89**	**$14,350.74**
# of Claims	**7**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$68,049.85**	**$4,628.02**	**$72,677.87**
Indemnity				**$1,182,448.50**	**$415,574.23**	**$1,598,022.73**
Medical				**$5,377,083.47**	**$938,096.92**	**$6,315,180.39**
				$6,627,581.82	**$1,358,299.17**	**$7,985,880.99**
# of Claims	**1,434**					
# Open	**7**	**Recovery Amount:**	**-$23,128.83**			

213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,757.94	$0.00	$12,757.94
Medical.....	.....			$21,242.17	$0.00	$21,242.17
				$34,000.11	$0.00	$34,000.11
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$324.55	$0.00	$324.55
Indemnity.....	.....			$10,957.32	$0.00	$10,957.32
Medical.....	.....			$67,769.56	$0.00	$67,769.56
				$79,051.43	$0.00	$79,051.43
# of Claims	107					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$14,765.00	$0.00	$14,765.00
Indemnity.....	.....			$22,085.53	$0.00	$22,085.53
Medical.....	.....			$26,027.26	$0.00	$26,027.26
				$62,877.79	$0.00	$62,877.79
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$6,795.03	$0.00	$6,795.03
Indemnity.....	.....			$32,897.72	$0.00	$32,897.72
Medical.....	.....			$40,800.39	$0.00	$40,800.39
				$80,493.14	$0.00	$80,493.14
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$8,473.73	$0.00	$8,473.73
Indemnity.....	.....			$111,711.62	$0.00	$111,711.62
Medical.....	.....			$298,886.69	$0.00	$298,886.69
				$419,072.04	$0.00	$419,072.04
# of Claims	104					
# Open	0	Recovery Amount:	-$265.50			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$100.00**	**$0.00**	**$100.00**
Indemnity				**$8,462.37**	**$0.00**	**$8,462.37**
Medical				**$42,305.69**	**$0.00**	**$42,305.69**
				$50,868.06	**$0.00**	**$50,868.06**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$126.00**	**$0.00**	**$126.00**
Indemnity				**$127,186.93**	**$0.00**	**$127,186.93**
Medical				**$78,241.89**	**$0.00**	**$78,241.89**
				$205,554.82	**$0.00**	**$205,554.82**
# of Claims	**103**					
# Open	**0**	**Recovery Amount:**	**-$7,775.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$81.29**	**$0.00**	**$81.29**
Indemnity				**$83,407.66**	**$0.00**	**$83,407.66**
Medical				**$410,708.32**	**$0.00**	**$410,708.32**
				$494,197.27	**$0.00**	**$494,197.27**
# of Claims	**102**					
# Open	**0**	**Recovery Amount:**	**-$10,691.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$556.97**	**$0.00**	**$556.97**
Indemnity				**$141,435.58**	**$0.00**	**$141,435.58**
Medical				**$63,913.26**	**$0.00**	**$63,913.26**
				$205,905.81	**$0.00**	**$205,905.81**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**-$58.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$500.00**	**$0.00**	**$500.00**
Indemnity				**$89,278.10**	**$0.00**	**$89,278.10**
Medical				**$58,093.36**	**$0.00**	**$58,093.36**
				$147,871.46	**$0.00**	**$147,871.46**
# of Claims	**67**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$58.90**	**$0.00**	**$58.90**
Indemnity				**$13,626.20**	**$0.00**	**$13,626.20**
Medical				**$53,520.72**	**$0.00**	**$53,520.72**
				$67,205.82	**$0.00**	**$67,205.82**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,499.43**	**$0.00**	**$15,499.43**
Medical				**$24,950.92**	**$0.00**	**$24,950.92**
				$40,450.35	**$0.00**	**$40,450.35**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**-$148.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,516.05**	**$0.00**	**$7,516.05**
Medical				**$24,302.97**	**$0.00**	**$24,302.97**
				$31,819.02	**$0.00**	**$31,819.02**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**-$2,950.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,554.71**	**$0.00**	**$5,554.71**
Medical				**$20,766.28**	**$0.00**	**$20,766.28**
				$26,320.99	**$0.00**	**$26,320.99**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$6,517.55**	**$0.00**	**$6,517.55**
Indemnity				**$12,091.12**	**$0.00**	**$12,091.12**
Medical				**$162,782.91**	**$0.00**	**$162,782.91**
				$181,391.58	**$0.00**	**$181,391.58**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$78.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,484.50	$72.00	$1,556.50
Indemnity.....	.....			$13,431.65	$0.00	$13,431.65
Medical.....	.....			$131,223.56	$77,201.01	$208,424.57
				$146,139.71	$77,273.01	$223,412.72
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$10,668.04	$0.00	$10,668.04
Indemnity.....	.....			$165,155.88	$0.00	$165,155.88
Medical.....	.....			$331,018.72	$0.00	$331,018.72
				$506,842.64	$0.00	$506,842.64
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,403.68	$0.00	$9,403.68
Medical.....	.....			$47,726.02	$0.00	$47,726.02
				$57,129.70	$0.00	$57,129.70
# of Claims	51					
# Open	0	Recovery Amount:	-$4,604.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$15,000.28	$0.00	$15,000.28
Indemnity.....	.....			$84,795.55	$0.00	$84,795.55
Medical.....	.....			$337,414.40	$0.00	$337,414.40
				$437,210.23	$0.00	$437,210.23
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$130.65	$0.00	$130.65
Indemnity.....	.....			$5,349.76	$0.00	$5,349.76
Medical.....	.....			$48,095.61	$0.00	$48,095.61
				$53,576.02	$0.00	$53,576.02
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$24,076.08**	**$64.00**	**$24,140.08**
Indemnity				**$206,663.52**	**$0.00**	**$206,663.52**
Medical				**$313,012.25**	**$77,336.96**	**$390,349.21**
				$543,751.85	**$77,400.96**	**$621,152.81**
# of Claims	**32**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$1,853.50**	**$0.00**	**$1,853.50**
Indemnity				**$9,483.16**	**$0.00**	**$9,483.16**
Medical				**$66,721.08**	**$0.00**	**$66,721.08**
				$78,057.74	**$0.00**	**$78,057.74**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$1,902.00**	**$0.00**	**$1,902.00**
Indemnity				**$68,734.39**	**$0.00**	**$68,734.39**
Medical				**$42,851.24**	**$0.00**	**$42,851.24**
				$113,487.63	**$0.00**	**$113,487.63**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**-$2,977.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$13,937.86**	**$0.00**	**$13,937.86**
Indemnity				**$3,815.41**	**$0.00**	**$3,815.41**
Medical				**$325,692.09**	**$0.00**	**$325,692.09**
				$343,445.36	**$0.00**	**$343,445.36**
# of Claims	**68**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$48,912.48**	**$0.00**	**$48,912.48**
Indemnity				**$305,721.90**	**$0.00**	**$305,721.90**
Medical				**$518,386.52**	**$0.00**	**$518,386.52**
				$873,020.90	**$0.00**	**$873,020.90**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$182.40**	**$0.00**	**$182.40**
Indemnity				**$19,258.20**	**$0.00**	**$19,258.20**
Medical				**$107,666.27**	**$0.00**	**$107,666.27**
				$127,106.87	**$0.00**	**$127,106.87**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,690.55**	**$0.00**	**$1,690.55**
Indemnity				**$37,969.49**	**$0.00**	**$37,969.49**
Medical				**$189,527.50**	**$0.00**	**$189,527.50**
				$229,187.54	**$0.00**	**$229,187.54**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$2,603.52**	**$50.00**	**$2,653.52**
Indemnity				**$14,971.99**	**$0.00**	**$14,971.99**
Medical				**$150,124.77**	**$105,262.77**	**$255,387.54**
				$167,700.28	**$105,312.77**	**$273,013.05**
# of Claims	**47**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$4,410.15**	**$0.00**	**$4,410.15**
Indemnity				**$12,048.16**	**$0.00**	**$12,048.16**
Medical				**$95,811.53**	**$0.00**	**$95,811.53**
				$112,269.84	**$0.00**	**$112,269.84**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$1,586.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$118.44**	**$0.00**	**$118.44**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,584.38**	**$0.00**	**$20,584.38**
				$20,702.82	**$0.00**	**$20,702.82**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$41,228.09**	**$91.00**	**$41,319.09**
Indemnity				**$340,063.69**	**$0.00**	**$340,063.69**
Medical				**$431,920.74**	**$111,915.31**	**$543,836.05**
				$813,212.52	**$112,006.31**	**$925,218.83**
# of Claims	**45**					
# Open	**2**	**Recovery Amount:**	**-$23,479.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$27,786.84**	**$22,268.09**	**$50,054.93**
Indemnity				**$195,988.95**	**$72,178.34**	**$268,167.29**
Medical				**$501,504.27**	**$291,417.86**	**$792,922.13**
				$725,280.06	**$385,864.29**	**$1,111,144.35**
# of Claims	**50**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$560.21**	**$179.40**	**$739.61**
Indemnity				**$28,053.24**	**$0.00**	**$28,053.24**
Medical				**$67,512.16**	**$60,738.33**	**$128,250.49**
				$96,125.61	**$60,917.73**	**$157,043.34**
# of Claims	**35**					
# Open	**2**	**Recovery Amount:**	**-$210.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$3,697.44**	**$200.95**	**$3,898.39**
Indemnity				**$29,954.05**	**$0.00**	**$29,954.05**
Medical				**$90,267.44**	**$285,807.10**	**$376,074.54**
				$123,918.93	**$286,008.05**	**$409,926.98**
# of Claims	**28**					
# Open	**1**	**Recovery Amount:**	**-$482.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$222.88**	**$0.00**	**$222.88**
Indemnity				**$728.20**	**$0.00**	**$728.20**
Medical				**$13,944.96**	**$0.00**	**$13,944.96**
				$14,896.04	**$0.00**	**$14,896.04**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$466.67**	**$200.00**	**$666.67**
Indemnity				**$1,664.68**	**$16,128.37**	**$17,793.05**
Medical				**$26,692.36**	**$33,609.37**	**$60,301.73**
				$28,823.71	**$49,937.74**	**$78,761.45**
# of Claims	**41**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,661.81**	**$4,566.42**	**$8,228.23**
Indemnity				**$5,842.56**	**$34,774.94**	**$40,617.50**
Medical				**$17,964.15**	**$76,746.51**	**$94,710.66**
				$27,468.52	**$116,087.87**	**$143,556.39**
# of Claims	**22**					
# Open	**7**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$242,893.41**	**$27,691.86**	**$270,585.27**
Indemnity				**$2,253,566.39**	**$123,081.65**	**$2,376,648.04**
Medical				**$5,269,974.41**	**$1,120,035.22**	**$6,390,009.63**
				$7,766,434.21	**$1,270,808.73**	**$9,037,242.94**
# of Claims	**2,051**					
# Open	**17**	**Recovery Amount:**	**-$55,306.55**			

214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,629.97	$0.00	$1,629.97
Medical.....	.....			$13,611.82	$0.00	$13,611.82
				$15,241.79	$0.00	$15,241.79
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,819.39	$0.00	$3,819.39
Medical.....	.....			$10,889.59	$0.00	$10,889.59
				$14,708.98	$0.00	$14,708.98
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$19,794.24	$0.00	$19,794.24
Indemnity.....	.....			$71,878.77	$0.00	$71,878.77
Medical.....	.....			$192,627.04	$0.00	$192,627.04
				$284,300.05	$0.00	$284,300.05
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,721.50	$0.00	$1,721.50
Indemnity.....	.....			$14,619.30	$0.00	$14,619.30
Medical.....	.....			$29,174.67	$0.00	$29,174.67
				$45,515.47	$0.00	$45,515.47
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,521.14	$0.00	$1,521.14
Indemnity.....	.....			$21,909.22	$0.00	$21,909.22
Medical.....	.....			$39,301.48	$0.00	$39,301.48
				$62,731.84	$0.00	$62,731.84
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,003.92**	**$0.00**	**$7,003.92**
Medical				**$10,482.89**	**$0.00**	**$10,482.89**
				$17,486.81	**$0.00**	**$17,486.81**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$46,717.46**	**$0.00**	**$46,717.46**
Medical				**$78,478.70**	**$0.00**	**$78,478.70**
				$125,196.16	**$0.00**	**$125,196.16**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$117,025.88**	**$0.00**	**$117,025.88**
Medical				**$129,929.64**	**$0.00**	**$129,929.64**
				$246,955.52	**$0.00**	**$246,955.52**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$5,128.16**	**$864.08**	**$5,992.24**
Indemnity				**$369,216.78**	**$221,204.55**	**$590,421.33**
Medical				**$51,102.87**	**$21,386.12**	**$72,488.99**
				$425,447.81	**$243,454.75**	**$668,902.56**
# of Claims	**40**					
# Open	**1**	**Recovery Amount:**	**-$38.52**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$5.87**	**$0.00**	**$5.87**
Indemnity				**$1,773.34**	**$0.00**	**$1,773.34**
Medical				**$12,300.76**	**$0.00**	**$12,300.76**
				$14,079.97	**$0.00**	**$14,079.97**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$2,295.47**	**$8,354.53**	**$10,650.00**
Indemnity				**$165,565.39**	**$0.00**	**$165,565.39**
Medical				**$173,529.82**	**$24,651.70**	**$198,181.52**
				$341,390.68	**$33,006.23**	**$374,396.91**
# of Claims	**34**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$632.55**	**$8.00**	**$640.55**
Indemnity				**$124,085.58**	**$0.00**	**$124,085.58**
Medical				**$452,088.48**	**$15,011.74**	**$467,100.22**
				$576,806.61	**$15,019.74**	**$591,826.35**
# of Claims	**32**					
# Open	**1**	**Recovery Amount:**	**-$175.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,122.70**	**$0.00**	**$1,122.70**
Medical				**$8,664.66**	**$0.00**	**$8,664.66**
				$9,787.36	**$0.00**	**$9,787.36**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$665.47**	**$0.00**	**$665.47**
Medical				**$13,129.83**	**$0.00**	**$13,129.83**
				$13,795.30	**$0.00**	**$13,795.30**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**-$1,654.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$117.48**	**$0.00**	**$117.48**
Medical				**$5,824.29**	**$0.00**	**$5,824.29**
				$5,941.77	**$0.00**	**$5,941.77**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,494.76**	**$0.00**	**$17,494.76**
Medical				**$32,588.21**	**$0.00**	**$32,588.21**
				$50,082.97	**$0.00**	**$50,082.97**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$379.81**	**$0.00**	**$379.81**
Indemnity				**$180,289.68**	**$0.00**	**$180,289.68**
Medical				**$250,134.63**	**$0.00**	**$250,134.63**
				$430,804.12	**$0.00**	**$430,804.12**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$52.56**	**$0.00**	**$52.56**
Indemnity				**$28,324.02**	**$0.00**	**$28,324.02**
Medical				**$111,512.21**	**$0.00**	**$111,512.21**
				$139,888.79	**$0.00**	**$139,888.79**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,280.02**	**$0.00**	**$8,280.02**
				$8,372.52	**$0.00**	**$8,372.52**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$31,855.50**	**$0.00**	**$31,855.50**
Indemnity				**$458,837.60**	**$0.00**	**$458,837.60**
Medical				**$411,604.30**	**$0.00**	**$411,604.30**
				$902,297.40	**$0.00**	**$902,297.40**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,392.46**	**$0.00**	**$11,392.46**
Medical				**$23,851.08**	**$0.00**	**$23,851.08**
				$35,243.54	**$0.00**	**$35,243.54**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$6,339.27**	**$0.00**	**$6,339.27**
Medical				**$86,342.01**	**$0.00**	**$86,342.01**
				$92,699.78	**$0.00**	**$92,699.78**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,115.09**	**$0.00**	**$6,115.09**
				$6,115.09	**$0.00**	**$6,115.09**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,877.94**	**$0.00**	**$17,877.94**
				$17,877.94	**$0.00**	**$17,877.94**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$133.10**	**$0.00**	**$133.10**
Indemnity				**$5,550.21**	**$0.00**	**$5,550.21**
Medical				**$24,124.11**	**$0.00**	**$24,124.11**
				$29,807.42	**$0.00**	**$29,807.42**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$704.91**	**$0.00**	**$704.91**
Indemnity				**$2,060.57**	**$0.00**	**$2,060.57**
Medical				**$39,403.57**	**$0.00**	**$39,403.57**
				$42,169.05	**$0.00**	**$42,169.05**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$55.55**	**$0.00**	**$55.55**
Indemnity				**$1,518.89**	**$0.00**	**$1,518.89**
Medical				**$33,442.67**	**$0.00**	**$33,442.67**
				$35,017.11	**$0.00**	**$35,017.11**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$22,324.59**	**$23,087.00**	**$45,411.59**
Indemnity				**$178,302.18**	**$5,422.45**	**$183,724.63**
Medical				**$59,866.10**	**$85,414.08**	**$145,280.18**
				$260,492.87	**$113,923.53**	**$374,416.40**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**-$920.21**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$6,987.50**	**$8,000.00**	**$14,987.50**
Indemnity				**$139,194.87**	**$0.00**	**$139,194.87**
Medical				**$157,663.18**	**$110,917.58**	**$268,580.76**
				$303,845.55	**$118,917.58**	**$422,763.13**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$75.16**	**$0.00**	**$75.16**
Indemnity				**$7,095.57**	**$0.00**	**$7,095.57**
Medical				**$55,140.49**	**$0.00**	**$55,140.49**
				$62,311.22	**$0.00**	**$62,311.22**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$963.67**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$146.17**	**$0.00**	**$146.17**
Indemnity				**$6,288.99**	**$0.00**	**$6,288.99**
Medical				**$147,818.83**	**$0.00**	**$147,818.83**
				$154,253.99	**$0.00**	**$154,253.99**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$284.74**	**$0.00**	**$284.74**
Indemnity				**$9,758.12**	**$0.00**	**$9,758.12**
Medical				**$33,993.27**	**$0.00**	**$33,993.27**
				$44,036.13	**$0.00**	**$44,036.13**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$5,053.13**	**$9,850.78**	**$14,903.91**
Indemnity				**$51,936.00**	**$83,314.00**	**$135,250.00**
Medical				**$56,926.12**	**$163,380.90**	**$220,307.02**
				$113,915.25	**$256,545.68**	**$370,460.93**
# of Claims	**21**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$6,593.66**	**$3,600.57**	**$10,194.23**
Indemnity				**$35,928.74**	**$0.00**	**$35,928.74**
Medical				**$307,095.07**	**$51,659.28**	**$358,754.35**
				$349,617.47	**$55,259.85**	**$404,877.32**
# of Claims	**13**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$3,374.16**	**$6,776.23**	**$10,150.39**
Indemnity				**$126,014.62**	**$159,104.79**	**$285,119.41**
Medical				**$69,339.69**	**$82,341.39**	**$151,681.08**
				$198,728.47	**$248,222.41**	**$446,950.88**
# of Claims	**19**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$83.50**	**$0.00**	**$83.50**
Indemnity				**$935.39**	**$0.00**	**$935.39**
Medical				**$24,225.84**	**$0.00**	**$24,225.84**
				$25,244.73	**$0.00**	**$25,244.73**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$162.84**	**$4,043.18**	**$4,206.02**
Indemnity				**$0.00**	**$5,128.20**	**$5,128.20**
Medical				**$14,925.95**	**$29,740.17**	**$44,666.12**
				$15,088.79	**$38,911.55**	**$54,000.34**
# of Claims	**13**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$109,476.81**	**$64,584.37**	**$174,061.18**
Indemnity				**$2,214,412.59**	**$474,173.99**	**$2,688,586.58**
Medical				**$3,193,406.92**	**$584,502.96**	**$3,777,909.88**
				$5,517,296.32	**$1,123,261.32**	**$6,640,557.64**
# of Claims	**1,183**					
# Open	**12**	**Recovery Amount:**	**-$3,751.81**			

215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,335.25	$0.00	$12,335.25
Medical.....	.....			$35,539.58	$0.00	$35,539.58
				$47,874.83	$0.00	$47,874.83
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$421.32	$0.00	$421.32
Indemnity.....	.....			$134,012.54	$0.00	$134,012.54
Medical.....	.....			$71,844.24	$0.00	$71,844.24
				$206,278.10	$0.00	$206,278.10
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$55.60	$0.00	$55.60
Indemnity.....	.....			$117,292.93	$0.00	$117,292.93
Medical.....	.....			$86,418.83	$0.00	$86,418.83
				$203,767.36	$0.00	$203,767.36
# of Claims	108					
# Open	0	Recovery Amount:	-$55.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$878.25	$0.00	$878.25
Indemnity.....	.....			$12,864.51	$0.00	$12,864.51
Medical.....	.....			$37,453.00	$0.00	$37,453.00
				$51,195.76	$0.00	$51,195.76
# of Claims	122					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,632.84	$0.00	$2,632.84
Medical.....	.....			$13,460.36	$0.00	$13,460.36
				$16,093.20	$0.00	$16,093.20
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$85.30**	**$0.00**	**$85.30**
Medical				**$10,227.18**	**$0.00**	**$10,227.18**
				$10,312.48	**$0.00**	**$10,312.48**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,452.36**	**$0.00**	**$5,452.36**
Medical				**$29,710.69**	**$0.00**	**$29,710.69**
				$35,163.05	**$0.00**	**$35,163.05**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$8.06**	**$0.00**	**$8.06**
Indemnity				**$31,595.96**	**$0.00**	**$31,595.96**
Medical				**$104,754.11**	**$0.00**	**$104,754.11**
				$136,358.13	**$0.00**	**$136,358.13**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**-$340.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,563.31**	**$0.00**	**$9,563.31**
Medical				**$24,741.52**	**$0.00**	**$24,741.52**
				$34,304.83	**$0.00**	**$34,304.83**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**-$9,244.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$67.63**	**$0.00**	**$67.63**
Indemnity				**$1,505.56**	**$0.00**	**$1,505.56**
Medical				**$16,322.69**	**$0.00**	**$16,322.69**
				$17,895.88	**$0.00**	**$17,895.88**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,533.90**	**$0.00**	**$16,533.90**
Medical				**$54,141.87**	**$0.00**	**$54,141.87**
				$70,675.77	**$0.00**	**$70,675.77**
# of Claims	**68**					
# Open	**0**	**Recovery Amount:**	**-$4,028.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$128,584.30**	**$0.00**	**$128,584.30**
Medical				**$112,698.30**	**$0.00**	**$112,698.30**
				$241,282.60	**$0.00**	**$241,282.60**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**-$8,750.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,377.01**	**$0.00**	**$3,377.01**
Medical				**$13,465.67**	**$0.00**	**$13,465.67**
				$16,842.68	**$0.00**	**$16,842.68**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**-$1,046.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,371.91**	**$0.00**	**$1,371.91**
Medical				**$9,501.22**	**$0.00**	**$9,501.22**
				$10,873.13	**$0.00**	**$10,873.13**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**-$577.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$344.43**	**$0.00**	**$344.43**
Medical				**$5,883.26**	**$0.00**	**$5,883.26**
				$6,227.69	**$0.00**	**$6,227.69**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**-$215.01**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,483.72**	**$0.00**	**$19,483.72**
Medical				**$25,222.82**	**$0.00**	**$25,222.82**
				$44,706.54	**$0.00**	**$44,706.54**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$15.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,488.56**	**$0.00**	**$2,488.56**
Medical				**$30,777.22**	**$0.00**	**$30,777.22**
				$33,265.78	**$0.00**	**$33,265.78**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$18.82**	**$18.82**
Indemnity				**$7,645.58**	**$0.00**	**$7,645.58**
Medical				**$37,865.02**	**$6,693.08**	**$44,558.10**
				$45,510.60	**$6,711.90**	**$52,222.50**
# of Claims	**43**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$8.00**	**$50.82**	**$58.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40,293.51**	**$12,940.28**	**$53,233.79**
				$40,301.51	**$12,991.10**	**$53,292.61**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$96.06**	**$0.00**	**$96.06**
Indemnity				**$11,261.82**	**$0.00**	**$11,261.82**
Medical				**$45,099.36**	**$0.00**	**$45,099.36**
				$56,457.24	**$0.00**	**$56,457.24**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,825.28**	**$0.00**	**$16,825.28**
Medical				**$27,396.56**	**$0.00**	**$27,396.56**
				$44,221.84	**$0.00**	**$44,221.84**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$321.34**	**$0.00**	**$321.34**
Indemnity				**$2,642.58**	**$0.00**	**$2,642.58**
Medical				**$58,495.17**	**$0.00**	**$58,495.17**
				$61,459.09	**$0.00**	**$61,459.09**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,305.44**	**$0.00**	**$17,305.44**
Medical				**$57,839.89**	**$0.00**	**$57,839.89**
				$75,145.33	**$0.00**	**$75,145.33**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$66.00**	**$0.00**	**$66.00**
Indemnity				**$16,940.99**	**$0.00**	**$16,940.99**
Medical				**$60,088.98**	**$0.00**	**$60,088.98**
				$77,095.97	**$0.00**	**$77,095.97**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,383.38**	**$0.00**	**$17,383.38**
Medical				**$40,625.11**	**$0.00**	**$40,625.11**
				$58,008.49	**$0.00**	**$58,008.49**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$95.84**	**$0.00**	**$95.84**
Indemnity				**$411.33**	**$0.00**	**$411.33**
Medical				**$42,110.66**	**$0.00**	**$42,110.66**
				$42,617.83	**$0.00**	**$42,617.83**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$2,222.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$5,660.08**	**$72.00**	**$5,732.08**
Indemnity				**$37,521.65**	**$0.00**	**$37,521.65**
Medical				**$154,963.61**	**$91,575.78**	**$246,539.39**
				$198,145.34	**$91,647.78**	**$289,793.12**
# of Claims	**33**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8,778.54**	**$0.00**	**$8,778.54**
Indemnity				**$158,276.30**	**$0.00**	**$158,276.30**
Medical				**$247,616.66**	**$0.00**	**$247,616.66**
				$414,671.50	**$0.00**	**$414,671.50**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$19,480.35**	**$14,277.83**	**$33,758.18**
Indemnity				**$189,045.68**	**$95,738.18**	**$284,783.86**
Medical				**$346,835.52**	**$290,803.45**	**$637,638.97**
				$555,361.55	**$400,819.46**	**$956,181.01**
# of Claims	**35**					
# Open	**1**	**Recovery Amount:**	**-$34,192.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$2,121.10**	**$0.00**	**$2,121.10**
Indemnity				**$7,067.01**	**$0.00**	**$7,067.01**
Medical				**$36,283.71**	**$0.00**	**$36,283.71**
				$45,471.82	**$0.00**	**$45,471.82**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$78.00**	**$0.00**	**$78.00**
Indemnity				**$514.75**	**$0.00**	**$514.75**
Medical				**$37,507.37**	**$0.00**	**$37,507.37**
				$38,100.12	**$0.00**	**$38,100.12**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$24,865.78**	**$8,907.81**	**$33,773.59**
Indemnity				**$183,737.53**	**$121,954.84**	**$305,692.37**
Medical				**$271,033.15**	**$776,668.59**	**$1,047,701.74**
				$479,636.46	**$907,531.24**	**$1,387,167.70**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$177.83**	**$0.00**	**$177.83**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,860.79**	**$0.00**	**$10,860.79**
				$11,038.62	**$0.00**	**$11,038.62**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$182.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$16,766.74**	**$0.00**	**$16,766.74**
Indemnity				**$228,640.55**	**$0.00**	**$228,640.55**
Medical				**$195,095.58**	**$0.00**	**$195,095.58**
				$440,502.87	**$0.00**	**$440,502.87**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$446.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$2,444.49**	**$0.00**	**$2,444.49**
Medical				**$16,722.66**	**$0.00**	**$16,722.66**
				$19,191.15	**$0.00**	**$19,191.15**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$121.50**	**$0.00**	**$121.50**
Indemnity				**$4,928.54**	**$0.00**	**$4,928.54**
Medical				**$12,413.72**	**$0.00**	**$12,413.72**
				$17,463.76	**$0.00**	**$17,463.76**
# of Claims	**17**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$85.26**	**$0.00**	**$85.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$301.71**	**$0.00**	**$301.71**
				$386.97	**$0.00**	**$386.97**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$80,177.28**	**$23,327.28**	**$103,504.56**
Indemnity				**$1,402,117.29**	**$217,693.02**	**$1,619,810.31**
Medical				**$2,421,611.30**	**$1,178,681.18**	**$3,600,292.48**
				$3,903,905.87	**$1,419,701.48**	**$5,323,607.35**
# of Claims	**1,684**					
# Open	**6**	**Recovery Amount:**	**-$61,316.76**			

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$6,422.92	$0.00	$6,422.92
Indemnity.....	.....			$99,651.90	$0.00	$99,651.90
Medical.....	.....			$152,715.09	$0.00	$152,715.09
				$258,789.91	$0.00	$258,789.91
# of Claims	248					
# Open	0	Recovery Amount:	-$173.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$94.02	$0.00	$94.02
Indemnity.....	.....			$24,299.06	$0.00	$24,299.06
Medical.....	.....			$87,886.31	$0.00	$87,886.31
				$112,279.39	$0.00	$112,279.39
# of Claims	319					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$25,149.21	$0.00	$25,149.21
Indemnity.....	.....			$426,199.43	$0.00	$426,199.43
Medical.....	.....			$194,152.05	$0.00	$194,152.05
				$645,500.69	$0.00	$645,500.69
# of Claims	325					
# Open	0	Recovery Amount:	-$274.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$8,086.40	$0.00	$8,086.40
Indemnity.....	.....			$208,657.85	$0.00	$208,657.85
Medical.....	.....			$158,946.14	$0.00	$158,946.14
				$375,690.39	$0.00	$375,690.39
# of Claims	339					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,174.65	$0.00	$20,174.65
Medical.....	.....			$69,614.64	$0.00	$69,614.64
				$89,789.29	$0.00	$89,789.29
# of Claims	322					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$42,748.51**	**$0.00**	**$42,748.51**
Medical				**$136,128.15**	**$0.00**	**$136,128.15**
				$178,876.66	**$0.00**	**$178,876.66**
# of Claims	**321**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$21,984.70**	**$995.78**	**$22,980.48**
Indemnity				**$128,529.97**	**$0.00**	**$128,529.97**
Medical				**$826,602.89**	**$477,172.52**	**$1,303,775.41**
				$977,117.56	**$478,168.30**	**$1,455,285.86**
# of Claims	**372**					
# Open	**1**	**Recovery Amount:**	**-$2,398.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$500.00**	**$0.00**	**$500.00**
Indemnity				**$70,852.26**	**$0.00**	**$70,852.26**
Medical				**$209,314.87**	**$0.00**	**$209,314.87**
				$280,667.13	**$0.00**	**$280,667.13**
# of Claims	**421**					
# Open	**0**	**Recovery Amount:**	**-$370.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$31,368.01**	**$0.00**	**$31,368.01**
Medical				**$100,763.59**	**$0.00**	**$100,763.59**
				$132,131.60	**$0.00**	**$132,131.60**
# of Claims	**334**					
# Open	**0**	**Recovery Amount:**	**-$129.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$249.50**	**$0.00**	**$249.50**
Indemnity				**$31,787.59**	**$0.00**	**$31,787.59**
Medical				**$183,904.31**	**$0.00**	**$183,904.31**
				$215,941.40	**$0.00**	**$215,941.40**
# of Claims	**403**					
# Open	**0**	**Recovery Amount:**	**-$190.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$17,524.21**	**$0.00**	**$17,524.21**
Indemnity				**$375,556.15**	**$0.00**	**$375,556.15**
Medical				**$572,594.47**	**$97,368.15**	**$669,962.62**
				$965,674.83	**$97,368.15**	**$1,063,042.98**
# of Claims	**290**					
# Open	**1**	**Recovery Amount:**	**-$1,374.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$428.15**	**$0.00**	**$428.15**
Indemnity				**$47,636.74**	**$0.00**	**$47,636.74**
Medical				**$121,821.28**	**$0.00**	**$121,821.28**
				$169,886.17	**$0.00**	**$169,886.17**
# of Claims	**231**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$2,179.72**	**$0.00**	**$2,179.72**
Indemnity				**$161,530.48**	**$0.00**	**$161,530.48**
Medical				**$369,553.25**	**$0.00**	**$369,553.25**
				$533,263.45	**$0.00**	**$533,263.45**
# of Claims	**223**					
# Open	**0**	**Recovery Amount:**	**-$207.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$34,791.40**	**$0.00**	**$34,791.40**
Medical				**$225,997.45**	**$0.00**	**$225,997.45**
				$261,138.85	**$0.00**	**$261,138.85**
# of Claims	**295**					
# Open	**0**	**Recovery Amount:**	**-$61,863.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$7,390.50**	**$72.00**	**$7,462.50**
Indemnity				**$295,725.08**	**$0.00**	**$295,725.08**
Medical				**$321,398.37**	**$71,707.69**	**$393,106.06**
				$624,513.95	**$71,779.69**	**$696,293.64**
# of Claims	**219**					
# Open	**1**	**Recovery Amount:**	**-$3,555.14**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$5,387.59**	**$0.00**	**$5,387.59**
Indemnity				**$222,738.36**	**$0.00**	**$222,738.36**
Medical				**$225,672.30**	**$0.00**	**$225,672.30**
				$453,798.25	**$0.00**	**$453,798.25**
# of Claims	**179**					
# Open	**0**	**Recovery Amount:**	**-$121.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,933.30**	**$0.00**	**$9,933.30**
Medical				**$95,164.15**	**$0.00**	**$95,164.15**
				$105,097.45	**$0.00**	**$105,097.45**
# of Claims	**172**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$2,338.77**	**$0.00**	**$2,338.77**
Indemnity				**$6,733.88**	**$0.00**	**$6,733.88**
Medical				**$536,937.86**	**$0.00**	**$536,937.86**
				$546,010.51	**$0.00**	**$546,010.51**
# of Claims	**187**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$2,696.80**	**$0.00**	**$2,696.80**
Indemnity				**$84,902.30**	**$0.00**	**$84,902.30**
Medical				**$82,741.17**	**$0.00**	**$82,741.17**
				$170,340.27	**$0.00**	**$170,340.27**
# of Claims	**164**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$873.70**	**$184.00**	**$1,057.70**
Indemnity				**$42,801.17**	**$0.00**	**$42,801.17**
Medical				**$382,533.59**	**$64,595.90**	**$447,129.49**
				$426,208.46	**$64,779.90**	**$490,988.36**
# of Claims	**209**					
# Open	**1**	**Recovery Amount:**	**-$2,412.46**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$19,363.76**	**$0.00**	**$19,363.76**
Indemnity				**$226,993.26**	**$0.00**	**$226,993.26**
Medical				**$357,843.11**	**$160,863.74**	**$518,706.85**
				$604,200.13	**$160,863.74**	**$765,063.87**
# of Claims	**178**					
# Open	**1**	**Recovery Amount:**	**-$188.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$14,760.94**	**$0.00**	**$14,760.94**
Indemnity				**$92,268.00**	**$0.00**	**$92,268.00**
Medical				**$112,175.38**	**$0.00**	**$112,175.38**
				$219,204.32	**$0.00**	**$219,204.32**
# of Claims	**162**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$7,389.73**	**$0.00**	**$7,389.73**
Indemnity				**$287,009.65**	**$0.00**	**$287,009.65**
Medical				**$380,511.49**	**$0.00**	**$380,511.49**
				$674,910.87	**$0.00**	**$674,910.87**
# of Claims	**150**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$26,492.32**	**$0.00**	**$26,492.32**
Indemnity				**$260,817.59**	**$0.00**	**$260,817.59**
Medical				**$249,349.42**	**$198,203.96**	**$447,553.38**
				$536,659.33	**$198,203.96**	**$734,863.29**
# of Claims	**151**					
# Open	**1**	**Recovery Amount:**	**-$210,514.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$18,413.77**	**$0.00**	**$18,413.77**
Indemnity				**$217,359.94**	**$0.00**	**$217,359.94**
Medical				**$188,404.70**	**$0.00**	**$188,404.70**
				$424,178.41	**$0.00**	**$424,178.41**
# of Claims	**161**					
# Open	**0**	**Recovery Amount:**	**-$1,139.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$26,191.13**	**$0.00**	**$26,191.13**
Indemnity				**$231,798.40**	**$0.00**	**$231,798.40**
Medical				**$286,304.18**	**$3,668.10**	**$289,972.28**
				$544,293.71	**$3,668.10**	**$547,961.81**
# of Claims	**157**					
# Open	**1**	**Recovery Amount:**	**-$2,939.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$39,803.91**	**$0.00**	**$39,803.91**
Indemnity				**$725,482.15**	**$0.00**	**$725,482.15**
Medical				**$450,616.28**	**$2,909.46**	**$453,525.74**
				$1,215,902.34	**$2,909.46**	**$1,218,811.80**
# of Claims	**164**					
# Open	**1**	**Recovery Amount:**	**-$5,421.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$30,087.18**	**$2,532.00**	**$32,619.18**
Indemnity				**$285,355.39**	**$0.00**	**$285,355.39**
Medical				**$705,921.53**	**$401,344.90**	**$1,107,266.43**
				$1,021,364.10	**$403,876.90**	**$1,425,241.00**
# of Claims	**130**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$5,506.33**	**$0.00**	**$5,506.33**
Indemnity				**$42,576.98**	**$0.00**	**$42,576.98**
Medical				**$266,206.74**	**$0.00**	**$266,206.74**
				$314,290.05	**$0.00**	**$314,290.05**
# of Claims	**127**					
# Open	**0**	**Recovery Amount:**	**-$786.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$18,431.98**	**$0.00**	**$18,431.98**
Indemnity				**$119,088.12**	**$0.00**	**$119,088.12**
Medical				**$247,953.37**	**$0.00**	**$247,953.37**
				$385,473.47	**$0.00**	**$385,473.47**
# of Claims	**162**					
# Open	**0**	**Recovery Amount:**	**-$1,762.21**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$1,323.20**	**$0.00**	**$1,323.20**
Indemnity				**$39,718.05**	**$0.00**	**$39,718.05**
Medical				**$277,292.44**	**$0.00**	**$277,292.44**
				$318,333.69	**$0.00**	**$318,333.69**
# of Claims	**151**					
# Open	**0**	**Recovery Amount:**	**-$1,221.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$64,003.78**	**$22,881.24**	**$86,885.02**
Indemnity				**$399,682.73**	**$242,085.16**	**$641,767.89**
Medical				**$712,905.96**	**$347,377.68**	**$1,060,283.64**
				$1,176,592.47	**$612,344.08**	**$1,788,936.55**
# of Claims	**139**					
# Open	**3**	**Recovery Amount:**	**-$371.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$22,027.57**	**$14,211.01**	**$36,238.58**
Indemnity				**$120,568.51**	**$85,009.10**	**$205,577.61**
Medical				**$275,130.63**	**$413,939.43**	**$689,070.06**
				$417,726.71	**$513,159.54**	**$930,886.25**
# of Claims	**137**					
# Open	**1**	**Recovery Amount:**	**-$4,759.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$11,094.81**	**$0.00**	**$11,094.81**
Indemnity				**$122,893.14**	**$0.00**	**$122,893.14**
Medical				**$264,572.35**	**$33,440.20**	**$298,012.55**
				$398,560.30	**$33,440.20**	**$432,000.50**
# of Claims	**116**					
# Open	**1**	**Recovery Amount:**	**-$365.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$4,279.89**	**$0.00**	**$4,279.89**
Indemnity				**$36,838.98**	**$0.00**	**$36,838.98**
Medical				**$112,309.37**	**$0.00**	**$112,309.37**
				$153,428.24	**$0.00**	**$153,428.24**
# of Claims	**113**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$1,892.45**	**$1,090.00**	**$2,982.45**
Indemnity				**$17,091.19**	**$3,109.79**	**$20,200.98**
Medical				**$135,522.93**	**$29,522.58**	**$165,045.51**
				$154,506.57	**$33,722.37**	**$188,228.94**
# of Claims	**109**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$832.73**	**$1,104.62**	**$1,937.35**
Indemnity				**$11,111.29**	**$5,265.78**	**$16,377.07**
Medical				**$58,714.91**	**$59,666.71**	**$118,381.62**
				$70,658.93	**$66,037.11**	**$136,696.04**
# of Claims	**89**					
# Open	**18**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$413,551.67**	**$43,070.65**	**$456,622.32**
Indemnity				**$5,603,271.46**	**$335,469.83**	**$5,938,741.29**
Medical				**$10,136,176.72**	**$2,361,781.02**	**$12,497,957.74**
				$16,152,999.85	**$2,740,321.50**	**$18,893,321.35**
# of Claims	**7,969**					
# Open	**35**	**Recovery Amount:**	**-$302,538.61**			

217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,817.09	$0.00	$4,817.09
Indemnity.....	.....			$91,320.27	$0.00	$91,320.27
Medical.....	.....			$178,967.86	$0.00	$178,967.86
				$275,105.22	$0.00	$275,105.22
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$7,246.19	$0.00	$7,246.19
Indemnity.....	.....			$66,172.38	$0.00	$66,172.38
Medical.....	.....			$70,638.84	$0.00	$70,638.84
				$144,057.41	$0.00	$144,057.41
# of Claims	95					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$932.65	$0.00	$932.65
Indemnity.....	.....			$63,813.05	$0.00	$63,813.05
Medical.....	.....			$68,408.70	$0.00	$68,408.70
				$133,154.40	$0.00	$133,154.40
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,470.64	$0.00	$5,470.64
Indemnity.....	.....			$75,665.23	$0.00	$75,665.23
Medical.....	.....			$90,015.80	$0.00	$90,015.80
				$171,151.67	$0.00	$171,151.67
# of Claims	102					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$150.00	$0.00	$150.00
Indemnity.....	.....			$97,529.43	$0.00	$97,529.43
Medical.....	.....			$82,180.57	$0.00	$82,180.57
				$179,860.00	$0.00	$179,860.00
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$25,150.44**	**$0.00**	**$25,150.44**
Indemnity				**$403,543.35**	**$0.00**	**$403,543.35**
Medical				**$250,826.70**	**$0.00**	**$250,826.70**
				$679,520.49	**$0.00**	**$679,520.49**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$2,416.36**	**$0.00**	**$2,416.36**
Indemnity				**$123,942.65**	**$0.00**	**$123,942.65**
Medical				**$151,036.85**	**$0.00**	**$151,036.85**
				$277,395.86	**$0.00**	**$277,395.86**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**-$269.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,206.24**	**$0.00**	**$17,206.24**
Medical				**$69,964.12**	**$0.00**	**$69,964.12**
				$87,170.36	**$0.00**	**$87,170.36**
# of Claims	**156**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$127,830.25**	**$0.00**	**$127,830.25**
Medical				**$86,501.42**	**$0.00**	**$86,501.42**
				$214,331.67	**$0.00**	**$214,331.67**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**-$68.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2.25**	**$0.00**	**$2.25**
Indemnity				**$12,128.65**	**$0.00**	**$12,128.65**
Medical				**$64,549.70**	**$0.00**	**$64,549.70**
				$76,680.60	**$0.00**	**$76,680.60**
# of Claims	**99**					
# Open	**0**	**Recovery Amount:**	**-$2,166.62**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1.00**	**$0.00**	**$1.00**
Indemnity				**$399,507.86**	**$0.00**	**$399,507.86**
Medical				**$351,683.08**	**$0.00**	**$351,683.08**
				$751,191.94	**$0.00**	**$751,191.94**
# of Claims	**135**					
# Open	**0**	**Recovery Amount:**	**-$37,968.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$249.73**	**$0.00**	**$249.73**
Indemnity				**$332,443.30**	**$0.00**	**$332,443.30**
Medical				**$225,019.37**	**$378.00**	**$225,397.37**
				$557,712.40	**$378.00**	**$558,090.40**
# of Claims	**195**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$2,103.00**	**$8.00**	**$2,111.00**
Indemnity				**$111,745.38**	**$0.00**	**$111,745.38**
Medical				**$389,116.97**	**$88,586.37**	**$477,703.34**
				$502,965.35	**$88,594.37**	**$591,559.72**
# of Claims	**231**					
# Open	**1**	**Recovery Amount:**	**-$178.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$4,380.00**	**$0.00**	**$4,380.00**
Indemnity				**$93,698.98**	**$0.00**	**$93,698.98**
Medical				**$318,005.68**	**$0.00**	**$318,005.68**
				$416,084.66	**$0.00**	**$416,084.66**
# of Claims	**177**					
# Open	**0**	**Recovery Amount:**	**-$34,085.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,674.60**	**$0.00**	**$3,674.60**
Medical				**$60,538.80**	**$0.00**	**$60,538.80**
				$64,213.40	**$0.00**	**$64,213.40**
# of Claims	**142**					
# Open	**0**	**Recovery Amount:**	**-$403.29**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$5,636.12**	**$0.00**	**$5,636.12**
Indemnity				**$124,455.94**	**$0.00**	**$124,455.94**
Medical				**$285,434.43**	**$0.00**	**$285,434.43**
				$415,526.49	**$0.00**	**$415,526.49**
# of Claims	**140**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$1,488.00**	**$0.00**	**$1,488.00**
Indemnity				**$62,797.09**	**$0.00**	**$62,797.09**
Medical				**$97,688.02**	**$0.00**	**$97,688.02**
				$161,973.11	**$0.00**	**$161,973.11**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$8,253.28**	**$0.00**	**$8,253.28**
Indemnity				**$162,442.37**	**$0.00**	**$162,442.37**
Medical				**$1,349,417.34**	**$2,723,180.99**	**$4,072,598.33**
				$1,520,112.99	**$2,723,180.99**	**$4,243,293.98**
# of Claims	**116**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$3,022.50**	**$0.00**	**$3,022.50**
Indemnity				**$58,948.53**	**$0.00**	**$58,948.53**
Medical				**$156,863.25**	**$0.00**	**$156,863.25**
				$218,834.28	**$0.00**	**$218,834.28**
# of Claims	**84**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$8,082.74**	**$0.00**	**$8,082.74**
Indemnity				**$93,118.95**	**$0.00**	**$93,118.95**
Medical				**$155,099.66**	**$0.00**	**$155,099.66**
				$256,301.35	**$0.00**	**$256,301.35**
# of Claims	**81**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$722.70**	**$0.00**	**$722.70**
Indemnity				**$14,148.97**	**$0.00**	**$14,148.97**
Medical				**$77,018.78**	**$0.00**	**$77,018.78**
				$91,890.45	**$0.00**	**$91,890.45**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$20,362.98**	**$680.00**	**$21,042.98**
Indemnity				**$104,302.04**	**$0.00**	**$104,302.04**
Medical				**$163,462.22**	**$14,270.91**	**$177,733.13**
				$288,127.24	**$14,950.91**	**$303,078.15**
# of Claims	**86**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$2,614.70**	**$0.00**	**$2,614.70**
Indemnity				**$46,050.46**	**$0.00**	**$46,050.46**
Medical				**$96,738.71**	**$0.00**	**$96,738.71**
				$145,403.87	**$0.00**	**$145,403.87**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$12,735.76**	**$0.00**	**$12,735.76**
Indemnity				**$91,557.32**	**$0.00**	**$91,557.32**
Medical				**$201,017.37**	**$0.00**	**$201,017.37**
				$305,310.45	**$0.00**	**$305,310.45**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$2,665.26**	**$0.00**	**$2,665.26**
Indemnity				**$9,000.55**	**$0.00**	**$9,000.55**
Medical				**$111,494.16**	**$0.00**	**$111,494.16**
				$123,159.97	**$0.00**	**$123,159.97**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**-$10,291.88**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$9,771.18**	**$0.00**	**$9,771.18**
Indemnity				**$124,129.72**	**$0.00**	**$124,129.72**
Medical				**$116,004.71**	**$0.00**	**$116,004.71**
				$249,905.61	**$0.00**	**$249,905.61**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$43.00**	**$0.00**	**$43.00**
Indemnity				**$361.61**	**$0.00**	**$361.61**
Medical				**$21,725.67**	**$0.00**	**$21,725.67**
				$22,130.28	**$0.00**	**$22,130.28**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$15,823.54**	**$0.00**	**$15,823.54**
Indemnity				**$155,976.32**	**$0.00**	**$155,976.32**
Medical				**$208,622.46**	**$0.00**	**$208,622.46**
				$380,422.32	**$0.00**	**$380,422.32**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$71.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$163.04**	**$0.00**	**$163.04**
Indemnity				**$6,742.44**	**$0.00**	**$6,742.44**
Medical				**$107,533.25**	**$0.00**	**$107,533.25**
				$114,438.73	**$0.00**	**$114,438.73**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$2,269.77**	**$0.00**	**$2,269.77**
Indemnity				**$4,374.31**	**$0.00**	**$4,374.31**
Medical				**$45,232.31**	**$0.00**	**$45,232.31**
				$51,876.39	**$0.00**	**$51,876.39**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$7,578.44**	**$0.00**	**$7,578.44**
Indemnity				**$63,875.68**	**$0.00**	**$63,875.68**
Medical				**$58,493.11**	**$0.00**	**$58,493.11**
				$129,947.23	**$0.00**	**$129,947.23**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$374.45**	**$0.00**	**$374.45**
Indemnity				**$11,137.91**	**$0.00**	**$11,137.91**
Medical				**$61,789.36**	**$0.00**	**$61,789.36**
				$73,301.72	**$0.00**	**$73,301.72**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$637.48**	**$0.00**	**$637.48**
Indemnity				**$2,591.99**	**$0.00**	**$2,591.99**
Medical				**$18,967.03**	**$0.00**	**$18,967.03**
				$22,196.50	**$0.00**	**$22,196.50**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**-$7,178.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$954.41**	**$0.00**	**$954.41**
Indemnity				**$10,632.81**	**$0.00**	**$10,632.81**
Medical				**$40,938.49**	**$0.00**	**$40,938.49**
				$52,525.71	**$0.00**	**$52,525.71**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$326.45**	**$0.00**	**$326.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22,573.43**	**$0.00**	**$22,573.43**
				$22,899.88	**$0.00**	**$22,899.88**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$526.86**	**$0.00**	**$526.86**
Indemnity				**$8,187.18**	**$0.00**	**$8,187.18**
Medical				**$65,802.60**	**$0.00**	**$65,802.60**
				$74,516.64	**$0.00**	**$74,516.64**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$410.70**	**$3,588.82**	**$3,999.52**
Indemnity				**$12,867.43**	**$18,122.23**	**$30,989.66**
Medical				**$43,173.46**	**$20,319.68**	**$63,493.14**
				$56,451.59	**$42,030.73**	**$98,482.32**
# of Claims	**45**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$157,382.71**	**$4,276.82**	**$161,659.53**
Indemnity				**$3,187,921.24**	**$18,122.23**	**$3,206,043.47**
Medical				**$5,962,544.28**	**$2,846,735.95**	**$8,809,280.23**
				$9,307,848.23	**$2,869,135.00**	**$12,176,983.23**
# of Claims	**3,504**					
# Open	**7**	**Recovery Amount:**	**-$92,681.82**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

218 - VA School for the Deaf & Blind 218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.68	$0.00	$96.68
Medical.....	.....			$8,689.83	$0.00	$8,689.83
				$8,786.51	$0.00	$8,786.51
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,570.28	$0.00	$1,570.28
Indemnity.....	.....			$147,167.87	$0.00	$147,167.87
Medical.....	.....			$72,602.80	$0.00	$72,602.80
				$221,340.95	$0.00	$221,340.95
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$372.60	$0.00	$372.60
Indemnity.....	.....			$154.74	$0.00	$154.74
Medical.....	.....			$28,048.76	$0.00	$28,048.76
				$28,576.10	$0.00	$28,576.10
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$193.60	$0.00	$193.60
Medical.....	.....			$7,889.30	$0.00	$7,889.30
				$8,082.90	$0.00	$8,082.90
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,903.69	$0.00	$1,903.69
Medical.....	.....			$7,875.98	$0.00	$7,875.98
				$9,779.67	$0.00	$9,779.67
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,495.65**	**$0.00**	**$1,495.65**
Medical				**$7,250.55**	**$0.00**	**$7,250.55**
				$8,746.20	**$0.00**	**$8,746.20**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$39.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$350.41**	**$0.00**	**$350.41**
Medical				**$4,580.84**	**$0.00**	**$4,580.84**
				$4,931.25	**$0.00**	**$4,931.25**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$10,960.28**	**$5,697.72**	**$16,658.00**
Indemnity				**$172,926.77**	**$0.00**	**$172,926.77**
Medical				**$349,607.33**	**$235,923.61**	**$585,530.94**
				$533,494.38	**$241,621.33**	**$775,115.71**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**-$87.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$260.00**	**$0.00**	**$260.00**
Medical				**$4,952.19**	**$0.00**	**$4,952.19**
				$5,212.19	**$0.00**	**$5,212.19**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$27,070.48**	**$0.00**	**$27,070.48**
Medical				**$39,366.97**	**$0.00**	**$39,366.97**
				$66,437.45	**$0.00**	**$66,437.45**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$209.20**	**$0.00**	**$209.20**
Medical				**$6,723.28**	**$0.00**	**$6,723.28**
				$6,932.48	**$0.00**	**$6,932.48**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$148.08**	**$0.00**	**$148.08**
Medical				**$3,086.40**	**$0.00**	**$3,086.40**
				$3,234.48	**$0.00**	**$3,234.48**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,033.82**	**$0.00**	**$1,033.82**
Medical				**$4,423.14**	**$0.00**	**$4,423.14**
				$5,456.96	**$0.00**	**$5,456.96**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$63.29**	**$0.00**	**$63.29**
Indemnity				**$742.19**	**$0.00**	**$742.19**
Medical				**$23,334.09**	**$0.00**	**$23,334.09**
				$24,139.57	**$0.00**	**$24,139.57**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,436.63**	**$0.00**	**$3,436.63**
				$3,436.63	**$0.00**	**$3,436.63**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$268.16**	**$0.00**	**$268.16**
Indemnity				**$6,731.05**	**$0.00**	**$6,731.05**
Medical				**$12,151.11**	**$0.00**	**$12,151.11**
				$19,150.32	**$0.00**	**$19,150.32**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$140.89**	**$0.00**	**$140.89**
Indemnity				**$30,469.89**	**$0.00**	**$30,469.89**
Medical				**$66,538.37**	**$0.00**	**$66,538.37**
				$97,149.15	**$0.00**	**$97,149.15**
# of Claims	**93**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$247.66**	**$0.00**	**$247.66**
Indemnity				**$8,921.61**	**$0.00**	**$8,921.61**
Medical				**$73,629.13**	**$0.00**	**$73,629.13**
				$82,798.40	**$0.00**	**$82,798.40**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$6,919.40**	**$0.00**	**$6,919.40**
Medical				**$12,531.77**	**$0.00**	**$12,531.77**
				$19,467.17	**$0.00**	**$19,467.17**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$12.65**	**$0.00**	**$12.65**
Indemnity				**$599.30**	**$0.00**	**$599.30**
Medical				**$4,686.59**	**$0.00**	**$4,686.59**
				$5,298.54	**$0.00**	**$5,298.54**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,284.49**	**$0.00**	**$1,284.49**
Medical				**$8,216.36**	**$0.00**	**$8,216.36**
				$9,500.85	**$0.00**	**$9,500.85**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,762.36**	**$0.00**	**$1,762.36**
				$1,762.36	**$0.00**	**$1,762.36**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,641.33**	**$0.00**	**$7,641.33**
				$7,641.33	**$0.00**	**$7,641.33**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$2,950.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$11,364.63**	**$0.00**	**$11,364.63**
Medical				**$61,137.50**	**$0.00**	**$61,137.50**
				$72,526.13	**$0.00**	**$72,526.13**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,433.02**	**$0.00**	**$1,433.02**
				$1,441.02	**$0.00**	**$1,441.02**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$37.13**	**$0.00**	**$37.13**
Indemnity				**$7,902.69**	**$0.00**	**$7,902.69**
Medical				**$49,747.69**	**$0.00**	**$49,747.69**
				$57,687.51	**$0.00**	**$57,687.51**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$52.00**	**$0.00**	**$52.00**
Indemnity				**$1,631.92**	**$0.00**	**$1,631.92**
Medical				**$50,464.40**	**$0.00**	**$50,464.40**
				$52,148.32	**$0.00**	**$52,148.32**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$87.10**	**$0.00**	**$87.10**
Indemnity				**$508.72**	**$0.00**	**$508.72**
Medical				**$7,481.34**	**$0.00**	**$7,481.34**
				$8,077.16	**$0.00**	**$8,077.16**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$717.24**	**$0.00**	**$717.24**
Medical				**$4,467.81**	**$0.00**	**$4,467.81**
				$5,193.05	**$0.00**	**$5,193.05**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$1,679.60**	**$0.00**	**$1,679.60**
Medical				**$3,212.79**	**$0.00**	**$3,212.79**
				$4,908.39	**$0.00**	**$4,908.39**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$26.82**	**$371.18**	**$398.00**
Indemnity				**$7,526.00**	**$15,085.74**	**$22,611.74**
Medical				**$39,838.58**	**$23,349.72**	**$63,188.30**
				$47,391.40	**$38,806.64**	**$86,198.04**
# of Claims	**10**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$13,910.86**	**$6,068.90**	**$19,979.76**
Indemnity				**$440,009.72**	**$15,085.74**	**$455,095.46**
Medical				**$976,808.24**	**$259,273.33**	**$1,236,081.57**
				$1,430,728.82	**$280,427.97**	**$1,711,156.79**
# of Claims	**998**					
# Open	**4**	**Recovery Amount:**	**-$3,076.96**			

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.00	$0.00	$245.00
				$245.00	$0.00	$245.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,579.84	$0.00	$4,579.84
Medical.....	.....			$14,512.84	$0.00	$14,512.84
				$19,092.68	$0.00	$19,092.68
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$49,188.26	$0.00	$49,188.26
Medical.....	.....			$209,774.71	$0.00	$209,774.71
				$258,970.97	$0.00	$258,970.97
# of Claims	48					
# Open	0	Recovery Amount:	-$376.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,142.04	$0.00	$25,142.04
Medical.....	.....			$17,604.07	$0.00	$17,604.07
				$42,746.11	$0.00	$42,746.11
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,025.72**	**$0.00**	**$2,025.72**
Medical				**$10,315.09**	**$0.00**	**$10,315.09**
				$12,340.81	**$0.00**	**$12,340.81**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$154.07**	**$0.00**	**$154.07**
Indemnity				**$4,352.00**	**$0.00**	**$4,352.00**
Medical				**$256,499.46**	**$0.00**	**$256,499.46**
				$261,005.53	**$0.00**	**$261,005.53**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2,075.96**	**$0.00**	**$2,075.96**
Indemnity				**$137,779.38**	**$0.00**	**$137,779.38**
Medical				**$215,623.59**	**$0.00**	**$215,623.59**
				$355,478.93	**$0.00**	**$355,478.93**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$3,282.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$30,107.03**	**$0.00**	**$30,107.03**
Medical				**$38,425.10**	**$0.00**	**$38,425.10**
				$68,540.13	**$0.00**	**$68,540.13**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**-$216.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,554.79**	**$0.00**	**$2,554.79**
				$2,554.79	**$0.00**	**$2,554.79**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,831.50**	**$0.00**	**$2,831.50**
				$2,831.50	**$0.00**	**$2,831.50**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$1,560.00**	**$0.00**	**$1,560.00**
Indemnity				**$95,305.56**	**$0.00**	**$95,305.56**
Medical				**$12,425.25**	**$0.00**	**$12,425.25**
				$109,290.81	**$0.00**	**$109,290.81**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**-$2,116.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,934.84**	**$0.00**	**$5,934.84**
Medical				**$30,465.13**	**$0.00**	**$30,465.13**
				$36,399.97	**$0.00**	**$36,399.97**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,735.36**	**$0.00**	**$1,735.36**
Medical				**$10,619.39**	**$0.00**	**$10,619.39**
				$12,354.75	**$0.00**	**$12,354.75**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$79.96**	**$0.00**	**$79.96**
Medical				**$3,481.82**	**$0.00**	**$3,481.82**
				$3,561.78	**$0.00**	**$3,561.78**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$2,527.20**	**$0.00**	**$2,527.20**
Indemnity				**$101,414.25**	**$0.00**	**$101,414.25**
Medical				**$44,327.64**	**$0.00**	**$44,327.64**
				$148,269.09	**$0.00**	**$148,269.09**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,026.80**	**$0.00**	**$7,026.80**
				$7,026.80	**$0.00**	**$7,026.80**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,837.60**	**$0.00**	**$3,837.60**
				$3,837.60	**$0.00**	**$3,837.60**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$578.09**	**$0.00**	**$578.09**
				$578.09	**$0.00**	**$578.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,333.23**	**$0.00**	**$6,333.23**
Indemnity				**$457,644.24**	**$0.00**	**$457,644.24**
Medical				**$881,202.87**	**$0.00**	**$881,202.87**
				$1,345,180.34	**$0.00**	**$1,345,180.34**
# of Claims	**703**					
# Open	**0**	**Recovery Amount:**	**-$5,992.18**			

221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$40,972.29	$0.00	$40,972.29
Indemnity.....	.....			$387,866.18	$0.00	$387,866.18
Medical.....	.....			$817,779.46	$0.00	$817,779.46
				$1,246,617.93	$0.00	$1,246,617.93
# of Claims	184					
# Open	0	Recovery Amount:	-$52,261.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$33,677.74	$0.00	$33,677.74
Indemnity.....	.....			$334,562.01	$0.00	$334,562.01
Medical.....	.....			$315,314.33	$0.00	$315,314.33
				$683,554.08	$0.00	$683,554.08
# of Claims	219					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$14,003.92	$0.00	$14,003.92
Indemnity.....	.....			$189,776.20	$0.00	$189,776.20
Medical.....	.....			$434,852.22	$0.00	$434,852.22
				$638,632.34	$0.00	$638,632.34
# of Claims	206					
# Open	0	Recovery Amount:	-$5,219.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$7,498.74	$500.00	$7,998.74
Indemnity.....	.....			$221,471.18	$0.00	$221,471.18
Medical.....	.....			$877,734.77	$220,477.49	$1,098,212.26
				$1,106,704.69	$220,977.49	$1,327,682.18
# of Claims	186					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$981.25	$0.00	$981.25
Indemnity.....	.....			$61,936.68	$0.00	$61,936.68
Medical.....	.....			$96,644.44	$0.00	$96,644.44
				$159,562.37	$0.00	$159,562.37
# of Claims	146					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$14,119.82**	**$0.00**	**$14,119.82**
Medical				**$214,400.81**	**$0.00**	**$214,400.81**
				$228,870.63	**$0.00**	**$228,870.63**
# of Claims	**121**					
# Open	**0**	**Recovery Amount:**	**-$535.97**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$2,184.32**	**$0.00**	**$2,184.32**
Indemnity				**$259,509.39**	**$0.00**	**$259,509.39**
Medical				**$201,515.14**	**$0.00**	**$201,515.14**
				$463,208.85	**$0.00**	**$463,208.85**
# of Claims	**139**					
# Open	**0**	**Recovery Amount:**	**-$82.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$1,309.90**	**$0.00**	**$1,309.90**
Indemnity				**$219,400.67**	**$0.00**	**$219,400.67**
Medical				**$180,505.38**	**$0.00**	**$180,505.38**
				$401,215.95	**$0.00**	**$401,215.95**
# of Claims	**153**					
# Open	**0**	**Recovery Amount:**	**-$303.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$3,237.15**	**$0.00**	**$3,237.15**
Indemnity				**$592,147.15**	**$0.00**	**$592,147.15**
Medical				**$563,853.20**	**$0.00**	**$563,853.20**
				$1,159,237.50	**$0.00**	**$1,159,237.50**
# of Claims	**149**					
# Open	**0**	**Recovery Amount:**	**-$4,671.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2,340.00**	**$0.00**	**$2,340.00**
Indemnity				**$177,351.55**	**$0.00**	**$177,351.55**
Medical				**$1,253,731.34**	**$65,479.00**	**$1,319,210.34**
				$1,433,422.89	**$65,479.00**	**$1,498,901.89**
# of Claims	**141**					
# Open	**1**	**Recovery Amount:**	**-$156.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$9.00**	**$0.00**	**$9.00**
Indemnity				**$10,062.23**	**$0.00**	**$10,062.23**
Medical				**$65,423.49**	**$0.00**	**$65,423.49**
				$75,494.72	**$0.00**	**$75,494.72**
# of Claims	**99**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$78.84**	**$0.00**	**$78.84**
Indemnity				**$37,554.57**	**$0.00**	**$37,554.57**
Medical				**$286,772.76**	**$0.00**	**$286,772.76**
				$324,406.17	**$0.00**	**$324,406.17**
# of Claims	**117**					
# Open	**0**	**Recovery Amount:**	**-$32,136.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$5,660.00**	**$0.00**	**$5,660.00**
Indemnity				**$89,248.64**	**$0.00**	**$89,248.64**
Medical				**$143,969.16**	**$0.00**	**$143,969.16**
				$238,877.80	**$0.00**	**$238,877.80**
# of Claims	**91**					
# Open	**0**	**Recovery Amount:**	**-$1,151.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$390.97**	**$0.00**	**$390.97**
Indemnity				**$74,592.09**	**$0.00**	**$74,592.09**
Medical				**$109,946.75**	**$0.00**	**$109,946.75**
				$184,929.81	**$0.00**	**$184,929.81**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**-$1,462.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,998.13**	**$0.00**	**$4,998.13**
Medical				**$85,032.73**	**$0.00**	**$85,032.73**
				$90,030.86	**$0.00**	**$90,030.86**
# of Claims	**80**					
# Open	**0**	**Recovery Amount:**	**-$60.45**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$4,811.00**	**$0.00**	**$4,811.00**
Indemnity				**$131,956.50**	**$0.00**	**$131,956.50**
Medical				**$166,741.54**	**$0.00**	**$166,741.54**
				$303,509.04	**$0.00**	**$303,509.04**
# of Claims	**109**					
# Open	**1**	**Recovery Amount:**	**-$13,018.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$24,943.72**	**$0.00**	**$24,943.72**
Medical				**$189,202.15**	**$122,661.77**	**$311,863.92**
				$214,161.87	**$122,661.77**	**$336,823.64**
# of Claims	**68**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,065.81**	**$0.00**	**$14,065.81**
Medical				**$119,898.11**	**$0.00**	**$119,898.11**
				$133,963.92	**$0.00**	**$133,963.92**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$3,339.50**	**$0.00**	**$3,339.50**
Indemnity				**$107,361.71**	**$0.00**	**$107,361.71**
Medical				**$113,486.60**	**$0.00**	**$113,486.60**
				$224,187.81	**$0.00**	**$224,187.81**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**-$2,970.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,675.66**	**$0.00**	**$17,675.66**
Medical				**$66,752.44**	**$0.00**	**$66,752.44**
				$84,428.10	**$0.00**	**$84,428.10**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$16,495.47**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,350.01**	**$0.00**	**$16,350.01**
Medical				**$79,826.66**	**$0.00**	**$79,826.66**
				$96,176.67	**$0.00**	**$96,176.67**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$40,599.27**	**$0.00**	**$40,599.27**
Indemnity				**$479,088.41**	**$0.00**	**$479,088.41**
Medical				**$235,941.32**	**$12,059.31**	**$248,000.63**
				$755,629.00	**$12,059.31**	**$767,688.31**
# of Claims	**60**					
# Open	**1**	**Recovery Amount:**	**-$2,216.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$1,835.53**	**$0.00**	**$1,835.53**
Indemnity				**$26,086.45**	**$0.00**	**$26,086.45**
Medical				**$163,341.22**	**$0.00**	**$163,341.22**
				$191,263.20	**$0.00**	**$191,263.20**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**-$12,347.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$96.00**	**$0.00**	**$96.00**
Indemnity				**$3,030.20**	**$0.00**	**$3,030.20**
Medical				**$63,394.52**	**$0.00**	**$63,394.52**
				$66,520.72	**$0.00**	**$66,520.72**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**-$431.36**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$14,894.63**	**$0.00**	**$14,894.63**
Indemnity				**$29,270.06**	**$0.00**	**$29,270.06**
Medical				**$222,241.59**	**$0.00**	**$222,241.59**
				$266,406.28	**$0.00**	**$266,406.28**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**-$25,088.40**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$30,040.54**	**$0.00**	**$30,040.54**
Indemnity				**$156,088.04**	**$0.00**	**$156,088.04**
Medical				**$261,017.23**	**$0.00**	**$261,017.23**
				$447,145.81	**$0.00**	**$447,145.81**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$10,466.61**	**$0.00**	**$10,466.61**
Indemnity				**$327,741.42**	**$0.00**	**$327,741.42**
Medical				**$171,951.16**	**$0.00**	**$171,951.16**
				$510,159.19	**$0.00**	**$510,159.19**
# of Claims	**102**					
# Open	**1**	**Recovery Amount:**	**-$154.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$349.37**	**$0.00**	**$349.37**
Indemnity				**$8,891.73**	**$0.00**	**$8,891.73**
Medical				**$105,815.44**	**$0.00**	**$105,815.44**
				$115,056.54	**$0.00**	**$115,056.54**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$18,669.22**	**$0.00**	**$18,669.22**
Indemnity				**$383,039.23**	**$0.00**	**$383,039.23**
Medical				**$243,487.47**	**$0.00**	**$243,487.47**
				$645,195.92	**$0.00**	**$645,195.92**
# of Claims	**77**					
# Open	**1**	**Recovery Amount:**	**-$21.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$4,271.22**	**$0.00**	**$4,271.22**
Indemnity				**$14,000.39**	**$0.00**	**$14,000.39**
Medical				**$110,151.98**	**$0.00**	**$110,151.98**
				$128,423.59	**$0.00**	**$128,423.59**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**-$1,400.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$441.41**	**$2,040.00**	**$2,481.41**
Indemnity				**$26,310.75**	**$0.00**	**$26,310.75**
Medical				**$204,259.37**	**$246,628.99**	**$450,888.36**
				$231,011.53	**$248,668.99**	**$479,680.52**
# of Claims	**57**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$151.03**	**$0.00**	**$151.03**
Indemnity				**$38,504.79**	**$0.00**	**$38,504.79**
Medical				**$81,965.73**	**$0.00**	**$81,965.73**
				$120,621.55	**$0.00**	**$120,621.55**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$542.19**	**$0.00**	**$542.19**
Indemnity				**$10,245.90**	**$0.00**	**$10,245.90**
Medical				**$54,447.17**	**$0.00**	**$54,447.17**
				$65,235.26	**$0.00**	**$65,235.26**
# of Claims	**39**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$4,357.43**	**$5,807.23**	**$10,164.66**
Indemnity				**$18,759.01**	**$0.00**	**$18,759.01**
Medical				**$35,601.75**	**$204,880.82**	**$240,482.57**
				$58,718.19	**$210,688.05**	**$269,406.24**
# of Claims	**35**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$326.55**	**$0.00**	**$326.55**
Indemnity				**$2,873.51**	**$0.00**	**$2,873.51**
Medical				**$55,282.11**	**$0.00**	**$55,282.11**
				$58,482.17	**$0.00**	**$58,482.17**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$4,227.82**	**$340.30**	**$4,568.12**
Indemnity				**$8,801.34**	**$5,454.14**	**$14,255.48**
Medical				**$15,009.29**	**$90,938.12**	**$105,947.41**
				$28,038.45	**$96,732.56**	**$124,771.01**
# of Claims	**26**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$269.10**	**$150.00**	**$419.10**
Indemnity				**$213.01**	**$0.00**	**$213.01**
Medical				**$10,213.79**	**$12,438.71**	**$22,652.50**
				$10,695.90	**$12,588.71**	**$23,284.61**
# of Claims	**29**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$252,398.54**	**$8,837.53**	**$261,236.07**
Indemnity				**$4,519,894.14**	**$5,454.14**	**$4,525,348.28**
Medical				**$8,417,504.62**	**$975,564.21**	**$9,393,068.83**
				$13,189,797.30	**$989,855.88**	**$14,179,653.18**
# of Claims	**3,533**					
# Open	**18**	**Recovery Amount:**	**-$172,185.35**			

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,551.07	$0.00	$9,551.07
Medical.....	.....			$1,029.11	$0.00	$1,029.11
				$10,580.18	$0.00	$10,580.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.00	$0.00	$25.00
				$25.00	$0.00	$25.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.72	$0.00	$207.72
				$207.72	$0.00	$207.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$580.97	$0.00	$580.97
Medical.....	.....			$1,319.34	$0.00	$1,319.34
				$1,900.31	$0.00	$1,900.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$119.90**	**$0.00**	**$119.90**
				$119.90	**$0.00**	**$119.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$19.00**	**$0.00**	**$19.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$94.00	**$0.00**	**$94.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,517.28**	**$0.00**	**$3,517.28**
				$3,517.28	**$0.00**	**$3,517.28**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$242.78**	**$0.00**	**$242.78**
				$242.78	**$0.00**	**$242.78**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,974.14**	**$0.00**	**$14,974.14**
Medical				**$28,041.05**	**$0.00**	**$28,041.05**
				$43,015.19	**$0.00**	**$43,015.19**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$89.00**	**$0.00**	**$89.00**
				$89.00	**$0.00**	**$89.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$7.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.40**	**$0.00**	**$95.40**
				$95.40	**$0.00**	**$95.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,932.87**	**$0.00**	**$6,932.87**
				$6,932.87	**$0.00**	**$6,932.87**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$154.18**	**$0.00**	**$154.18**
				$154.18	**$0.00**	**$154.18**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$1,163.00**	**$0.00**	**$1,163.00**
Indemnity				**$3,560.95**	**$0.00**	**$3,560.95**
Medical				**$73,128.50**	**$0.00**	**$73,128.50**
				$77,852.45	**$0.00**	**$77,852.45**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$2,011.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$259.68**	**$0.00**	**$259.68**
				$259.68	**$0.00**	**$259.68**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$381.37**	**$0.00**	**$381.37**
				$381.37	**$0.00**	**$381.37**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,385.50**	**$0.00**	**$1,385.50**
				$1,385.50	**$0.00**	**$1,385.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$427.85**	**$0.00**	**$427.85**
				$427.85	**$0.00**	**$427.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$694.92**	**$0.00**	**$694.92**
				$694.92	**$0.00**	**$694.92**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$45.13**	**$0.00**	**$45.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.13	**$0.00**	**$45.13**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$68.10**	**$0.00**	**$68.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$68.10	**$0.00**	**$68.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$155.53**	**$1,200.00**	**$1,355.53**
				$155.53	**$1,250.00**	**$1,405.53**
# of Claims	**2**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,303.23**	**$50.00**	**$1,353.23**
Indemnity				**$28,667.13**	**$0.00**	**$28,667.13**
Medical				**$118,281.98**	**$1,200.00**	**$119,481.98**
				$148,252.34	**$1,250.00**	**$149,502.34**
# of Claims	**121**					
# Open	**2**	**Recovery Amount:**	**-$2,018.67**			

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,424.36	$0.00	$15,424.36
Medical.....	.....			$7,477.67	$0.00	$7,477.67
				$22,902.03	$0.00	$22,902.03
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.00	$0.00	$157.00
				$157.00	$0.00	$157.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.25	$0.00	$228.25
				$228.25	$0.00	$228.25
# of Claims	3					
# Open	0	Recovery Amount:	-$228.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,157.85	$0.00	$1,157.85
				$1,157.85	$0.00	$1,157.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.00	$0.00	$102.00
				$102.00	$0.00	$102.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,207.85**	**$0.00**	**$2,207.85**
				$2,207.85	**$0.00**	**$2,207.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$502.22**	**$0.00**	**$502.22**
				$502.22	**$0.00**	**$502.22**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,690.22**	**$0.00**	**$11,690.22**
Medical				**$17,458.53**	**$0.00**	**$17,458.53**
				$29,148.75	**$0.00**	**$29,148.75**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,996.99**	**$0.00**	**$4,996.99**
Medical				**$12,486.08**	**$0.00**	**$12,486.08**
				$17,483.07	**$0.00**	**$17,483.07**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$10,996.21**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$501.93**	**$0.00**	**$501.93**
				$501.93	**$0.00**	**$501.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,671.55**	**$0.00**	**$1,671.55**
Medical				**$8,027.79**	**$0.00**	**$8,027.79**
				$9,699.34	**$0.00**	**$9,699.34**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$4,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$50.00**	**$0.00**	**$50.00**
				$50.00	**$0.00**	**$50.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$905.68**	**$0.00**	**$905.68**
Medical				**$3,859.49**	**$0.00**	**$3,859.49**
				$4,765.17	**$0.00**	**$4,765.17**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,022.31**	**$0.00**	**$3,022.31**
				$3,022.31	**$0.00**	**$3,022.31**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$62.86**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,792.99**	**$0.00**	**$24,792.99**
				$24,792.99	**$0.00**	**$24,792.99**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$26,660.45**	**$0.00**	**$26,660.45**
Medical				**$10,957.75**	**$0.00**	**$10,957.75**
				$37,618.20	**$0.00**	**$37,618.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$522.20**	**$0.00**	**$522.20**
				$522.20	**$0.00**	**$522.20**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,286.44**	**$0.00**	**$4,286.44**
				$4,286.44	**$0.00**	**$4,286.44**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.75**	**$0.00**	**$255.75**
				$255.75	**$0.00**	**$255.75**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,234.23**	**$0.00**	**$1,234.23**
				$1,234.23	**$0.00**	**$1,234.23**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$47.02**	**$0.00**	**$47.02**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$292.00**	**$0.00**	**$292.00**
				$339.02	**$0.00**	**$339.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$159.02**	**$0.00**	**$159.02**
				$159.02	**$0.00**	**$159.02**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$496.92**	**$0.00**	**$496.92**
				$496.92	**$0.00**	**$496.92**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$30.00**	**$0.00**	**$30.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,506.94**	**$0.00**	**$1,506.94**
				$1,536.94	**$0.00**	**$1,536.94**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$244.90**	**$0.00**	**$244.90**
				$244.90	**$0.00**	**$244.90**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$842.49**	**$0.00**	**$842.49**
				$842.49	**$0.00**	**$842.49**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$69.08**	**$0.00**	**$69.08**
				$77.08	**$0.00**	**$77.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.24**	**$0.00**	**$135.24**
				$135.24	**$0.00**	**$135.24**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$124.00**	**$0.00**	**$124.00**
Indemnity				**$9,138.95**	**$0.00**	**$9,138.95**
Medical				**$39,374.18**	**$0.00**	**$39,374.18**
				$48,637.13	**$0.00**	**$48,637.13**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$70.62**	**$0.00**	**$70.62**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,221.63**	**$0.00**	**$9,221.63**
				$9,292.25	**$0.00**	**$9,292.25**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$2,257.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.18**	**$0.00**	**$110.18**
				$110.18	**$0.00**	**$110.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$10.81**	**$0.00**	**$10.81**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$10.81	**$0.00**	**$10.81**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$290.45**	**$0.00**	**$290.45**
Indemnity				**$70,488.20**	**$0.00**	**$70,488.20**
Medical				**$151,740.91**	**$0.00**	**$151,740.91**
				$222,519.56	**$0.00**	**$222,519.56**
# of Claims	**197**					
# Open	**0**	**Recovery Amount:**	**-$17,545.23**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

226 - Board of Accountancy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

229 - VPI Coop. Ext. and Ag. Exp. Stn.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.18	$0.00	$685.18
				$685.18	$0.00	$685.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$6,537.86	$0.00	$6,537.86
Indemnity.....	.....			$262,238.48	$102,277.28	$364,515.76
Medical.....	.....			$8,252.44	$0.00	$8,252.44
				$277,028.78	$102,277.28	$379,306.06
# of Claims	20					
# Open	1	Recovery Amount:	-$1,833.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$175.16	$0.00	$175.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,538.14	$0.00	$4,538.14
				$4,713.30	$0.00	$4,713.30
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,562.30	$0.00	$3,562.30
Indemnity.....	.....			$26,573.22	$0.00	$26,573.22
Medical.....	.....			$44,094.61	$31,738.46	$75,833.07
				$74,230.13	$31,738.46	$105,968.59
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$23.85	$0.00	$23.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.40	$0.00	$130.40
				$154.25	$0.00	$154.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$362.44**	**$0.00**	**$362.44**
				$362.44	**$0.00**	**$362.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$123.68**	**$315.04**	**$438.72**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,149.52**	**$4,700.00**	**$6,849.52**
				$2,273.20	**$5,015.04**	**$7,288.24**
# of Claims	**9**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$10,422.85**	**$315.04**	**$10,737.89**
Indemnity				**$288,811.70**	**$102,277.28**	**$391,088.98**
Medical				**$60,212.73**	**$36,438.46**	**$96,651.19**
				$359,447.28	**$139,030.78**	**$498,478.06**
# of Claims	**56**					
# Open	**4**	**Recovery Amount:**	**-$1,833.75**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

230 - RESEARCH & CONTINUING ED DIV.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.00**	**$0.00**	**$47.00**
				$47.00	**$0.00**	**$47.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.00**	**$0.00**	**$47.00**
				$47.00	**$0.00**	**$47.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

234 - VSU Coop. Ext. & Ag. Research Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$873.46	$0.00	$873.46
				$881.46	$0.00	$881.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$49.90	$0.00	$49.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$771.05	$0.00	$771.05
				$820.95	$0.00	$820.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$475.45	$0.00	$475.45
				$483.45	$0.00	$483.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$30.95	$0.00	$30.95
Indemnity.....	.....			$335.25	$0.00	$335.25
Medical.....	.....			$1,312.15	$0.00	$1,312.15
				$1,678.35	$0.00	$1,678.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.00	$0.00	$165.00
				$205.00	$0.00	$205.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$68.60**	**$0.00**	**$68.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$244.00**	**$0.00**	**$244.00**
				$312.60	**$0.00**	**$312.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$205.45**	**$0.00**	**$205.45**
Indemnity				**$335.25**	**$0.00**	**$335.25**
Medical				**$3,841.11**	**$0.00**	**$3,841.11**
				$4,381.81	**$0.00**	**$4,381.81**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$1,660.76	$0.00	$1,660.76
Indemnity.....	.....			$137,294.68	$0.00	$137,294.68
Medical.....	.....			$91,864.65	$0.00	$91,864.65
				$230,820.09	$0.00	$230,820.09
# of Claims	343					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$4,533.58	$0.00	$4,533.58
Indemnity.....	.....			$271,715.50	$0.00	$271,715.50
Medical.....	.....			$343,583.82	$0.00	$343,583.82
				$619,832.90	$0.00	$619,832.90
# of Claims	355					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$445.20	$0.00	$445.20
Indemnity.....	.....			$44,414.31	$0.00	$44,414.31
Medical.....	.....			$109,304.63	$0.00	$109,304.63
				$154,164.14	$0.00	$154,164.14
# of Claims	325					
# Open	0	Recovery Amount:	-$2,149.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,132.50	$0.00	$5,132.50
Indemnity.....	.....			$90,261.07	$0.00	$90,261.07
Medical.....	.....			$327,710.14	$0.00	$327,710.14
				$423,103.71	$0.00	$423,103.71
# of Claims	384					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$96,382.66	$155.40	$96,538.06
Indemnity.....	.....			$457,963.51	$553.52	$458,517.03
Medical.....	.....			$787,876.56	$0.00	$787,876.56
				$1,342,222.73	$708.92	$1,342,931.65
# of Claims	334					
# Open	1	Recovery Amount:	-$51,200.06			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$7,688.58**	**$0.00**	**$7,688.58**
Indemnity				**$303,362.92**	**$0.00**	**$303,362.92**
Medical				**$260,284.94**	**$0.00**	**$260,284.94**
				$571,336.44	**$0.00**	**$571,336.44**
# of Claims	**370**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$32,461.62**	**$0.00**	**$32,461.62**
Medical				**$65,898.01**	**$0.00**	**$65,898.01**
				$98,359.63	**$0.00**	**$98,359.63**
# of Claims	**319**					
# Open	**0**	**Recovery Amount:**	**-$1,372.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$17.77**	**$0.00**	**$17.77**
Indemnity				**$54,358.01**	**$0.00**	**$54,358.01**
Medical				**$185,329.30**	**$0.00**	**$185,329.30**
				$239,705.08	**$0.00**	**$239,705.08**
# of Claims	**395**					
# Open	**0**	**Recovery Amount:**	**-$6,921.21**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,353.66**	**$0.00**	**$1,353.66**
Indemnity				**$323,326.61**	**$0.00**	**$323,326.61**
Medical				**$284,713.14**	**$0.00**	**$284,713.14**
				$609,393.41	**$0.00**	**$609,393.41**
# of Claims	**322**					
# Open	**0**	**Recovery Amount:**	**-$574.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$511.75**	**$0.00**	**$511.75**
Indemnity				**$111,427.39**	**$0.00**	**$111,427.39**
Medical				**$314,876.89**	**$0.00**	**$314,876.89**
				$426,816.03	**$0.00**	**$426,816.03**
# of Claims	**271**					
# Open	**0**	**Recovery Amount:**	**-$19,063.46**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,668.39**	**$0.00**	**$1,668.39**
Indemnity				**$204,936.14**	**$0.00**	**$204,936.14**
Medical				**$580,237.04**	**$0.00**	**$580,237.04**
				$786,841.57	**$0.00**	**$786,841.57**
# of Claims	**301**					
# Open	**0**	**Recovery Amount:**	**-$623.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$1,257.96**	**$0.00**	**$1,257.96**
Indemnity				**$56,502.24**	**$0.00**	**$56,502.24**
Medical				**$115,192.40**	**$0.00**	**$115,192.40**
				$172,952.60	**$0.00**	**$172,952.60**
# of Claims	**311**					
# Open	**0**	**Recovery Amount:**	**-$9,459.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,630.96**	**$0.00**	**$1,630.96**
Indemnity				**$185,305.90**	**$0.00**	**$185,305.90**
Medical				**$238,246.21**	**$0.00**	**$238,246.21**
				$425,183.07	**$0.00**	**$425,183.07**
# of Claims	**276**					
# Open	**0**	**Recovery Amount:**	**-$45,698.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$1,086.00**	**$0.00**	**$1,086.00**
Indemnity				**$106,606.43**	**$0.00**	**$106,606.43**
Medical				**$108,514.38**	**$0.00**	**$108,514.38**
				$216,206.81	**$0.00**	**$216,206.81**
# of Claims	**269**					
# Open	**0**	**Recovery Amount:**	**-$6,847.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28,641.74**	**$0.00**	**$28,641.74**
Medical				**$88,853.71**	**$0.00**	**$88,853.71**
				$117,495.45	**$0.00**	**$117,495.45**
# of Claims	**247**					
# Open	**0**	**Recovery Amount:**	**-$625.38**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$8,662.43**	**$160.00**	**$8,822.43**
Indemnity				**$75,857.72**	**$0.00**	**$75,857.72**
Medical				**$475,748.16**	**$124,053.15**	**$599,801.31**
				$560,268.31	**$124,213.15**	**$684,481.46**
# of Claims	**206**					
# Open	**1**	**Recovery Amount:**	**-$1,487.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,628.20**	**$0.00**	**$6,628.20**
Indemnity				**$228,981.45**	**$0.00**	**$228,981.45**
Medical				**$958,688.78**	**$0.00**	**$958,688.78**
				$1,194,298.43	**$0.00**	**$1,194,298.43**
# of Claims	**224**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$15,511.47**	**$16.00**	**$15,527.47**
Indemnity				**$224,497.36**	**$0.00**	**$224,497.36**
Medical				**$484,863.41**	**$30,647.45**	**$515,510.86**
				$724,872.24	**$30,663.45**	**$755,535.69**
# of Claims	**223**					
# Open	**1**	**Recovery Amount:**	**-$44,203.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$16,484.99**	**$0.00**	**$16,484.99**
Indemnity				**$546,577.98**	**$0.00**	**$546,577.98**
Medical				**$236,767.18**	**$50,317.21**	**$287,084.39**
				$799,830.15	**$50,317.21**	**$850,147.36**
# of Claims	**219**					
# Open	**1**	**Recovery Amount:**	**-$26,805.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$10,698.72**	**$0.00**	**$10,698.72**
Indemnity				**$332,193.70**	**$0.00**	**$332,193.70**
Medical				**$411,838.70**	**$0.00**	**$411,838.70**
				$754,731.12	**$0.00**	**$754,731.12**
# of Claims	**225**					
# Open	**0**	**Recovery Amount:**	**-$50,876.67**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$29,073.67**	**$597.37**	**$29,671.04**
Indemnity				**$180,462.69**	**$0.00**	**$180,462.69**
Medical				**$543,584.35**	**$227,749.60**	**$771,333.95**
				$753,120.71	**$228,346.97**	**$981,467.68**
# of Claims	**201**					
# Open	**2**	**Recovery Amount:**	**-$4,301.89**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$2,148.81**	**$0.00**	**$2,148.81**
Indemnity				**$36,328.15**	**$0.00**	**$36,328.15**
Medical				**$343,241.29**	**$0.00**	**$343,241.29**
				$381,718.25	**$0.00**	**$381,718.25**
# of Claims	**198**					
# Open	**0**	**Recovery Amount:**	**-$22,350.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$13,011.31**	**$0.00**	**$13,011.31**
Indemnity				**$233,880.11**	**$0.00**	**$233,880.11**
Medical				**$467,079.80**	**$0.00**	**$467,079.80**
				$713,971.22	**$0.00**	**$713,971.22**
# of Claims	**213**					
# Open	**0**	**Recovery Amount:**	**-$4,050.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$5,360.00**	**$0.00**	**$5,360.00**
Indemnity				**$24,510.66**	**$0.00**	**$24,510.66**
Medical				**$243,018.82**	**$0.00**	**$243,018.82**
				$272,889.48	**$0.00**	**$272,889.48**
# of Claims	**247**					
# Open	**0**	**Recovery Amount:**	**-$2,860.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$26,942.92**	**$0.00**	**$26,942.92**
Indemnity				**$272,211.41**	**$0.00**	**$272,211.41**
Medical				**$555,079.34**	**$126,009.53**	**$681,088.87**
				$854,233.67	**$126,009.53**	**$980,243.20**
# of Claims	**203**					
# Open	**1**	**Recovery Amount:**	**-$20,575.65**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$2,027.69**	**$0.00**	**$2,027.69**
Indemnity				**$49,775.04**	**$0.00**	**$49,775.04**
Medical				**$259,443.79**	**$0.00**	**$259,443.79**
				$311,246.52	**$0.00**	**$311,246.52**
# of Claims	**194**					
# Open	**0**	**Recovery Amount:**	**-$25,353.94**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$17,995.04**	**$0.00**	**$17,995.04**
Indemnity				**$246,641.75**	**$0.00**	**$246,641.75**
Medical				**$575,683.74**	**$0.00**	**$575,683.74**
				$840,320.53	**$0.00**	**$840,320.53**
# of Claims	**164**					
# Open	**0**	**Recovery Amount:**	**-$18,709.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$7,869.28**	**$11,328.60**	**$19,197.88**
Indemnity				**$285,108.72**	**$24,107.97**	**$309,216.69**
Medical				**$574,315.18**	**$90,677.28**	**$664,992.46**
				$867,293.18	**$126,113.85**	**$993,407.03**
# of Claims	**175**					
# Open	**2**	**Recovery Amount:**	**-$15,448.78**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$15,224.34**	**$3,292.00**	**$18,516.34**
Indemnity				**$251,151.99**	**$0.00**	**$251,151.99**
Medical				**$407,382.55**	**$110,000.62**	**$517,383.17**
				$673,758.88	**$113,292.62**	**$787,051.50**
# of Claims	**145**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$5,099.51**	**$0.00**	**$5,099.51**
Indemnity				**$53,756.47**	**$0.00**	**$53,756.47**
Medical				**$603,256.97**	**$0.00**	**$603,256.97**
				$662,112.95	**$0.00**	**$662,112.95**
# of Claims	**182**					
# Open	**0**	**Recovery Amount:**	**-$1,453.47**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16,132.99**	**$8,057.69**	**$24,190.68**
Indemnity				**$268,466.46**	**$145,137.87**	**$413,604.33**
Medical				**$920,582.86**	**$1,157,633.38**	**$2,078,216.24**
				$1,205,182.31	**$1,310,828.94**	**$2,516,011.25**
# of Claims	**133**					
# Open	**2**	**Recovery Amount:**	**-$64,599.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$13,729.59**	**$8,898.78**	**$22,628.37**
Indemnity				**$161,939.92**	**$0.00**	**$161,939.92**
Medical				**$356,524.62**	**$62,354.37**	**$418,878.99**
				$532,194.13	**$71,253.15**	**$603,447.28**
# of Claims	**146**					
# Open	**2**	**Recovery Amount:**	**-$65,453.68**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$16,592.59**	**$223.52**	**$16,816.11**
Indemnity				**$408,097.39**	**$234,389.71**	**$642,487.10**
Medical				**$488,918.01**	**$138,212.43**	**$627,130.44**
				$913,607.99	**$372,825.66**	**$1,286,433.65**
# of Claims	**156**					
# Open	**3**	**Recovery Amount:**	**-$138,233.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$9,871.21**	**$0.00**	**$9,871.21**
Indemnity				**$47,077.79**	**$0.00**	**$47,077.79**
Medical				**$110,966.17**	**$0.00**	**$110,966.17**
				$167,915.17	**$0.00**	**$167,915.17**
# of Claims	**112**					
# Open	**0**	**Recovery Amount:**	**-$8,608.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$458.25**	**$0.00**	**$458.25**
Indemnity				**$5,363.94**	**$0.00**	**$5,363.94**
Medical				**$34,942.17**	**$0.00**	**$34,942.17**
				$40,764.36	**$0.00**	**$40,764.36**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**-$350.33**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$861.25**	**$701.87**	**$1,563.12**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75,469.35**	**$14,910.65**	**$90,380.00**
				$76,330.60	**$15,612.52**	**$91,943.12**
# of Claims	**110**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$262.87**	**$1,286.62**	**$1,549.49**
Indemnity				**$362.71**	**$42,917.29**	**$43,280.00**
Medical				**$41,406.66**	**$86,466.74**	**$127,873.40**
				$42,032.24	**$130,670.65**	**$172,702.89**
# of Claims	**99**					
# Open	**15**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$364,016.90**	**$34,717.85**	**$398,734.75**
Indemnity				**$6,341,821.48**	**$447,106.36**	**$6,788,927.84**
Medical				**$13,071,287.72**	**$2,219,032.41**	**$15,290,320.13**
				$19,777,126.10	**$2,700,856.62**	**$22,477,982.72**
# of Claims	**8,682**					
# Open	**36**	**Recovery Amount:**	**-$660,256.88**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

237 - VCU Consigned Claims

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	**7/1/1973 - 6/30/1974**					
Expense.....	.....			**$242.86**	**$3,757.14**	**$4,000.00**
Indemnity.....	.....			**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	.....			**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,529.14	**$150,460.91**	**$381,990.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$242.86**	**$3,757.14**	**$4,000.00**
Indemnity.....	.....			**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	.....			**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,529.14	**$150,460.91**	**$381,990.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$58,261.67	$234.00	$58,495.67
Indemnity.....	.....			$133,015.12	$0.00	$133,015.12
Medical.....	.....			$2,895,543.29	$713,672.13	$3,609,215.42
				$3,086,820.08	$713,906.13	$3,800,726.21
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,495.39	$0.00	$1,495.39
Medical.....	.....			$15,082.70	$0.00	$15,082.70
				$16,578.09	$0.00	$16,578.09
# of Claims	35					
# Open	0	Recovery Amount:	-$2,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$14,045.70	$0.00	$14,045.70
Medical.....	.....			$20,840.60	$0.00	$20,840.60
				$35,269.80	$0.00	$35,269.80
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,953.08	$0.00	$1,953.08
Medical.....	.....			$7,316.76	$0.00	$7,316.76
				$9,269.84	$0.00	$9,269.84
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$775.00	$0.00	$775.00
Indemnity.....	.....			$13,058.55	$0.00	$13,058.55
Medical.....	.....			$22,435.40	$0.00	$22,435.40
				$36,268.95	$0.00	$36,268.95
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,861.70**	**$0.00**	**$4,861.70**
Medical				**$17,915.88**	**$0.00**	**$17,915.88**
				$22,777.58	**$0.00**	**$22,777.58**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$47.00**	**$0.00**	**$47.00**
Indemnity				**$3,530.68**	**$0.00**	**$3,530.68**
Medical				**$20,992.33**	**$0.00**	**$20,992.33**
				$24,570.01	**$0.00**	**$24,570.01**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$6.00**	**$0.00**	**$6.00**
Indemnity				**$6,772.89**	**$0.00**	**$6,772.89**
Medical				**$61,203.08**	**$0.00**	**$61,203.08**
				$67,981.97	**$0.00**	**$67,981.97**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,293.13**	**$0.00**	**$1,293.13**
				$1,293.13	**$0.00**	**$1,293.13**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,505.40**	**$0.00**	**$5,505.40**
				$5,505.40	**$0.00**	**$5,505.40**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$33,515.41**	**$0.00**	**$33,515.41**
Medical				**$27,153.95**	**$0.00**	**$27,153.95**
				$60,669.36	**$0.00**	**$60,669.36**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,506.63**	**$0.00**	**$10,506.63**
				$10,506.63	**$0.00**	**$10,506.63**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,751.65**	**$0.00**	**$13,751.65**
Medical				**$19,718.20**	**$0.00**	**$19,718.20**
				$33,469.85	**$0.00**	**$33,469.85**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$537.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$204.80**	**$0.00**	**$204.80**
Medical				**$5,800.53**	**$0.00**	**$5,800.53**
				$6,005.33	**$0.00**	**$6,005.33**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,127.75**	**$0.00**	**$3,127.75**
				$3,127.75	**$0.00**	**$3,127.75**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,185.41**	**$0.00**	**$6,185.41**
Medical				**$23,596.16**	**$0.00**	**$23,596.16**
				$29,781.57	**$0.00**	**$29,781.57**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,721.10**	**$0.00**	**$5,721.10**
Medical				**$9,613.96**	**$0.00**	**$9,613.96**
				$15,335.06	**$0.00**	**$15,335.06**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$437.33**	**$0.00**	**$437.33**
Medical				**$1,808.70**	**$0.00**	**$1,808.70**
				$2,246.03	**$0.00**	**$2,246.03**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,388.02**	**$0.00**	**$1,388.02**
Medical				**$11,333.60**	**$0.00**	**$11,333.60**
				$12,721.62	**$0.00**	**$12,721.62**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,619.51**	**$0.00**	**$1,619.51**
				$1,619.51	**$0.00**	**$1,619.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,236.00**	**$0.00**	**$1,236.00**
				$1,236.00	**$0.00**	**$1,236.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$646.67**	**$0.00**	**$646.67**
				$646.67	**$0.00**	**$646.67**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$78.00**	**$0.00**	**$78.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,039.70**	**$0.00**	**$3,039.70**
				$3,117.70	**$0.00**	**$3,117.70**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$86.67**	**$0.00**	**$86.67**
Medical				**$8,695.01**	**$0.00**	**$8,695.01**
				$8,781.68	**$0.00**	**$8,781.68**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$128.38**	**$0.00**	**$128.38**
Medical				**$5,792.20**	**$0.00**	**$5,792.20**
				$5,920.58	**$0.00**	**$5,920.58**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$35.58**	**$0.00**	**$35.58**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,897.66**	**$0.00**	**$7,897.66**
				$7,933.24	**$0.00**	**$7,933.24**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$73.00**	**$0.00**	**$73.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,350.84**	**$0.00**	**$10,350.84**
				$10,423.84	**$0.00**	**$10,423.84**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,690.14**	**$0.00**	**$10,690.14**
				$10,690.14	**$0.00**	**$10,690.14**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,399.49**	**$0.00**	**$24,399.49**
				$24,399.49	**$0.00**	**$24,399.49**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,047.11**	**$0.00**	**$9,047.11**
				$9,047.11	**$0.00**	**$9,047.11**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$47.37**	**$0.00**	**$47.37**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27,217.93**	**$0.00**	**$27,217.93**
				$27,265.30	**$0.00**	**$27,265.30**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$166.09**	**$0.00**	**$166.09**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,493.72**	**$0.00**	**$5,493.72**
				$5,659.81	**$0.00**	**$5,659.81**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$1,710.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$101.68**	**$0.00**	**$101.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,132.26**	**$0.00**	**$2,132.26**
				$2,233.94	**$0.00**	**$2,233.94**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$243.00**	**$0.00**	**$243.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,601.88**	**$0.00**	**$9,601.88**
				$9,844.88	**$0.00**	**$9,844.88**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$80.00**	**$0.00**	**$80.00**
Indemnity				**$14,648.93**	**$0.00**	**$14,648.93**
Medical				**$15,994.71**	**$0.00**	**$15,994.71**
				$30,723.64	**$0.00**	**$30,723.64**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$68.90**	**$0.00**	**$68.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,959.63**	**$0.00**	**$1,959.63**
				$2,028.53	**$0.00**	**$2,028.53**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$41.68**	**$50.00**	**$91.68**
Indemnity				**$1,443.47**	**$0.00**	**$1,443.47**
Medical				**$527.92**	**$3,600.00**	**$4,127.92**
				$2,013.07	**$3,650.00**	**$5,663.07**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$60,408.47**	**$284.00**	**$60,692.47**
Indemnity				**$256,244.28**	**$0.00**	**$256,244.28**
Medical				**$3,327,130.43**	**$717,272.13**	**$4,044,402.56**
				$3,643,783.18	**$717,556.13**	**$4,361,339.31**
# of Claims	**699**					
# Open	**2**	**Recovery Amount:**	**-$4,748.57**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,812.62	$0.00	$3,812.62
Medical.....	.....			$7,683.48	$0.00	$7,683.48
				$11,496.10	$0.00	$11,496.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$949.12	$0.00	$949.12
Medical.....	.....			$3,738.02	$0.00	$3,738.02
				$4,687.14	$0.00	$4,687.14
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$487.50	$0.00	$487.50
Indemnity.....	.....			$1,097.33	$0.00	$1,097.33
Medical.....	.....			$16,814.29	$0.00	$16,814.29
				$18,399.12	$0.00	$18,399.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,964.10	$0.00	$1,964.10
				$1,964.10	$0.00	$1,964.10
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,997.21	$0.00	$1,997.21
				$1,997.21	$0.00	$1,997.21
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$426.60**	**$0.00**	**$426.60**
Medical				**$8,558.59**	**$0.00**	**$8,558.59**
				$8,985.19	**$0.00**	**$8,985.19**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,293.36**	**$0.00**	**$3,293.36**
				$3,293.36	**$0.00**	**$3,293.36**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,214.48**	**$0.00**	**$1,214.48**
				$1,214.48	**$0.00**	**$1,214.48**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,859.29**	**$0.00**	**$2,859.29**
				$2,859.29	**$0.00**	**$2,859.29**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$2.00**	**$0.00**	**$2.00**
Indemnity				**$2,950.07**	**$0.00**	**$2,950.07**
Medical				**$30,408.68**	**$0.00**	**$30,408.68**
				$33,360.75	**$0.00**	**$33,360.75**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$29,924.40**	**$0.00**	**$29,924.40**
				$29,924.40	**$0.00**	**$29,924.40**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,037.52**	**$0.00**	**$6,037.52**
				$6,037.52	**$0.00**	**$6,037.52**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,337.75**	**$0.00**	**$3,337.75**
				$3,337.75	**$0.00**	**$3,337.75**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$6,888.16**	**$0.00**	**$6,888.16**
Indemnity				**$137,270.82**	**$0.00**	**$137,270.82**
Medical				**$186,635.22**	**$0.00**	**$186,635.22**
				$330,794.20	**$0.00**	**$330,794.20**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,622.16**	**$0.00**	**$5,622.16**
Medical				**$16,780.40**	**$0.00**	**$16,780.40**
				$22,402.56	**$0.00**	**$22,402.56**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$3,842.83**	**$0.00**	**$3,842.83**
Indemnity				**$38,218.51**	**$0.00**	**$38,218.51**
Medical				**$286,431.27**	**$0.00**	**$286,431.27**
				$328,492.61	**$0.00**	**$328,492.61**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,122.91**	**$0.00**	**$2,122.91**
				$2,122.91	**$0.00**	**$2,122.91**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,355.62**	**$0.00**	**$3,355.62**
				$3,355.62	**$0.00**	**$3,355.62**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,473.14**	**$0.00**	**$2,473.14**
				$2,473.14	**$0.00**	**$2,473.14**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$447.12**	**$0.00**	**$447.12**
				$447.12	**$0.00**	**$447.12**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,864.34**	**$0.00**	**$1,864.34**
				$1,864.34	**$0.00**	**$1,864.34**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$119.16**	**$0.00**	**$119.16**
Indemnity				**$1,650.20**	**$0.00**	**$1,650.20**
Medical				**$16,103.81**	**$0.00**	**$16,103.81**
				$17,873.17	**$0.00**	**$17,873.17**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,038.62**	**$0.00**	**$3,038.62**
				$3,038.62	**$0.00**	**$3,038.62**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$887.52**	**$0.00**	**$887.52**
				$887.52	**$0.00**	**$887.52**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$603.00**	**$0.00**	**$603.00**
				$603.00	**$0.00**	**$603.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,408.34**	**$0.00**	**$2,408.34**
				$2,408.34	**$0.00**	**$2,408.34**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$57,391.85**	**$0.00**	**$57,391.85**
Medical				**$91,478.19**	**$0.00**	**$91,478.19**
				$148,886.04	**$0.00**	**$148,886.04**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,848.23**	**$0.00**	**$1,848.23**
				$1,856.23	**$0.00**	**$1,856.23**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$4,419.52**	**$0.00**	**$4,419.52**
Medical				**$42,439.45**	**$0.00**	**$42,439.45**
				$46,866.97	**$0.00**	**$46,866.97**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,706.05**	**$0.00**	**$2,706.05**
				$2,706.05	**$0.00**	**$2,706.05**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$30.68**	**$0.00**	**$30.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,110.03**	**$0.00**	**$24,110.03**
				$24,140.71	**$0.00**	**$24,140.71**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$22.68**	**$0.00**	**$22.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,247.28**	**$0.00**	**$1,247.28**
				$1,269.96	**$0.00**	**$1,269.96**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,087.91**	**$0.00**	**$4,087.91**
				$4,095.91	**$0.00**	**$4,095.91**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$21.40**	**$0.00**	**$21.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,897.55**	**$0.00**	**$1,897.55**
				$1,918.95	**$0.00**	**$1,918.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$54.50**	**$127.66**	**$182.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$799.82**	**$8,526.50**	**$9,326.32**
				$854.32	**$8,654.16**	**$9,508.48**
# of Claims	**5**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,508.91**	**$127.66**	**$11,636.57**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$253,808.80**	**$0.00**	**$253,808.80**
Medical	**$811,596.99**	**$8,526.50**	**$820,123.49**
	$1,076,914.70	**$8,654.16**	**$1,085,568.86**

# of Claims 379

 # Open 3 **Recovery Amount:** **$0.00**

241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$332.98	$0.00	$332.98
				$332.98	$0.00	$332.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.20	$0.00	$274.20
				$274.20	$0.00	$274.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$753.08	$0.00	$753.08
				$753.08	$0.00	$753.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$464.03	$0.00	$464.03
				$464.03	$0.00	$464.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.40	$0.00	$645.40
				$645.40	$0.00	$645.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$99.25**	**$0.00**	**$99.25**
				$99.25	**$0.00**	**$99.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$480.05**	**$0.00**	**$480.05**
Medical				**$803.03**	**$0.00**	**$803.03**
				$1,283.08	**$0.00**	**$1,283.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$208.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$728.11**	**$0.00**	**$728.11**
				$728.11	**$0.00**	**$728.11**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,070.00**	**$0.00**	**$1,070.00**
Indemnity				**$432.44**	**$0.00**	**$432.44**
Medical				**$15,803.90**	**$0.00**	**$15,803.90**
				$17,306.34	**$0.00**	**$17,306.34**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$437.96**	**$0.00**	**$437.96**
				$437.96	**$0.00**	**$437.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$2,356.00**	**$0.00**	**$2,356.00**
Indemnity				**$81,528.01**	**$0.00**	**$81,528.01**
Medical				**$19,050.74**	**$0.00**	**$19,050.74**
				$102,934.75	**$0.00**	**$102,934.75**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$137.72**	**$0.00**	**$137.72**
				$137.72	**$0.00**	**$137.72**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,367.30**	**$0.00**	**$2,367.30**
				$2,367.30	**$0.00**	**$2,367.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$413.56**	**$0.00**	**$413.56**
Medical				**$2,781.90**	**$0.00**	**$2,781.90**
				$3,195.46	**$0.00**	**$3,195.46**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$837.87**	**$0.00**	**$837.87**
				$837.87	**$0.00**	**$837.87**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,445.16**	**$0.00**	**$3,445.16**
Medical				**$5,541.00**	**$0.00**	**$5,541.00**
				$8,986.16	**$0.00**	**$8,986.16**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,492.03**	**$0.00**	**$1,492.03**
				$1,547.53	**$0.00**	**$1,547.53**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.76**	**$0.00**	**$110.76**
				$203.26	**$0.00**	**$203.26**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$930.72**	**$0.00**	**$930.72**
				$1,023.22	**$0.00**	**$1,023.22**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$815.94**	**$0.00**	**$815.94**
				$889.94	**$0.00**	**$889.94**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$145.72**	**$0.00**	**$145.72**
Medical				**$1,525.05**	**$0.00**	**$1,525.05**
				$1,781.77	**$0.00**	**$1,781.77**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$124.50**	**$0.00**	**$124.50**
				$124.50	**$0.00**	**$124.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$239.73**	**$0.00**	**$239.73**
Medical				**$12,470.52**	**$0.00**	**$12,470.52**
				$12,710.25	**$0.00**	**$12,710.25**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,939.33**	**$0.00**	**$2,939.33**
				$2,963.33	**$0.00**	**$2,963.33**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$867.85**	**$0.00**	**$867.85**
				$867.85	**$0.00**	**$867.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$593.40**	**$0.00**	**$593.40**
				$593.40	**$0.00**	**$593.40**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,597.95**	**$0.00**	**$2,597.95**
				$2,597.95	**$0.00**	**$2,597.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$58.83**	**$0.00**	**$58.83**
Indemnity				**$208.92**	**$0.00**	**$208.92**
Medical				**$21,991.07**	**$0.00**	**$21,991.07**
				$22,258.82	**$0.00**	**$22,258.82**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$27.49**	**$0.00**	**$27.49**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,976.99**	**$0.00**	**$1,976.99**
				$2,004.48	**$0.00**	**$2,004.48**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$124.06**	**$0.00**	**$124.06**
Indemnity				**$484.24**	**$0.00**	**$484.24**
Medical				**$7,388.25**	**$0.00**	**$7,388.25**
				$7,996.55	**$0.00**	**$7,996.55**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$123.46**	**$0.00**	**$123.46**
Indemnity				**$7,148.89**	**$0.00**	**$7,148.89**
Medical				**$99,585.17**	**$0.00**	**$99,585.17**
				$106,857.52	**$0.00**	**$106,857.52**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$85.35**	**$0.00**	**$85.35**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.90**	**$0.00**	**$64.90**
				$150.25	**$0.00**	**$150.25**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$416.14**	**$0.00**	**$416.14**
				$424.14	**$0.00**	**$424.14**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$4,302.69**	**$0.00**	**$4,302.69**
Indemnity				**$94,526.72**	**$0.00**	**$94,526.72**
Medical				**$206,949.04**	**$0.00**	**$206,949.04**
				$305,778.45	**$0.00**	**$305,778.45**
# of Claims	**134**					
# Open	**0**	**Recovery Amount:**	**-$208.40**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,282.85	$0.00	$21,282.85
Medical.....	.....			$50,011.02	$0.00	$50,011.02
				$71,293.87	$0.00	$71,293.87
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,083.47	$0.00	$1,083.47
Medical.....	.....			$4,631.34	$0.00	$4,631.34
				$5,714.81	$0.00	$5,714.81
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,104.74	$0.00	$5,104.74
				$5,104.74	$0.00	$5,104.74
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$187.50	$0.00	$187.50
Indemnity.....	.....			$1,298.11	$0.00	$1,298.11
Medical.....	.....			$18,803.15	$0.00	$18,803.15
				$20,288.76	$0.00	$20,288.76
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,158.75	$0.00	$1,158.75
Indemnity.....	.....			$3,326.20	$0.00	$3,326.20
Medical.....	.....			$10,385.59	$0.00	$10,385.59
				$14,870.54	$0.00	$14,870.54
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,576.59**	**$0.00**	**$8,576.59**
Medical				**$18,396.73**	**$0.00**	**$18,396.73**
				$26,973.32	**$0.00**	**$26,973.32**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,470.27**	**$0.00**	**$8,470.27**
Medical				**$18,165.72**	**$0.00**	**$18,165.72**
				$26,635.99	**$0.00**	**$26,635.99**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$735.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,103.70**	**$0.00**	**$3,103.70**
				$3,103.70	**$0.00**	**$3,103.70**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,912.16**	**$0.00**	**$5,912.16**
				$5,912.16	**$0.00**	**$5,912.16**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,573.68**	**$0.00**	**$2,573.68**
				$2,573.68	**$0.00**	**$2,573.68**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,169.70**	**$80.00**	**$1,249.70**
Indemnity				**$1,152.65**	**$0.00**	**$1,152.65**
Medical				**$778,801.76**	**$152,390.11**	**$931,191.87**
				$781,124.11	**$152,470.11**	**$933,594.22**
# of Claims	**18**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$477.60**	**$0.00**	**$477.60**
Medical				**$8,224.34**	**$0.00**	**$8,224.34**
				$8,701.94	**$0.00**	**$8,701.94**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,466.09**	**$0.00**	**$2,466.09**
Medical				**$32,757.39**	**$0.00**	**$32,757.39**
				$35,223.48	**$0.00**	**$35,223.48**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$155.80**	**$0.00**	**$155.80**
Indemnity				**$234,089.25**	**$0.00**	**$234,089.25**
Medical				**$122,826.84**	**$0.00**	**$122,826.84**
				$357,071.89	**$0.00**	**$357,071.89**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**-$203.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$13,696.00**	**$0.00**	**$13,696.00**
Indemnity				**$291,710.90**	**$0.00**	**$291,710.90**
Medical				**$198,258.65**	**$0.00**	**$198,258.65**
				$503,665.55	**$0.00**	**$503,665.55**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,870.36**	**$0.00**	**$1,870.36**
Medical				**$7,955.39**	**$0.00**	**$7,955.39**
				$9,825.75	**$0.00**	**$9,825.75**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$721.94**	**$0.00**	**$721.94**
Medical				**$6,699.52**	**$0.00**	**$6,699.52**
				$7,421.46	**$0.00**	**$7,421.46**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,431.28**	**$0.00**	**$1,431.28**
Medical				**$17,063.40**	**$0.00**	**$17,063.40**
				$18,494.68	**$0.00**	**$18,494.68**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$441.00**	**$0.00**	**$441.00**
Indemnity				**$335.94**	**$0.00**	**$335.94**
Medical				**$39,778.55**	**$0.00**	**$39,778.55**
				$40,555.49	**$0.00**	**$40,555.49**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$69.88**	**$0.00**	**$69.88**
Medical				**$15,170.28**	**$0.00**	**$15,170.28**
				$15,240.16	**$0.00**	**$15,240.16**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$479.85**	**$0.00**	**$479.85**
Indemnity				**$21,670.26**	**$0.00**	**$21,670.26**
Medical				**$97,394.98**	**$0.00**	**$97,394.98**
				$119,545.09	**$0.00**	**$119,545.09**
# of Claims	**51**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$78.62**	**$0.00**	**$78.62**
Indemnity				**$3,644.66**	**$0.00**	**$3,644.66**
Medical				**$85,809.17**	**$0.00**	**$85,809.17**
				$89,532.45	**$0.00**	**$89,532.45**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$12,294.80**	**$0.00**	**$12,294.80**
Indemnity				**$179,616.25**	**$0.00**	**$179,616.25**
Medical				**$104,301.58**	**$0.00**	**$104,301.58**
				$296,212.63	**$0.00**	**$296,212.63**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$291.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$18,910.70**	**$0.00**	**$18,910.70**
Indemnity				**$20,152.45**	**$0.00**	**$20,152.45**
Medical				**$31,097.17**	**$0.00**	**$31,097.17**
				$70,160.32	**$0.00**	**$70,160.32**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$85.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,954.44**	**$0.00**	**$9,954.44**
Medical				**$25,019.77**	**$0.00**	**$25,019.77**
				$34,974.21	**$0.00**	**$34,974.21**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$803.23**	**$0.00**	**$803.23**
Indemnity				**$7,730.15**	**$0.00**	**$7,730.15**
Medical				**$85,974.74**	**$0.00**	**$85,974.74**
				$94,508.12	**$0.00**	**$94,508.12**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$149.75**	**$0.00**	**$149.75**
Indemnity				**$1,243.49**	**$0.00**	**$1,243.49**
Medical				**$21,418.22**	**$0.00**	**$21,418.22**
				$22,811.46	**$0.00**	**$22,811.46**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$19,662.17**	**$5,280.22**	**$24,942.39**
Indemnity				**$116,816.94**	**$2,080.54**	**$118,897.48**
Medical				**$39,047.75**	**$87,757.74**	**$126,805.49**
				$175,526.86	**$95,118.50**	**$270,645.36**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$20,315.45**	**$2,751.06**	**$23,066.51**
Indemnity				**$112,952.38**	**$9,947.94**	**$122,900.32**
Medical				**$246,723.11**	**$13,460.50**	**$260,183.61**
				$379,990.94	**$26,159.50**	**$406,150.44**
# of Claims	**50**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$169.71**	**$0.00**	**$169.71**
Indemnity				**$26,615.61**	**$0.00**	**$26,615.61**
Medical				**$66,459.41**	**$0.00**	**$66,459.41**
				$93,244.73	**$0.00**	**$93,244.73**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$2,096.19**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$3,255.50**	**$0.00**	**$3,255.50**
Indemnity				**$85,888.55**	**$0.00**	**$85,888.55**
Medical				**$60,140.90**	**$0.00**	**$60,140.90**
				$149,284.95	**$0.00**	**$149,284.95**
# of Claims	**49**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$210.18**	**$0.00**	**$210.18**
Indemnity				**$2,964.17**	**$0.00**	**$2,964.17**
Medical				**$50,814.15**	**$0.00**	**$50,814.15**
				$53,988.50	**$0.00**	**$53,988.50**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**-$1,553.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$692.47**	**$3,000.00**	**$3,692.47**
Indemnity				**$16,906.75**	**$0.00**	**$16,906.75**
Medical				**$55,871.16**	**$0.00**	**$55,871.16**
				$73,470.38	**$3,000.00**	**$76,470.38**
# of Claims	**40**					
# Open	**1**	**Recovery Amount:**	**-$592.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$138.50**	**$0.00**	**$138.50**
Indemnity				**$57,112.45**	**$0.00**	**$57,112.45**
Medical				**$29,157.43**	**$0.00**	**$29,157.43**
				$86,408.38	**$0.00**	**$86,408.38**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$1,044.67**	**$0.00**	**$1,044.67**
Indemnity				**$3,086.13**	**$0.00**	**$3,086.13**
Medical				**$24,118.91**	**$0.00**	**$24,118.91**
				$28,249.71	**$0.00**	**$28,249.71**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$155.45**	**$200.00**	**$355.45**
Indemnity				**$33,415.13**	**$0.00**	**$33,415.13**
Medical				**$100,974.06**	**$8,217.78**	**$109,191.84**
				$134,544.64	**$8,417.78**	**$142,962.42**
# of Claims	**41**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$434.17**	**$825.19**	**$1,259.36**
Indemnity				**$184.29**	**$3,600.00**	**$3,784.29**
Medical				**$14,363.26**	**$49,204.83**	**$63,568.09**
				$14,981.72	**$53,630.02**	**$68,611.74**
# of Claims	**54**					
# Open	**5**	**Recovery Amount:**	**-$1,731.34**			

Grand Totals						
Expense				**$95,603.97**	**$12,136.47**	**$107,740.44**
Indemnity				**$1,278,317.48**	**$15,628.48**	**$1,293,945.96**
Medical				**$2,503,309.72**	**$311,030.96**	**$2,814,340.68**
				$3,877,231.17	**$338,795.91**	**$4,216,027.08**
# of Claims	**1,270**					
# Open	**12**	**Recovery Amount:**	**-$7,289.91**			

245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$940.78	$0.00	$940.78
				$940.78	$0.00	$940.78
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$166.00	$0.00	$166.00
				$166.00	$0.00	$166.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.43	$0.00	$244.43
				$244.43	$0.00	$244.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$432.63**	**$0.00**	**$432.63**
				$432.63	**$0.00**	**$432.63**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,464.09**	**$0.00**	**$5,464.09**
Medical				**$2,010.80**	**$0.00**	**$2,010.80**
				$7,474.89	**$0.00**	**$7,474.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$461.60**	**$0.00**	**$461.60**
				$461.60	**$0.00**	**$461.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$23.63**	**$0.00**	**$23.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$23.63	**$0.00**	**$23.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$316.48**	**$0.00**	**$316.48**
				$316.48	**$0.00**	**$316.48**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$23.63**	**$0.00**	**$23.63**
Indemnity				**$5,464.09**	**$0.00**	**$5,464.09**
Medical				**$4,572.72**	**$0.00**	**$4,572.72**
				$10,060.44	**$0.00**	**$10,060.44**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.31	$0.00	$412.31
				$412.31	$0.00	$412.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,190.96	$0.00	$1,190.96
Medical.....	.....			$5,007.85	$0.00	$5,007.85
				$6,582.31	$0.00	$6,582.31
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$863.42	$0.00	$863.42
				$863.42	$0.00	$863.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,383.00	$0.00	$18,383.00
Medical.....	.....			$19,015.44	$0.00	$19,015.44
				$37,398.44	$0.00	$37,398.44
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,781.53	$0.00	$2,781.53
Medical.....	.....			$4,646.73	$0.00	$4,646.73
				$7,428.26	$0.00	$7,428.26
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$789.25**	**$0.00**	**$789.25**
Medical				**$2,457.72**	**$0.00**	**$2,457.72**
				$3,246.97	**$0.00**	**$3,246.97**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$455.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,473.79**	**$0.00**	**$2,473.79**
Medical				**$13,586.36**	**$0.00**	**$13,586.36**
				$16,060.15	**$0.00**	**$16,060.15**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$385.93**	**$0.00**	**$385.93**
Medical				**$1,521.11**	**$0.00**	**$1,521.11**
				$1,907.04	**$0.00**	**$1,907.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$10.00**	**$0.00**	**$10.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,658.61**	**$0.00**	**$3,658.61**
				$3,668.61	**$0.00**	**$3,668.61**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,401.53**	**$0.00**	**$1,401.53**
				$1,401.53	**$0.00**	**$1,401.53**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$6,883.09**	**$0.00**	**$6,883.09**
Indemnity				**$149,341.51**	**$0.00**	**$149,341.51**
Medical				**$74,385.95**	**$0.00**	**$74,385.95**
				$230,610.55	**$0.00**	**$230,610.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$45.59**	**$0.00**	**$45.59**
Medical				**$5,717.22**	**$0.00**	**$5,717.22**
				$5,762.81	**$0.00**	**$5,762.81**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,826.33**	**$0.00**	**$2,826.33**
Medical				**$11,787.06**	**$0.00**	**$11,787.06**
				$14,613.39	**$0.00**	**$14,613.39**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$23.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$141.44**	**$0.00**	**$141.44**
Medical				**$1,499.30**	**$0.00**	**$1,499.30**
				$1,640.74	**$0.00**	**$1,640.74**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,722.41**	**$0.00**	**$1,722.41**
				$1,722.41	**$0.00**	**$1,722.41**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$185.00**	**$0.00**	**$185.00**
Indemnity				**$2,995.14**	**$0.00**	**$2,995.14**
Medical				**$16,610.39**	**$0.00**	**$16,610.39**
				$19,790.53	**$0.00**	**$19,790.53**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$185.00**	**$0.00**	**$185.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,259.56**	**$0.00**	**$4,259.56**
				$4,444.56	**$0.00**	**$4,444.56**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$87.53**	**$0.00**	**$87.53**
Medical				**$5,183.37**	**$0.00**	**$5,183.37**
				$5,344.90	**$0.00**	**$5,344.90**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$185.00**	**$0.00**	**$185.00**
Indemnity				**$455.61**	**$0.00**	**$455.61**
Medical				**$7,873.53**	**$0.00**	**$7,873.53**
				$8,514.14	**$0.00**	**$8,514.14**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$166.50**	**$0.00**	**$166.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15,349.32**	**$0.00**	**$15,349.32**
				$15,515.82	**$0.00**	**$15,515.82**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,908.90**	**$0.00**	**$1,908.90**
				$1,908.90	**$0.00**	**$1,908.90**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$3,834.20**	**$0.00**	**$3,834.20**
Medical				**$35,004.66**	**$0.00**	**$35,004.66**
				$38,854.86	**$0.00**	**$38,854.86**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,962.61**	**$0.00**	**$9,962.61**
				$9,962.61	**$0.00**	**$9,962.61**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$513.36**	**$0.00**	**$513.36**
Indemnity				**$13,219.54**	**$0.00**	**$13,219.54**
Medical				**$52,444.54**	**$0.00**	**$52,444.54**
				$66,177.44	**$0.00**	**$66,177.44**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,371.44**	**$0.00**	**$8,371.44**
				$8,371.44	**$0.00**	**$8,371.44**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$111.54**	**$0.00**	**$111.54**
Indemnity				**$3,401.29**	**$0.00**	**$3,401.29**
Medical				**$32,791.62**	**$0.00**	**$32,791.62**
				$36,304.45	**$0.00**	**$36,304.45**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$467.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$45.30**	**$0.00**	**$45.30**
Indemnity				**$2,651.94**	**$0.00**	**$2,651.94**
Medical				**$24,942.10**	**$0.00**	**$24,942.10**
				$27,639.34	**$0.00**	**$27,639.34**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$11,192.31**	**$0.00**	**$11,192.31**
Medical				**$38,712.67**	**$0.00**	**$38,712.67**
				$49,928.98	**$0.00**	**$49,928.98**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,767.98**	**$0.00**	**$5,767.98**
				$5,767.98	**$0.00**	**$5,767.98**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$3,408.53**	**$0.00**	**$3,408.53**
Indemnity				**$29,498.01**	**$0.00**	**$29,498.01**
Medical				**$41,676.22**	**$0.00**	**$41,676.22**
				$74,582.76	**$0.00**	**$74,582.76**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$15,142.76**	**$14,704.16**	**$29,846.92**
Indemnity				**$79,259.48**	**$270,980.49**	**$350,239.97**
Medical				**$44,597.82**	**$136,076.01**	**$180,673.83**
				$139,000.06	**$421,760.66**	**$560,760.72**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,127.19**	**$0.00**	**$2,127.19**
				$2,127.19	**$0.00**	**$2,127.19**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,958.60**	**$0.00**	**$4,958.60**
				$4,966.60	**$0.00**	**$4,966.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$146.51**	**$3,543.17**	**$3,689.68**
Indemnity				**$1,290.00**	**$30,750.00**	**$32,040.00**
Medical				**$31,062.50**	**$76,850.27**	**$107,912.77**
				$32,499.01	**$111,143.44**	**$143,642.45**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$27,488.09**	**$18,247.33**	**$45,735.42**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$326,244.38**	**$301,730.49**	**$627,974.87**
Medical	**$531,288.04**	**$212,926.28**	**$744,214.32**
	$885,020.51	**$532,904.10**	**$1,417,924.61**

# of Claims **275**

 # Open **2** **Recovery Amount:** **-$945.99**

247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$213.01	$0.00	$213.01
Indemnity.....	.....			$8,180.57	$0.00	$8,180.57
Medical.....	.....			$35,089.15	$0.00	$35,089.15
				$43,482.73	$0.00	$43,482.73
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,351.75	$0.00	$2,351.75
Indemnity.....	.....			$45,942.41	$0.00	$45,942.41
Medical.....	.....			$90,908.99	$0.00	$90,908.99
				$139,203.15	$0.00	$139,203.15
# of Claims	99					
# Open	0	Recovery Amount:	-$7,309.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$16,055.88	$0.00	$16,055.88
Indemnity.....	.....			$66,420.45	$0.00	$66,420.45
Medical.....	.....			$160,411.52	$0.00	$160,411.52
				$242,887.85	$0.00	$242,887.85
# of Claims	67					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,117.50	$0.00	$2,117.50
Indemnity.....	.....			$274,830.35	$0.00	$274,830.35
Medical.....	.....			$92,805.95	$0.00	$92,805.95
				$369,753.80	$0.00	$369,753.80
# of Claims	92					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$7,313.39	$0.00	$7,313.39
Indemnity.....	.....			$388,103.03	$0.00	$388,103.03
Medical.....	.....			$154,378.22	$0.00	$154,378.22
				$549,794.64	$0.00	$549,794.64
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,962.29**	**$0.00**	**$19,962.29**
Medical				**$69,089.58**	**$0.00**	**$69,089.58**
				$89,051.87	**$0.00**	**$89,051.87**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$362.40**	**$0.00**	**$362.40**
Indemnity				**$97,467.97**	**$0.00**	**$97,467.97**
Medical				**$87,216.10**	**$0.00**	**$87,216.10**
				$185,046.47	**$0.00**	**$185,046.47**
# of Claims	**114**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$5,292.77**	**$0.00**	**$5,292.77**
Indemnity				**$209,811.14**	**$0.00**	**$209,811.14**
Medical				**$213,820.62**	**$0.00**	**$213,820.62**
				$428,924.53	**$0.00**	**$428,924.53**
# of Claims	**112**					
# Open	**0**	**Recovery Amount:**	**-$15,842.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$417.00**	**$0.00**	**$417.00**
Indemnity				**$2,883.89**	**$0.00**	**$2,883.89**
Medical				**$65,848.69**	**$0.00**	**$65,848.69**
				$69,149.58	**$0.00**	**$69,149.58**
# of Claims	**96**					
# Open	**0**	**Recovery Amount:**	**-$3,089.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$6.50**	**$0.00**	**$6.50**
Indemnity				**$18,711.45**	**$0.00**	**$18,711.45**
Medical				**$70,644.24**	**$0.00**	**$70,644.24**
				$89,362.19	**$0.00**	**$89,362.19**
# of Claims	**101**					
# Open	**0**	**Recovery Amount:**	**-$284.26**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,269.57**	**$8.00**	**$3,277.57**
Indemnity				**$196,684.95**	**$0.00**	**$196,684.95**
Medical				**$802,033.99**	**$94,304.62**	**$896,338.61**
				$1,001,988.51	**$94,312.62**	**$1,096,301.13**
# of Claims	**101**					
# Open	**1**	**Recovery Amount:**	**-$11,282.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$5,138.00**	**$0.00**	**$5,138.00**
Indemnity				**$29,909.29**	**$0.00**	**$29,909.29**
Medical				**$106,210.54**	**$0.00**	**$106,210.54**
				$141,257.83	**$0.00**	**$141,257.83**
# of Claims	**142**					
# Open	**0**	**Recovery Amount:**	**-$117.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$32,886.15**	**$0.00**	**$32,886.15**
Medical				**$107,602.93**	**$0.00**	**$107,602.93**
				$140,489.08	**$0.00**	**$140,489.08**
# of Claims	**122**					
# Open	**0**	**Recovery Amount:**	**-$1,361.55**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$1,069.61**	**$37.37**	**$1,106.98**
Indemnity				**$81,745.82**	**$0.00**	**$81,745.82**
Medical				**$254,200.66**	**$151,820.24**	**$406,020.90**
				$337,016.09	**$151,857.61**	**$488,873.70**
# of Claims	**120**					
# Open	**1**	**Recovery Amount:**	**-$735.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$2,496.00**	**$0.00**	**$2,496.00**
Indemnity				**$364,462.10**	**$0.00**	**$364,462.10**
Medical				**$240,285.58**	**$0.00**	**$240,285.58**
				$607,243.68	**$0.00**	**$607,243.68**
# of Claims	**130**					
# Open	**0**	**Recovery Amount:**	**-$433.80**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$42,432.53**	**$0.00**	**$42,432.53**
Medical				**$68,535.44**	**$0.00**	**$68,535.44**
				$110,967.97	**$0.00**	**$110,967.97**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$94,793.74**	**$0.00**	**$94,793.74**
Medical				**$244,450.46**	**$0.00**	**$244,450.46**
				$339,252.20	**$0.00**	**$339,252.20**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$992.00**	**$0.00**	**$992.00**
Indemnity				**$33,341.63**	**$0.00**	**$33,341.63**
Medical				**$108,867.67**	**$0.00**	**$108,867.67**
				$143,201.30	**$0.00**	**$143,201.30**
# of Claims	**86**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,966.10**	**$0.00**	**$19,966.10**
Medical				**$108,146.54**	**$0.00**	**$108,146.54**
				$128,112.64	**$0.00**	**$128,112.64**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**-$799.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$6,809.80**	**$0.00**	**$6,809.80**
Indemnity				**$25,523.51**	**$0.00**	**$25,523.51**
Medical				**$195,961.45**	**$0.00**	**$195,961.45**
				$228,294.76	**$0.00**	**$228,294.76**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,106.20**	**$0.00**	**$1,106.20**
Indemnity				**$24,774.91**	**$0.00**	**$24,774.91**
Medical				**$195,468.74**	**$0.00**	**$195,468.74**
				$221,349.85	**$0.00**	**$221,349.85**
# of Claims	**91**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$387.44**	**$2,968.00**	**$3,355.44**
Indemnity				**$75,535.66**	**$0.00**	**$75,535.66**
Medical				**$167,797.09**	**$175,762.98**	**$343,560.07**
				$243,720.19	**$178,730.98**	**$422,451.17**
# of Claims	**86**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$29,152.02**	**$0.00**	**$29,152.02**
Indemnity				**$294,371.81**	**$0.00**	**$294,371.81**
Medical				**$356,667.49**	**$0.00**	**$356,667.49**
				$680,191.32	**$0.00**	**$680,191.32**
# of Claims	**89**					
# Open	**0**	**Recovery Amount:**	**-$384.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$36,895.51**	**$1,268.32**	**$38,163.83**
Indemnity				**$528,607.02**	**$420,056.42**	**$948,663.44**
Medical				**$856,633.08**	**$150,179.68**	**$1,006,812.76**
				$1,422,135.61	**$571,504.42**	**$1,993,640.03**
# of Claims	**103**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,021.53**	**$0.00**	**$1,021.53**
Indemnity				**$33,364.62**	**$0.00**	**$33,364.62**
Medical				**$171,978.48**	**$0.00**	**$171,978.48**
				$206,364.63	**$0.00**	**$206,364.63**
# of Claims	**103**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$1,383.81**	**$0.00**	**$1,383.81**
Indemnity				**$23,306.48**	**$0.00**	**$23,306.48**
Medical				**$135,517.13**	**$0.00**	**$135,517.13**
				$160,207.42	**$0.00**	**$160,207.42**
# of Claims	**122**					
# Open	**0**	**Recovery Amount:**	**-$6,084.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,959.23**	**$0.00**	**$1,959.23**
Indemnity				**$7,634.97**	**$0.00**	**$7,634.97**
Medical				**$62,921.46**	**$0.00**	**$62,921.46**
				$72,515.66	**$0.00**	**$72,515.66**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$298.80**	**$0.00**	**$298.80**
Indemnity				**$45,050.26**	**$0.00**	**$45,050.26**
Medical				**$123,664.20**	**$0.00**	**$123,664.20**
				$169,013.26	**$0.00**	**$169,013.26**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$14,408.93**	**$0.00**	**$14,408.93**
Indemnity				**$104,456.91**	**$0.00**	**$104,456.91**
Medical				**$180,036.39**	**$0.00**	**$180,036.39**
				$298,902.23	**$0.00**	**$298,902.23**
# of Claims	**110**					
# Open	**0**	**Recovery Amount:**	**-$46,840.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$13,756.63**	**$1,984.00**	**$15,740.63**
Indemnity				**$207,348.88**	**$0.00**	**$207,348.88**
Medical				**$383,477.62**	**$56,176.71**	**$439,654.33**
				$604,583.13	**$58,160.71**	**$662,743.84**
# of Claims	**95**					
# Open	**1**	**Recovery Amount:**	**-$392.71**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$5,121.96**	**$0.00**	**$5,121.96**
Indemnity				**$173,291.00**	**$0.00**	**$173,291.00**
Medical				**$99,023.16**	**$0.00**	**$99,023.16**
				$277,436.12	**$0.00**	**$277,436.12**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$3,492.38**	**$0.00**	**$3,492.38**
Indemnity				**$37,857.48**	**$0.00**	**$37,857.48**
Medical				**$261,103.13**	**$0.00**	**$261,103.13**
				$302,452.99	**$0.00**	**$302,452.99**
# of Claims	**94**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$1,043.86**	**$0.00**	**$1,043.86**
Indemnity				**$34,746.26**	**$0.00**	**$34,746.26**
Medical				**$191,043.88**	**$0.00**	**$191,043.88**
				$226,834.00	**$0.00**	**$226,834.00**
# of Claims	**87**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$468.34**	**$0.00**	**$468.34**
Indemnity				**$1,843.56**	**$0.00**	**$1,843.56**
Medical				**$26,985.40**	**$0.00**	**$26,985.40**
				$29,297.30	**$0.00**	**$29,297.30**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$3,274.94**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$11,059.31**	**$2,119.85**	**$13,179.16**
Indemnity				**$51,955.10**	**$46,801.38**	**$98,756.48**
Medical				**$183,641.40**	**$43,952.00**	**$227,593.40**
				$246,655.81	**$92,873.23**	**$339,529.04**
# of Claims	**37**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$4,324.17**	**$3,860.28**	**$8,184.45**
Indemnity				**$82,322.84**	**$69,090.45**	**$151,413.29**
Medical				**$104,949.81**	**$166,910.44**	**$271,860.25**
				$191,596.82	**$239,861.17**	**$431,457.99**
# of Claims	**77**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$491.50**	**$550.82**	**$1,042.32**
Indemnity				**$0.00**	**$1,613.10**	**$1,613.10**
Medical				**$18,093.99**	**$50,514.58**	**$68,608.57**
				$18,585.49	**$52,678.50**	**$71,263.99**
# of Claims	**63**					
# Open	**8**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$180,284.80**	**$12,796.64**	**$193,081.44**
Indemnity				**$3,780,527.13**	**$537,561.35**	**$4,318,088.48**
Medical				**$6,795,510.77**	**$889,621.25**	**$7,685,132.02**
				$10,756,322.70	**$1,439,979.24**	**$12,196,301.94**
# of Claims	**3,462**					
# Open	**18**	**Recovery Amount:**	**-$98,232.22**			

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$3,886.45	$0.00	$3,886.45
Indemnity.....	.....			$163,544.28	$0.00	$163,544.28
Medical.....	.....			$154,493.03	$0.00	$154,493.03
				$321,923.76	$0.00	$321,923.76
# of Claims	199					
# Open	0	Recovery Amount:	-$1,265.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$6,429.83	$0.00	$6,429.83
Indemnity.....	.....			$268,000.01	$0.00	$268,000.01
Medical.....	.....			$95,019.86	$0.00	$95,019.86
				$369,449.70	$0.00	$369,449.70
# of Claims	176					
# Open	0	Recovery Amount:	-$1,527.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$5,908.66	$0.00	$5,908.66
Indemnity.....	.....			$106,566.84	$0.00	$106,566.84
Medical.....	.....			$207,048.39	$29,832.24	$236,880.63
				$319,523.89	$29,832.24	$349,356.13
# of Claims	210					
# Open	1	Recovery Amount:	-$5,718.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$24,968.27	$11,283.71	$36,251.98
Indemnity.....	.....			$487,284.97	$0.00	$487,284.97
Medical.....	.....			$777,161.27	$151,651.60	$928,812.87
				$1,289,414.51	$162,935.31	$1,452,349.82
# of Claims	235					
# Open	2	Recovery Amount:	-$1,319.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$31,867.17	$0.00	$31,867.17
Indemnity.....	.....			$422,627.31	$0.00	$422,627.31
Medical.....	.....			$503,423.08	$0.00	$503,423.08
				$957,917.56	$0.00	$957,917.56
# of Claims	241					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$44,033.40**	**$0.00**	**$44,033.40**
Indemnity				**$528,576.22**	**$0.00**	**$528,576.22**
Medical				**$870,670.34**	**$0.00**	**$870,670.34**
				$1,443,279.96	**$0.00**	**$1,443,279.96**
# of Claims	**240**					
# Open	**0**	**Recovery Amount:**	**-$172.20**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$39,179.53**	**$12,138.06**	**$51,317.59**
Indemnity				**$440,713.19**	**$0.00**	**$440,713.19**
Medical				**$1,490,526.45**	**$1,283,198.94**	**$2,773,725.39**
				$1,970,419.17	**$1,295,337.00**	**$3,265,756.17**
# of Claims	**293**					
# Open	**2**	**Recovery Amount:**	**-$1,594.53**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$9,295.73**	**$7,499.82**	**$16,795.55**
Indemnity				**$781,992.07**	**$0.00**	**$781,992.07**
Medical				**$1,249,455.59**	**$263,522.46**	**$1,512,978.05**
				$2,040,743.39	**$271,022.28**	**$2,311,765.67**
# of Claims	**283**					
# Open	**2**	**Recovery Amount:**	**-$816.49**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$2,654.87**	**$0.00**	**$2,654.87**
Indemnity				**$124,563.15**	**$0.00**	**$124,563.15**
Medical				**$349,781.63**	**$0.00**	**$349,781.63**
				$476,999.65	**$0.00**	**$476,999.65**
# of Claims	**243**					
# Open	**0**	**Recovery Amount:**	**-$9,434.59**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$3,030.37**	**$0.00**	**$3,030.37**
Indemnity				**$239,414.43**	**$0.00**	**$239,414.43**
Medical				**$256,594.19**	**$0.00**	**$256,594.19**
				$499,038.99	**$0.00**	**$499,038.99**
# of Claims	**213**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$16,478.17**	**$11,982.72**	**$28,460.89**
Indemnity				**$721,242.09**	**$0.00**	**$721,242.09**
Medical				**$834,345.19**	**$325,996.69**	**$1,160,341.88**
				$1,572,065.45	**$337,979.41**	**$1,910,044.86**
# of Claims	**233**					
# Open	**2**	**Recovery Amount:**	**-$582.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2,818.11**	**$48.00**	**$2,866.11**
Indemnity				**$666,469.90**	**$0.00**	**$666,469.90**
Medical				**$872,290.78**	**$100,686.41**	**$972,977.19**
				$1,541,578.79	**$100,734.41**	**$1,642,313.20**
# of Claims	**232**					
# Open	**1**	**Recovery Amount:**	**-$2,686.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$63,634.25**	**$0.00**	**$63,634.25**
Medical				**$245,500.82**	**$0.00**	**$245,500.82**
				$309,135.07	**$0.00**	**$309,135.07**
# of Claims	**214**					
# Open	**0**	**Recovery Amount:**	**-$11,325.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$30,251.17**	**$7,751.98**	**$38,003.15**
Indemnity				**$192,088.50**	**$0.00**	**$192,088.50**
Medical				**$1,128,842.95**	**$508,468.94**	**$1,637,311.89**
				$1,351,182.62	**$516,220.92**	**$1,867,403.54**
# of Claims	**212**					
# Open	**2**	**Recovery Amount:**	**-$29,228.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$15,802.59**	**$854.13**	**$16,656.72**
Indemnity				**$565,349.30**	**$0.00**	**$565,349.30**
Medical				**$2,312,583.60**	**$599,082.45**	**$2,911,666.05**
				$2,893,735.49	**$599,936.58**	**$3,493,672.07**
# of Claims	**205**					
# Open	**3**	**Recovery Amount:**	**-$101,592.52**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,539.07**	**$0.00**	**$20,539.07**
Medical				**$101,441.96**	**$0.00**	**$101,441.96**
				$121,981.03	**$0.00**	**$121,981.03**
# of Claims	**177**					
# Open	**0**	**Recovery Amount:**	**-$16.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,919.82**	**$8,800.22**	**$15,720.04**
Indemnity				**$137,083.74**	**$0.00**	**$137,083.74**
Medical				**$610,939.48**	**$238,210.18**	**$849,149.66**
				$754,943.04	**$247,010.40**	**$1,001,953.44**
# of Claims	**177**					
# Open	**2**	**Recovery Amount:**	**-$87.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$7,370.82**	**$0.00**	**$7,370.82**
Indemnity				**$51,162.78**	**$0.00**	**$51,162.78**
Medical				**$280,787.33**	**$0.00**	**$280,787.33**
				$339,320.93	**$0.00**	**$339,320.93**
# of Claims	**198**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$33,588.50**	**$60.00**	**$33,648.50**
Indemnity				**$445,692.69**	**$0.00**	**$445,692.69**
Medical				**$356,753.67**	**$112,504.90**	**$469,258.57**
				$836,034.86	**$112,564.90**	**$948,599.76**
# of Claims	**189**					
# Open	**1**	**Recovery Amount:**	**-$12,151.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$26,688.85**	**$176.00**	**$26,864.85**
Indemnity				**$560,224.64**	**$0.00**	**$560,224.64**
Medical				**$435,361.40**	**$92,494.77**	**$527,856.17**
				$1,022,274.89	**$92,670.77**	**$1,114,945.66**
# of Claims	**216**					
# Open	**1**	**Recovery Amount:**	**-$48,990.78**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$7,102.08**	**$0.00**	**$7,102.08**
Indemnity				**$72,373.24**	**$0.00**	**$72,373.24**
Medical				**$405,681.73**	**$0.00**	**$405,681.73**
				$485,157.05	**$0.00**	**$485,157.05**
# of Claims	**208**					
# Open	**0**	**Recovery Amount:**	**-$21,124.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$4,295.80**	**$0.00**	**$4,295.80**
Indemnity				**$72,750.23**	**$0.00**	**$72,750.23**
Medical				**$375,324.46**	**$0.00**	**$375,324.46**
				$452,370.49	**$0.00**	**$452,370.49**
# of Claims	**213**					
# Open	**0**	**Recovery Amount:**	**-$53,885.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$21,687.46**	**$0.00**	**$21,687.46**
Indemnity				**$186,491.15**	**$0.00**	**$186,491.15**
Medical				**$645,913.69**	**$0.00**	**$645,913.69**
				$854,092.30	**$0.00**	**$854,092.30**
# of Claims	**234**					
# Open	**0**	**Recovery Amount:**	**-$1,191.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$22,776.31**	**$0.00**	**$22,776.31**
Indemnity				**$753,550.00**	**$0.00**	**$753,550.00**
Medical				**$611,771.72**	**$76,136.88**	**$687,908.60**
				$1,388,098.03	**$76,136.88**	**$1,464,234.91**
# of Claims	**192**					
# Open	**1**	**Recovery Amount:**	**-$13,093.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$57,669.20**	**$0.00**	**$57,669.20**
Indemnity				**$525,429.00**	**$0.00**	**$525,429.00**
Medical				**$1,298,120.45**	**$54,630.98**	**$1,352,751.43**
				$1,881,218.65	**$54,630.98**	**$1,935,849.63**
# of Claims	**231**					
# Open	**1**	**Recovery Amount:**	**-$3,146.95**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$32,734.98**	**$992.00**	**$33,726.98**
Indemnity				**$427,478.20**	**$0.00**	**$427,478.20**
Medical				**$636,700.79**	**$26,589.27**	**$663,290.06**
				$1,096,913.97	**$27,581.27**	**$1,124,495.24**
# of Claims	**242**					
# Open	**1**	**Recovery Amount:**	**-$26,377.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$123,247.04**	**$0.00**	**$123,247.04**
Indemnity				**$1,601,763.19**	**$0.00**	**$1,601,763.19**
Medical				**$846,593.68**	**$191,985.95**	**$1,038,579.63**
				$2,571,603.91	**$191,985.95**	**$2,763,589.86**
# of Claims	**208**					
# Open	**3**	**Recovery Amount:**	**-$81.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$32,156.22**	**$1,155.84**	**$33,312.06**
Indemnity				**$138,460.69**	**$0.00**	**$138,460.69**
Medical				**$1,001,226.21**	**$491,791.78**	**$1,493,017.99**
				$1,171,843.12	**$492,947.62**	**$1,664,790.74**
# of Claims	**241**					
# Open	**3**	**Recovery Amount:**	**-$75,107.46**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$6,070.90**	**$0.00**	**$6,070.90**
Indemnity				**$246,013.52**	**$0.00**	**$246,013.52**
Medical				**$403,071.91**	**$0.00**	**$403,071.91**
				$655,156.33	**$0.00**	**$655,156.33**
# of Claims	**221**					
# Open	**0**	**Recovery Amount:**	**-$699.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$17,053.48**	**$1,456.18**	**$18,509.66**
Indemnity				**$117,691.86**	**$47,045.88**	**$164,737.74**
Medical				**$188,689.05**	**$39,230.83**	**$227,919.88**
				$323,434.39	**$87,732.89**	**$411,167.28**
# of Claims	**186**					
# Open	**1**	**Recovery Amount:**	**-$4,885.48**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$2,392.31**	**$0.00**	**$2,392.31**
Indemnity				**$76,318.67**	**$3,486.00**	**$79,804.67**
Medical				**$324,551.68**	**$3,712.49**	**$328,264.17**
				$403,262.66	**$7,198.49**	**$410,461.15**
# of Claims	**177**					
# Open	**1**	**Recovery Amount:**	**-$545.78**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8,008.55**	**$5,179.89**	**$13,188.44**
Indemnity				**$274,562.85**	**$207,037.88**	**$481,600.73**
Medical				**$463,416.94**	**$74,857.02**	**$538,273.96**
				$745,988.34	**$287,074.79**	**$1,033,063.13**
# of Claims	**199**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$1,314.98**	**$3,860.95**	**$5,175.93**
Indemnity				**$67,766.13**	**$2,946.47**	**$70,712.60**
Medical				**$248,205.04**	**$68,559.19**	**$316,764.23**
				$317,286.15	**$75,366.61**	**$392,652.76**
# of Claims	**145**					
# Open	**3**	**Recovery Amount:**	**-$19,427.97**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$14,317.68**	**$12,774.46**	**$27,092.14**
Indemnity				**$171,347.69**	**$107,123.87**	**$278,471.56**
Medical				**$482,985.12**	**$254,648.60**	**$737,633.72**
				$668,650.49	**$374,546.93**	**$1,043,197.42**
# of Claims	**115**					
# Open	**4**	**Recovery Amount:**	**-$272.94**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$719.19**	**$3,759.87**	**$4,479.06**
Indemnity				**$5,888.90**	**$20,611.15**	**$26,500.05**
Medical				**$91,048.73**	**$101,672.88**	**$192,721.61**
				$97,656.82	**$126,043.90**	**$223,700.72**
# of Claims	**77**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$4,517.89**	**$382.85**	**$4,900.74**
Indemnity				**$36,037.03**	**$15,718.87**	**$51,755.90**
Medical				**$172,969.80**	**$219,825.83**	**$392,795.63**
				$213,524.72	**$235,927.55**	**$449,452.27**
# of Claims	**92**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$883.96**	**$8,411.49**	**$9,295.45**
Indemnity				**$21,587.27**	**$34,694.94**	**$56,282.21**
Medical				**$92,479.76**	**$113,463.47**	**$205,943.23**
				$114,950.99	**$156,569.90**	**$271,520.89**
# of Claims	**105**					
# Open	**22**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$668,120.34**	**$98,568.17**	**$766,688.51**
Indemnity				**$11,782,279.05**	**$438,665.06**	**$12,220,944.11**
Medical				**$21,421,771.77**	**$5,422,754.75**	**$26,844,526.52**
				$33,872,171.16	**$5,959,987.98**	**$39,832,159.14**
# of Claims	**7,472**					
# Open	**67**	**Recovery Amount:**	**-$448,349.00**			

262 - Dept of Aging and Rehab Service

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$315.35	$0.00	$315.35
Indemnity.....	.....			$34,886.33	$0.00	$34,886.33
Medical.....	.....			$62,816.39	$0.00	$62,816.39
				$98,018.07	$0.00	$98,018.07
# of Claims	92					
# Open	0	Recovery Amount:	-$1,117.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$33,687.24	$0.00	$33,687.24
Indemnity.....	.....			$360,674.54	$0.00	$360,674.54
Medical.....	.....			$331,610.70	$0.00	$331,610.70
				$725,972.48	$0.00	$725,972.48
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$6,451.33	$0.00	$6,451.33
Indemnity.....	.....			$95,745.16	$0.00	$95,745.16
Medical.....	.....			$261,974.01	$0.00	$261,974.01
				$364,170.50	$0.00	$364,170.50
# of Claims	76					
# Open	0	Recovery Amount:	-$26,024.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$15,317.90	$0.00	$15,317.90
Indemnity.....	.....			$650,406.16	$0.00	$650,406.16
Medical.....	.....			$579,807.16	$0.00	$579,807.16
				$1,245,531.22	$0.00	$1,245,531.22
# of Claims	78					
# Open	0	Recovery Amount:	-$2,187.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$4,941.52	$178.48	$5,120.00
Indemnity.....	.....			$206,404.56	$0.00	$206,404.56
Medical.....	.....			$817,092.92	$486,522.18	$1,303,615.10
				$1,028,439.00	$486,700.66	$1,515,139.66
# of Claims	108					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$2,404.40**	**$0.00**	**$2,404.40**
Indemnity				**$202,223.00**	**$0.00**	**$202,223.00**
Medical				**$89,806.20**	**$0.00**	**$89,806.20**
				$294,433.60	**$0.00**	**$294,433.60**
# of Claims	**96**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$150.00**	**$0.00**	**$150.00**
Indemnity				**$243,979.43**	**$0.00**	**$243,979.43**
Medical				**$156,689.01**	**$0.00**	**$156,689.01**
				$400,818.44	**$0.00**	**$400,818.44**
# of Claims	**101**					
# Open	**0**	**Recovery Amount:**	**-$69.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$670.00**	**$0.00**	**$670.00**
Indemnity				**$110,998.02**	**$0.00**	**$110,998.02**
Medical				**$75,091.33**	**$0.00**	**$75,091.33**
				$186,759.35	**$0.00**	**$186,759.35**
# of Claims	**127**					
# Open	**0**	**Recovery Amount:**	**-$18,917.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$6,524.27**	**$128.36**	**$6,652.63**
Indemnity				**$17,609.58**	**$0.00**	**$17,609.58**
Medical				**$202,863.76**	**$20,465.91**	**$223,329.67**
				$226,997.61	**$20,594.27**	**$247,591.88**
# of Claims	**89**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$957.01**	**$0.00**	**$957.01**
Indemnity				**$149,147.51**	**$0.00**	**$149,147.51**
Medical				**$161,873.29**	**$0.00**	**$161,873.29**
				$311,977.81	**$0.00**	**$311,977.81**
# of Claims	**118**					
# Open	**0**	**Recovery Amount:**	**-$4,212.93**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$7.36**	**$0.00**	**$7.36**
Indemnity				**$3,711.22**	**$0.00**	**$3,711.22**
Medical				**$11,813.20**	**$0.00**	**$11,813.20**
				$15,531.78	**$0.00**	**$15,531.78**
# of Claims	**86**					
# Open	**0**	**Recovery Amount:**	**-$2,585.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$404.80**	**$0.00**	**$404.80**
Indemnity				**$143,126.94**	**$0.00**	**$143,126.94**
Medical				**$323,516.60**	**$143,879.42**	**$467,396.02**
				$467,048.34	**$143,879.42**	**$610,927.76**
# of Claims	**94**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$2,445.01**	**$160.00**	**$2,605.01**
Indemnity				**$67,677.00**	**$0.00**	**$67,677.00**
Medical				**$190,511.00**	**$545,293.94**	**$735,804.94**
				$260,633.01	**$545,453.94**	**$806,086.95**
# of Claims	**81**					
# Open	**1**	**Recovery Amount:**	**-$709.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,657.25**	**$0.00**	**$4,657.25**
Medical				**$32,614.09**	**$0.00**	**$32,614.09**
				$37,271.34	**$0.00**	**$37,271.34**
# of Claims	**84**					
# Open	**0**	**Recovery Amount:**	**-$962.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$20,553.87**	**$0.00**	**$20,553.87**
Indemnity				**$414,999.70**	**$0.00**	**$414,999.70**
Medical				**$299,734.07**	**$0.00**	**$299,734.07**
				$735,287.64	**$0.00**	**$735,287.64**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**-$65,780.65**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,217.00**	**$0.00**	**$9,217.00**
				$9,217.00	**$0.00**	**$9,217.00**
# of Claims	**88**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,917.82**	**$1,409.38**	**$8,327.20**
Indemnity				**$114,940.67**	**$0.00**	**$114,940.67**
Medical				**$53,434.71**	**$34,012.29**	**$87,447.00**
				$175,293.20	**$35,421.67**	**$210,714.87**
# of Claims	**68**					
# Open	**1**	**Recovery Amount:**	**-$83.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$2,162.00**	**$0.00**	**$2,162.00**
Indemnity				**$144,900.88**	**$0.00**	**$144,900.88**
Medical				**$86,789.90**	**$0.00**	**$86,789.90**
				$233,852.78	**$0.00**	**$233,852.78**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$16,941.95**	**$0.00**	**$16,941.95**
Indemnity				**$422,865.52**	**$0.00**	**$422,865.52**
Medical				**$1,022,458.04**	**$405,544.79**	**$1,428,002.83**
				$1,462,265.51	**$405,544.79**	**$1,867,810.30**
# of Claims	**75**					
# Open	**1**	**Recovery Amount:**	**-$10,355.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$2,122.22**	**$192.00**	**$2,314.22**
Indemnity				**$56,695.29**	**$0.00**	**$56,695.29**
Medical				**$202,328.06**	**$46,176.60**	**$248,504.66**
				$261,145.57	**$46,368.60**	**$307,514.17**
# of Claims	**59**					
# Open	**1**	**Recovery Amount:**	**-$4,583.33**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$143.12**	**$0.00**	**$143.12**
Indemnity				**$21,864.28**	**$0.00**	**$21,864.28**
Medical				**$36,571.92**	**$0.00**	**$36,571.92**
				$58,579.32	**$0.00**	**$58,579.32**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$219.83**	**$0.00**	**$219.83**
Indemnity				**$45,387.13**	**$0.00**	**$45,387.13**
Medical				**$263,731.93**	**$0.00**	**$263,731.93**
				$309,338.89	**$0.00**	**$309,338.89**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**-$9,068.26**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$318.72**	**$0.00**	**$318.72**
Indemnity				**$11,288.08**	**$0.00**	**$11,288.08**
Medical				**$77,034.61**	**$0.00**	**$77,034.61**
				$88,641.41	**$0.00**	**$88,641.41**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$985.42**	**$0.00**	**$985.42**
Indemnity				**$15,734.28**	**$0.00**	**$15,734.28**
Medical				**$227,842.50**	**$0.00**	**$227,842.50**
				$244,562.20	**$0.00**	**$244,562.20**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$68.00**	**$0.00**	**$68.00**
Indemnity				**$16.36**	**$0.00**	**$16.36**
Medical				**$16,347.05**	**$0.00**	**$16,347.05**
				$16,431.41	**$0.00**	**$16,431.41**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$4,243.05**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$3,009.11**	**$0.00**	**$3,009.11**
Indemnity				**$2,039.33**	**$0.00**	**$2,039.33**
Medical				**$152,245.87**	**$0.00**	**$152,245.87**
				$157,294.31	**$0.00**	**$157,294.31**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$1,280.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$2,111.70**	**$4,026.57**	**$6,138.27**
Indemnity				**$13,233.92**	**$0.00**	**$13,233.92**
Medical				**$73,924.84**	**$24,673.53**	**$98,598.37**
				$89,270.46	**$28,700.10**	**$117,970.56**
# of Claims	**49**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$15,738.28**	**$5,985.62**	**$21,723.90**
Indemnity				**$472,701.14**	**$9,343.44**	**$482,044.58**
Medical				**$569,652.81**	**$427.99**	**$570,080.80**
				$1,058,092.23	**$15,757.05**	**$1,073,849.28**
# of Claims	**50**					
# Open	**1**	**Recovery Amount:**	**-$5,472.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$368.22**	**$0.00**	**$368.22**
Indemnity				**$8,236.00**	**$0.00**	**$8,236.00**
Medical				**$94,969.00**	**$0.00**	**$94,969.00**
				$103,573.22	**$0.00**	**$103,573.22**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$3,346.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$375.00**	**$0.00**	**$375.00**
Indemnity				**$11,604.10**	**$0.00**	**$11,604.10**
Medical				**$81,759.98**	**$0.00**	**$81,759.98**
				$93,739.08	**$0.00**	**$93,739.08**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**-$656.80**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$2,593.06**	**$0.00**	**$2,593.06**
Indemnity				**$79,570.04**	**$0.00**	**$79,570.04**
Medical				**$114,963.86**	**$0.00**	**$114,963.86**
				$197,126.96	**$0.00**	**$197,126.96**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$279.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$2,105.57**	**$4,605.45**	**$6,711.02**
Indemnity				**$100,803.33**	**$120,760.63**	**$221,563.96**
Medical				**$260,816.36**	**$318,923.54**	**$579,739.90**
				$363,725.26	**$444,289.62**	**$808,014.88**
# of Claims	**31**					
# Open	**3**	**Recovery Amount:**	**-$12,063.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$365.52**	**$0.00**	**$365.52**
Indemnity				**$3,341.90**	**$0.00**	**$3,341.90**
Medical				**$5,816.10**	**$0.00**	**$5,816.10**
				$9,523.52	**$0.00**	**$9,523.52**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$1,194.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$464.45**	**$0.00**	**$464.45**
Indemnity				**$1,425.74**	**$0.00**	**$1,425.74**
Medical				**$28,537.25**	**$0.00**	**$28,537.25**
				$30,427.44	**$0.00**	**$30,427.44**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$93.19**	**$0.00**	**$93.19**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,893.96**	**$0.00**	**$4,893.96**
				$4,987.15	**$0.00**	**$4,987.15**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$76.90**	**$0.00**	**$76.90**
Indemnity				**$4,010.05**	**$0.00**	**$4,010.05**
Medical				**$3,690.34**	**$0.00**	**$3,690.34**
				$7,777.29	**$0.00**	**$7,777.29**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$175.92**	**$22.16**	**$198.08**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,126.24**	**$4,815.01**	**$9,941.25**
				$5,302.16	**$4,837.17**	**$10,139.33**
# of Claims	**10**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$152,186.06**	**$16,708.02**	**$168,894.08**
Indemnity				**$4,236,904.44**	**$130,104.07**	**$4,367,008.51**
Medical				**$6,989,966.06**	**$2,030,735.20**	**$9,020,701.26**
				$11,379,056.56	**$2,177,547.29**	**$13,556,603.85**
# of Claims	**2,381**					
# Open	**14**	**Recovery Amount:**	**-$175,193.23**			

263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$175.36	$0.00	$175.36
				$175.36	$0.00	$175.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.96	$0.00	$263.96
				$263.96	$0.00	$263.96
# of Claims	2					
# Open	0	Recovery Amount:	-$263.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$58.62**	**$0.00**	**$58.62**
Indemnity				**$193.94**	**$0.00**	**$193.94**
Medical				**$7,818.18**	**$0.00**	**$7,818.18**
				$8,070.74	**$0.00**	**$8,070.74**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$425.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$23.90**	**$0.00**	**$23.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$593.48**	**$0.00**	**$593.48**
				$617.38	**$0.00**	**$617.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,620.79**	**$0.00**	**$4,620.79**
				$4,628.79	**$0.00**	**$4,628.79**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,113.55**	**$0.00**	**$2,113.55**
				$2,113.55	**$0.00**	**$2,113.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$90.52**	**$0.00**	**$90.52**
Indemnity				**$193.94**	**$0.00**	**$193.94**
Medical				**$15,585.32**	**$0.00**	**$15,585.32**
				$15,869.78	**$0.00**	**$15,869.78**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$689.36**			

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$462.16	$0.00	$462.16
				$462.16	$0.00	$462.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$996.24	$0.00	$996.24
				$996.24	$0.00	$996.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$12,616.94	$0.00	$12,616.94
Indemnity.....	.....			$114,394.72	$0.00	$114,394.72
Medical.....	.....			$1,068,517.63	$0.00	$1,068,517.63
				$1,195,529.29	$0.00	$1,195,529.29
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,643.12	$0.00	$3,643.12
Indemnity.....	.....			$147,574.73	$0.00	$147,574.73
Medical.....	.....			$33,164.12	$0.00	$33,164.12
				$184,381.97	$0.00	$184,381.97
# of Claims	25					
# Open	0	Recovery Amount:	-$257.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$36.25	$0.00	$36.25
Indemnity.....	.....			$2,610.60	$0.00	$2,610.60
Medical.....	.....			$15,274.59	$0.00	$15,274.59
				$17,921.44	$0.00	$17,921.44
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$8.10**	**$0.00**	**$8.10**
Indemnity				**$18,006.59**	**$0.00**	**$18,006.59**
Medical				**$79,638.37**	**$0.00**	**$79,638.37**
				$97,653.06	**$0.00**	**$97,653.06**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$1,059.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$305.84**	**$0.00**	**$305.84**
Indemnity				**$35,973.27**	**$0.00**	**$35,973.27**
Medical				**$212,027.95**	**$6.66**	**$212,034.61**
				$248,307.06	**$6.66**	**$248,313.72**
# of Claims	**99**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,957.28**	**$0.00**	**$1,957.28**
Medical				**$9,771.41**	**$0.00**	**$9,771.41**
				$11,728.69	**$0.00**	**$11,728.69**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$47.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,003.69**	**$0.00**	**$3,003.69**
Medical				**$15,266.66**	**$0.00**	**$15,266.66**
				$18,270.35	**$0.00**	**$18,270.35**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,532.68**	**$0.00**	**$1,532.68**
Medical				**$38,723.40**	**$0.00**	**$38,723.40**
				$40,256.08	**$0.00**	**$40,256.08**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,969.31**	**$0.00**	**$2,969.31**
Medical				**$33,521.25**	**$0.00**	**$33,521.25**
				$36,490.56	**$0.00**	**$36,490.56**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,988.49**	**$0.00**	**$6,988.49**
Medical				**$33,541.46**	**$0.00**	**$33,541.46**
				$40,529.95	**$0.00**	**$40,529.95**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$258.14**	**$0.00**	**$258.14**
Medical				**$9,944.71**	**$0.00**	**$9,944.71**
				$10,202.85	**$0.00**	**$10,202.85**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,036.74**	**$0.00**	**$6,036.74**
				$6,036.74	**$0.00**	**$6,036.74**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,688.88**	**$0.00**	**$3,688.88**
Medical				**$52,523.53**	**$0.00**	**$52,523.53**
				$56,212.41	**$0.00**	**$56,212.41**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,442.20**	**$0.00**	**$2,442.20**
Medical				**$18,144.98**	**$0.00**	**$18,144.98**
				$20,587.18	**$0.00**	**$20,587.18**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,921.78**	**$0.00**	**$11,921.78**
Medical				**$26,029.46**	**$0.00**	**$26,029.46**
				$37,951.24	**$0.00**	**$37,951.24**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$152.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$99.05**	**$0.00**	**$99.05**
Indemnity				**$24,745.59**	**$0.00**	**$24,745.59**
Medical				**$23,165.95**	**$0.00**	**$23,165.95**
				$48,010.59	**$0.00**	**$48,010.59**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,268.08**	**$0.00**	**$6,268.08**
				$6,268.08	**$0.00**	**$6,268.08**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18,101.29**	**$0.00**	**$18,101.29**
				$18,109.29	**$0.00**	**$18,109.29**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$47.14**	**$0.00**	**$47.14**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22,108.39**	**$0.00**	**$22,108.39**
				$22,155.53	**$0.00**	**$22,155.53**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$45.93**	**$0.00**	**$45.93**
Indemnity				**$12,008.74**	**$0.00**	**$12,008.74**
Medical				**$43,948.71**	**$0.00**	**$43,948.71**
				$56,003.38	**$0.00**	**$56,003.38**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$4,750.52**	**$0.00**	**$4,750.52**
Medical				**$17,187.43**	**$0.00**	**$17,187.43**
				$21,945.95	**$0.00**	**$21,945.95**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$17,350.72**	**$0.00**	**$17,350.72**
Medical				**$89,632.44**	**$0.00**	**$89,632.44**
				$107,007.16	**$0.00**	**$107,007.16**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$44.36**	**$0.00**	**$44.36**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18,169.99**	**$0.00**	**$18,169.99**
				$18,214.35	**$0.00**	**$18,214.35**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$89.20**	**$0.00**	**$89.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,796.80**	**$0.00**	**$12,796.80**
				$12,886.00	**$0.00**	**$12,886.00**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$25.22**	**$0.00**	**$25.22**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,561.98**	**$0.00**	**$3,561.98**
				$3,587.20	**$0.00**	**$3,587.20**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15,613.82**	**$0.00**	**$15,613.82**
				$15,661.82	**$0.00**	**$15,661.82**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,947.82**	**$0.00**	**$5,947.82**
				$5,955.82	**$0.00**	**$5,955.82**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$26.82**	**$892.00**	**$918.82**
Indemnity				**$14,108.38**	**$40,639.59**	**$54,747.97**
Medical				**$43,466.42**	**$53,610.42**	**$97,076.84**
				$57,601.62	**$95,142.01**	**$152,743.63**
# of Claims	**15**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$17,083.97**	**$892.00**	**$17,975.97**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$426,286.31**	**$40,639.59**	**$466,925.90**
Medical	**$1,973,553.78**	**$53,617.08**	**$2,027,170.86**
	$2,416,924.06	**$95,148.67**	**$2,512,072.73**

# of Claims **1,089**

 # Open **6** **Recovery Amount:** **-$1,516.58**

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$3,564.96	$0.00	$3,564.96
Indemnity.....	.....			$12,831.68	$0.00	$12,831.68
Medical.....	.....			$22,025.40	$0.00	$22,025.40
				$38,422.04	$0.00	$38,422.04
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$521.20	$0.00	$521.20
Indemnity.....	.....			$15,238.19	$0.00	$15,238.19
Medical.....	.....			$39,021.17	$0.00	$39,021.17
				$54,780.56	$0.00	$54,780.56
# of Claims	47					
# Open	0	Recovery Amount:	-$1,411.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$45.90	$0.00	$45.90
Indemnity.....	.....			$14,762.58	$0.00	$14,762.58
Medical.....	.....			$49,148.99	$0.00	$49,148.99
				$63,957.47	$0.00	$63,957.47
# of Claims	36					
# Open	0	Recovery Amount:	-$3,070.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,187.36	$0.00	$10,187.36
Medical.....	.....			$40,610.12	$0.00	$40,610.12
				$50,797.48	$0.00	$50,797.48
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,215.45	$0.00	$1,215.45
Indemnity.....	.....			$209,560.42	$0.00	$209,560.42
Medical.....	.....			$98,692.77	$0.00	$98,692.77
				$309,468.64	$0.00	$309,468.64
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$2,804.52**	**$0.00**	**$2,804.52**
Indemnity				**$210,863.27**	**$0.00**	**$210,863.27**
Medical				**$46,284.25**	**$0.00**	**$46,284.25**
				$259,952.04	**$0.00**	**$259,952.04**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$16,600.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,963.72**	**$0.00**	**$12,963.72**
Medical				**$25,577.87**	**$0.00**	**$25,577.87**
				$38,541.59	**$0.00**	**$38,541.59**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**-$364.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$52,445.87**	**$0.00**	**$52,445.87**
Medical				**$80,421.06**	**$0.00**	**$80,421.06**
				$132,866.93	**$0.00**	**$132,866.93**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$3,005.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$2,395.00**	**$0.00**	**$2,395.00**
Indemnity				**$410,665.03**	**$0.00**	**$410,665.03**
Medical				**$103,378.16**	**$0.00**	**$103,378.16**
				$516,438.19	**$0.00**	**$516,438.19**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$1,263.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$125.63**	**$0.00**	**$125.63**
Indemnity				**$5,930.25**	**$0.00**	**$5,930.25**
Medical				**$19,014.43**	**$0.00**	**$19,014.43**
				$25,070.31	**$0.00**	**$25,070.31**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$418.00**	**$0.00**	**$418.00**
Indemnity				**$1,088.88**	**$0.00**	**$1,088.88**
Medical				**$13,424.06**	**$0.00**	**$13,424.06**
				$14,930.94	**$0.00**	**$14,930.94**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$3,427.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$3,687.14**	**$0.00**	**$3,687.14**
Indemnity				**$122,258.08**	**$0.00**	**$122,258.08**
Medical				**$98,023.67**	**$0.00**	**$98,023.67**
				$223,968.89	**$0.00**	**$223,968.89**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**-$16,811.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,478.21**	**$0.00**	**$4,478.21**
Medical				**$10,048.03**	**$0.00**	**$10,048.03**
				$14,526.24	**$0.00**	**$14,526.24**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$9,797.29**	**$0.00**	**$9,797.29**
Indemnity				**$261,293.14**	**$0.00**	**$261,293.14**
Medical				**$47,217.50**	**$0.00**	**$47,217.50**
				$318,307.93	**$0.00**	**$318,307.93**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$674.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$5,994.00**	**$0.00**	**$5,994.00**
Indemnity				**$552,552.67**	**$0.00**	**$552,552.67**
Medical				**$477,355.96**	**$0.00**	**$477,355.96**
				$1,035,902.63	**$0.00**	**$1,035,902.63**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$12,388.23**	**$0.00**	**$12,388.23**
Indemnity				**$190,094.29**	**$0.00**	**$190,094.29**
Medical				**$537,494.11**	**$0.00**	**$537,494.11**
				$739,976.63	**$0.00**	**$739,976.63**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$10,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$17,072.64**	**$0.00**	**$17,072.64**
Medical				**$96,580.78**	**$0.00**	**$96,580.78**
				$113,661.42	**$0.00**	**$113,661.42**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,538.84**	**$0.00**	**$20,538.84**
Medical				**$109,610.26**	**$0.00**	**$109,610.26**
				$130,149.10	**$0.00**	**$130,149.10**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,931.37**	**$0.00**	**$2,931.37**
Medical				**$33,659.45**	**$0.00**	**$33,659.45**
				$36,590.82	**$0.00**	**$36,590.82**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**-$245.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$26,742.75**	**$0.00**	**$26,742.75**
Medical				**$105,571.05**	**$0.00**	**$105,571.05**
				$132,313.80	**$0.00**	**$132,313.80**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$75.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$12,434.80**	**$0.00**	**$12,434.80**
Indemnity				**$14,013.31**	**$0.00**	**$14,013.31**
Medical				**$23,994.82**	**$0.00**	**$23,994.82**
				$50,442.93	**$0.00**	**$50,442.93**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$11,027.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$632.00**	**$0.00**	**$632.00**
Indemnity				**$8,303.69**	**$0.00**	**$8,303.69**
Medical				**$65,706.93**	**$0.00**	**$65,706.93**
				$74,642.62	**$0.00**	**$74,642.62**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$5,287.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$16,624.00**	**$0.00**	**$16,624.00**
Medical				**$75,473.54**	**$0.00**	**$75,473.54**
				$92,145.54	**$0.00**	**$92,145.54**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,273.59**	**$0.00**	**$1,273.59**
Medical				**$23,595.71**	**$0.00**	**$23,595.71**
				$24,869.30	**$0.00**	**$24,869.30**
# of Claims	**26**					
# Open	**1**	**Recovery Amount:**	**-$8,935.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$6,327.84**	**$0.00**	**$6,327.84**
Indemnity				**$139,358.89**	**$0.00**	**$139,358.89**
Medical				**$168,184.22**	**$0.00**	**$168,184.22**
				$313,870.95	**$0.00**	**$313,870.95**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$8.48**	**$0.00**	**$8.48**
Indemnity				**$2,729.62**	**$0.00**	**$2,729.62**
Medical				**$9,358.41**	**$0.00**	**$9,358.41**
				$12,096.51	**$0.00**	**$12,096.51**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$962.71**	**$0.00**	**$962.71**
Indemnity				**$44,731.17**	**$0.00**	**$44,731.17**
Medical				**$882,722.83**	**$0.00**	**$882,722.83**
				$928,416.71	**$0.00**	**$928,416.71**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$25,280.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$5,269.55**	**$0.00**	**$5,269.55**
Medical				**$8,803.64**	**$0.00**	**$8,803.64**
				$14,081.19	**$0.00**	**$14,081.19**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,159.10**	**$0.00**	**$4,159.10**
				$4,159.10	**$0.00**	**$4,159.10**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$524.25**	**$0.00**	**$524.25**
Indemnity				**$5,521.17**	**$0.00**	**$5,521.17**
Medical				**$48,483.79**	**$0.00**	**$48,483.79**
				$54,529.21	**$0.00**	**$54,529.21**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**-$3,939.17**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$193.21**	**$0.00**	**$193.21**
Indemnity				**$413.70**	**$0.00**	**$413.70**
Medical				**$1,940.54**	**$0.00**	**$1,940.54**
				$2,547.45	**$0.00**	**$2,547.45**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$13,039.79**	**$0.00**	**$13,039.79**
Medical				**$33,918.48**	**$0.00**	**$33,918.48**
				$46,990.27	**$0.00**	**$46,990.27**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**-$456.76**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$258.74**	**$60.25**	**$318.99**
Indemnity				**$13,433.67**	**$0.00**	**$13,433.67**
Medical				**$119,649.10**	**$53,184.20**	**$172,833.30**
				$133,341.51	**$53,244.45**	**$186,585.96**
# of Claims	**28**					
# Open	**1**	**Recovery Amount:**	**-$11,990.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$4,929.39**	**$0.00**	**$4,929.39**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,451.80**	**$0.00**	**$7,451.80**
				$12,381.19	**$0.00**	**$12,381.19**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**-$6,374.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$160.60**	**$0.00**	**$160.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,503.56**	**$0.00**	**$16,503.56**
				$16,664.16	**$0.00**	**$16,664.16**
# of Claims	**37**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$6,590.13**	**$3,046.51**	**$9,636.64**
Indemnity				**$55,661.60**	**$3,228.04**	**$58,889.64**
Medical				**$78,997.18**	**$21,008.26**	**$100,005.44**
				$141,248.91	**$27,282.81**	**$168,531.72**
# of Claims	**36**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$109.68**	**$500.00**	**$609.68**
Indemnity				**$0.00**	**$29,780.00**	**$29,780.00**
Medical				**$11,695.68**	**$30,717.96**	**$42,413.64**
				$11,805.36	**$60,997.96**	**$72,803.32**
# of Claims	**41**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$76,185.15**	**$3,606.76**	**$79,791.91**
Indemnity				**$2,474,872.99**	**$33,008.04**	**$2,507,881.03**
Medical				**$3,633,798.42**	**$104,910.42**	**$3,738,708.84**
				$6,184,856.56	**$141,525.22**	**$6,326,381.78**
# of Claims	**1,177**					
# Open	**11**	**Recovery Amount:**	**-$130,241.59**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

305 - STATE MILK COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

330 - VA ISRAEL ADVISORY BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$5,663.67**	**$0.00**	**$5,663.67**
				$5,663.67	**$0.00**	**$5,663.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$5,663.67**	**$0.00**	**$5,663.67**
				$5,663.67	**$0.00**	**$5,663.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$71.00	$0.00	$71.00
				$71.00	$0.00	$71.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,453.04	$0.00	$1,453.04
				$1,453.04	$0.00	$1,453.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,370.28	$0.00	$1,370.28
Medical.....	.....			$782.25	$0.00	$782.25
				$2,152.53	$0.00	$2,152.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$392.85	$0.00	$392.85
Indemnity.....	.....			$48,815.29	$0.00	$48,815.29
Medical.....	.....			$82,213.76	$0.00	$82,213.76
				$131,421.90	$0.00	$131,421.90
# of Claims	1					
# Open	0	Recovery Amount:	-$360.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,914.87	$0.00	$7,914.87
Medical.....	.....			$7,123.23	$0.00	$7,123.23
				$15,038.10	$0.00	$15,038.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,159.58**	**$0.00**	**$14,159.58**
Medical				**$3,294.61**	**$0.00**	**$3,294.61**
				$17,454.19	**$0.00**	**$17,454.19**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$10,513.41**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$311.62**	**$0.00**	**$311.62**
Medical				**$4,301.21**	**$0.00**	**$4,301.21**
				$4,612.83	**$0.00**	**$4,612.83**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,253.30**	**$0.00**	**$1,253.30**
				$1,253.30	**$0.00**	**$1,253.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$37.00	**$0.00**	**$37.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.00**	**$0.00**	**$130.00**
				$167.00	**$0.00**	**$167.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$7,281.80**	**$0.00**	**$7,281.80**
Indemnity				**$129,667.98**	**$0.00**	**$129,667.98**
Medical				**$59,084.39**	**$0.00**	**$59,084.39**
				$196,034.17	**$0.00**	**$196,034.17**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$903.01**	**$0.00**	**$903.01**
Medical				**$8,530.22**	**$0.00**	**$8,530.22**
				$9,433.23	**$0.00**	**$9,433.23**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$36.00	**$0.00**	**$36.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$378.42**	**$0.00**	**$378.42**
				$378.42	**$0.00**	**$378.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$38.87**	**$0.00**	**$38.87**
				$38.87	**$0.00**	**$38.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$516.22**	**$0.00**	**$516.22**
				$516.22	**$0.00**	**$516.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$12.68**	**$0.00**	**$12.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,922.60**	**$0.00**	**$1,922.60**
				$1,935.28	**$0.00**	**$1,935.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$18.00**	**$0.00**	**$18.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,338.22**	**$0.00**	**$2,338.22**
				$2,356.22	**$0.00**	**$2,356.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$360.04**	**$0.00**	**$360.04**
				$360.04	**$0.00**	**$360.04**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$7,841.83**	**$0.00**	**$7,841.83**
Indemnity				**$203,142.63**	**$0.00**	**$203,142.63**
Medical				**$173,791.38**	**$0.00**	**$173,791.38**
				$384,775.84	**$0.00**	**$384,775.84**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**-$10,874.20**			

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,051.57	$0.00	$3,051.57
Medical.....	.....			$4,209.53	$0.00	$4,209.53
				$7,261.10	$0.00	$7,261.10
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,153.56	$0.00	$1,153.56
Medical.....	.....			$2,004.90	$0.00	$2,004.90
				$3,158.46	$0.00	$3,158.46
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,190.85	$0.00	$1,190.85
Medical.....	.....			$1,713.47	$0.00	$1,713.47
				$2,904.32	$0.00	$2,904.32
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,071.48	$0.00	$3,071.48
Medical.....	.....			$4,829.18	$0.00	$4,829.18
				$7,900.66	$0.00	$7,900.66
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179,335.82	$0.00	$179,335.82
Medical.....	.....			$7,827.33	$0.00	$7,827.33
				$187,163.15	$0.00	$187,163.15
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,108.68**	**$0.00**	**$8,108.68**
Medical				**$9,532.77**	**$0.00**	**$9,532.77**
				$17,641.45	**$0.00**	**$17,641.45**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,397.20**	**$0.00**	**$16,397.20**
Medical				**$33,815.89**	**$0.00**	**$33,815.89**
				$50,213.09	**$0.00**	**$50,213.09**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$8.50**	**$0.00**	**$8.50**
Indemnity				**$24,464.27**	**$0.00**	**$24,464.27**
Medical				**$150,077.03**	**$0.00**	**$150,077.03**
				$174,549.80	**$0.00**	**$174,549.80**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,143.21**	**$0.00**	**$3,143.21**
Medical				**$9,577.05**	**$0.00**	**$9,577.05**
				$12,720.26	**$0.00**	**$12,720.26**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**-$124.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$178,043.68**	**$0.00**	**$178,043.68**
Medical				**$21,719.87**	**$0.00**	**$21,719.87**
				$199,763.55	**$0.00**	**$199,763.55**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$62.03**	**$0.00**	**$62.03**
Indemnity				**$326,740.53**	**$0.00**	**$326,740.53**
Medical				**$125,997.89**	**$0.00**	**$125,997.89**
				$452,800.45	**$0.00**	**$452,800.45**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**-$4,433.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$190,753.24**	**$0.00**	**$190,753.24**
Medical				**$24,093.51**	**$0.00**	**$24,093.51**
				$214,846.75	**$0.00**	**$214,846.75**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,135.42**	**$0.00**	**$5,135.42**
Medical				**$20,503.77**	**$0.00**	**$20,503.77**
				$25,639.19	**$0.00**	**$25,639.19**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$2,046.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,732.02**	**$0.00**	**$7,732.02**
Medical				**$26,902.14**	**$0.00**	**$26,902.14**
				$34,634.16	**$0.00**	**$34,634.16**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**-$508.36**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$1,488.00**	**$0.00**	**$1,488.00**
Indemnity				**$161,729.33**	**$0.00**	**$161,729.33**
Medical				**$69,387.31**	**$0.00**	**$69,387.31**
				$232,604.64	**$0.00**	**$232,604.64**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$8,752.02	$42,744.62	$51,496.64
Indemnity.....	.....			$168,908.90	$0.00	$168,908.90
Medical.....	.....			$317,017.47	$105,722.62	$422,740.09
				$494,678.39	$148,467.24	$643,145.63
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$12,903.04	$0.00	$12,903.04
Indemnity.....	.....			$332,249.83	$0.00	$332,249.83
Medical.....	.....			$328,015.71	$0.00	$328,015.71
				$673,168.58	$0.00	$673,168.58
# of Claims	14					
# Open	0	Recovery Amount:	-$1,547.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$15,743.72	$0.00	$15,743.72
Medical.....	.....			$361,341.21	$0.00	$361,341.21
				$377,092.93	$0.00	$377,092.93
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,397.60	$0.00	$1,397.60
Medical.....	.....			$11,353.13	$0.00	$11,353.13
				$12,750.73	$0.00	$12,750.73
# of Claims	16					
# Open	0	Recovery Amount:	-$1,479.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$212.51	$0.00	$212.51
Medical.....	.....			$9,091.83	$0.00	$9,091.83
				$9,304.34	$0.00	$9,304.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,440.12**	**$0.00**	**$8,440.12**
				$8,440.12	**$0.00**	**$8,440.12**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**-$819.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$507.57**	**$0.00**	**$507.57**
Medical				**$3,391.12**	**$0.00**	**$3,391.12**
				$3,898.69	**$0.00**	**$3,898.69**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$68.00**	**$0.00**	**$68.00**
Indemnity				**$4,166.68**	**$0.00**	**$4,166.68**
Medical				**$59,526.46**	**$0.00**	**$59,526.46**
				$63,761.14	**$0.00**	**$63,761.14**
# of Claims	**18**					
# Open	**1**	**Recovery Amount:**	**-$45.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$97.38**	**$0.00**	**$97.38**
Indemnity				**$12,552.58**	**$0.00**	**$12,552.58**
Medical				**$134,870.48**	**$0.00**	**$134,870.48**
				$147,520.44	**$0.00**	**$147,520.44**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$48.00**	**$144.00**	**$192.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28,650.45**	**$35,504.42**	**$64,154.87**
				$28,698.45	**$35,648.42**	**$64,346.87**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**-$173.42**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$15,167.53**	**$18.82**	**$15,186.35**
Indemnity				**$237,004.74**	**$0.00**	**$237,004.74**
Medical				**$425,591.08**	**$781,605.41**	**$1,207,196.49**
				$677,763.35	**$781,624.23**	**$1,459,387.58**
# of Claims	**12**					
# Open	**2**	**Recovery Amount:**	**-$2,363.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,687.60**	**$0.00**	**$3,687.60**
				$3,687.60	**$0.00**	**$3,687.60**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$31,437.05**	**$1,746.28**	**$33,183.33**
Indemnity				**$567,074.16**	**$44,480.90**	**$611,555.06**
Medical				**$245,321.72**	**$99,986.64**	**$345,308.36**
				$843,832.93	**$146,213.82**	**$990,046.75**
# of Claims	**14**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$600.80**	**$0.00**	**$600.80**
Medical				**$32,657.75**	**$0.00**	**$32,657.75**
				$33,294.55	**$0.00**	**$33,294.55**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$28,316.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$83.50**	**$0.00**	**$83.50**
Indemnity				**$17,881.40**	**$0.00**	**$17,881.40**
Medical				**$59,032.84**	**$0.00**	**$59,032.84**
				$76,997.74	**$0.00**	**$76,997.74**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$655.46**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$13.70**	**$0.00**	**$13.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,746.03**	**$0.00**	**$3,746.03**
				$3,759.73	**$0.00**	**$3,759.73**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$1,626.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$262.16**	**$0.00**	**$262.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,469.78**	**$0.00**	**$6,469.78**
				$6,731.94	**$0.00**	**$6,731.94**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$228.82**	**$0.00**	**$228.82**
Indemnity				**$665.16**	**$0.00**	**$665.16**
Medical				**$8,757.85**	**$0.00**	**$8,757.85**
				$9,651.83	**$0.00**	**$9,651.83**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$47.85**	**$0.00**	**$47.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,992.49**	**$0.00**	**$2,992.49**
				$3,040.34	**$0.00**	**$3,040.34**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$3,492.19**	**$0.00**	**$3,492.19**
Indemnity				**$24,613.82**	**$0.00**	**$24,613.82**
Medical				**$51,029.39**	**$0.00**	**$51,029.39**
				$79,135.40	**$0.00**	**$79,135.40**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,057.47**	**$0.00**	**$11,057.47**
				$11,057.47	**$0.00**	**$11,057.47**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$50.60**	**$79.40**	**$130.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,785.61**	**$2,262.94**	**$5,048.55**
				$2,836.21	**$2,342.34**	**$5,178.55**
# of Claims	**6**					
# Open	**2**	**Recovery Amount:**	**-$2,785.61**			

Grand Totals						
Expense				**$74,254.37**	**$44,733.12**	**$118,987.49**
Indemnity				**$2,493,630.33**	**$44,480.90**	**$2,538,111.23**
Medical				**$2,627,019.23**	**$1,025,082.03**	**$3,652,101.26**
				$5,194,903.93	**$1,114,296.05**	**$6,309,199.98**
# of Claims	**535**					
# Open	**9**	**Recovery Amount:**	**-$46,926.37**			

403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,708.60	$0.00	$5,708.60
Medical.....	.....			$8,016.62	$0.00	$8,016.62
				$13,725.22	$0.00	$13,725.22
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$728.56	$0.00	$728.56
Indemnity.....	.....			$3,276.29	$0.00	$3,276.29
Medical.....	.....			$27,282.47	$0.00	$27,282.47
				$31,287.32	$0.00	$31,287.32
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$144.00	$0.00	$144.00
Indemnity.....	.....			$36,103.72	$0.00	$36,103.72
Medical.....	.....			$44,507.01	$0.00	$44,507.01
				$80,754.73	$0.00	$80,754.73
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,213.38	$0.00	$1,213.38
Indemnity.....	.....			$19,171.30	$0.00	$19,171.30
Medical.....	.....			$31,796.34	$0.00	$31,796.34
				$52,181.02	$0.00	$52,181.02
# of Claims	58					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$562.50	$0.00	$562.50
Indemnity.....	.....			$18,294.33	$0.00	$18,294.33
Medical.....	.....			$60,346.85	$0.00	$60,346.85
				$79,203.68	$0.00	$79,203.68
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,771.27**	**$0.00**	**$11,771.27**
Medical				**$40,366.61**	**$0.00**	**$40,366.61**
				$52,137.88	**$0.00**	**$52,137.88**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$8.00**	**$8.00**	**$16.00**
Indemnity				**$27,991.24**	**$0.00**	**$27,991.24**
Medical				**$51,482.68**	**$8,866.36**	**$60,349.04**
				$79,481.92	**$8,874.36**	**$88,356.28**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**-$179.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,896.52**	**$0.00**	**$16,896.52**
Medical				**$64,939.91**	**$0.00**	**$64,939.91**
				$81,836.43	**$0.00**	**$81,836.43**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$1,545.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$7,556.95**	**$316.52**	**$7,873.47**
Indemnity				**$261,640.89**	**$0.00**	**$261,640.89**
Medical				**$648,794.96**	**$247,653.58**	**$896,448.54**
				$917,992.80	**$247,970.10**	**$1,165,962.90**
# of Claims	**62**					
# Open	**1**	**Recovery Amount:**	**-$282.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$44,644.63**	**$0.00**	**$44,644.63**
Medical				**$187,126.64**	**$0.00**	**$187,126.64**
				$231,779.27	**$0.00**	**$231,779.27**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**-$1,985.77**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$30,037.43**	**$0.00**	**$30,037.43**
Medical				**$115,063.75**	**$0.00**	**$115,063.75**
				$145,109.18	**$0.00**	**$145,109.18**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**-$253.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$514.23**	**$0.00**	**$514.23**
Indemnity				**$43,573.81**	**$0.00**	**$43,573.81**
Medical				**$121,011.93**	**$0.00**	**$121,011.93**
				$165,099.97	**$0.00**	**$165,099.97**
# of Claims	**80**					
# Open	**0**	**Recovery Amount:**	**-$901.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,776.45**	**$0.00**	**$1,776.45**
Indemnity				**$87,068.60**	**$0.00**	**$87,068.60**
Medical				**$101,565.46**	**$2,798.39**	**$104,363.85**
				$190,410.51	**$2,798.39**	**$193,208.90**
# of Claims	**72**					
# Open	**1**	**Recovery Amount:**	**-$6,414.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,255.83**	**$0.00**	**$18,255.83**
Medical				**$96,993.69**	**$0.00**	**$96,993.69**
				$115,249.52	**$0.00**	**$115,249.52**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**-$874.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$2,260.00**	**$0.00**	**$2,260.00**
Indemnity				**$371,373.94**	**$0.00**	**$371,373.94**
Medical				**$95,646.68**	**$0.00**	**$95,646.68**
				$469,280.62	**$0.00**	**$469,280.62**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$5,700.00**	**$0.00**	**$5,700.00**
Indemnity				**$255,167.15**	**$0.00**	**$255,167.15**
Medical				**$570,816.55**	**$128,056.44**	**$698,872.99**
				$831,683.70	**$128,056.44**	**$959,740.14**
# of Claims	**65**					
# Open	**1**	**Recovery Amount:**	**-$2,026.72**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$11,550.97**	**$0.00**	**$11,550.97**
Indemnity				**$29,152.61**	**$0.00**	**$29,152.61**
Medical				**$240,043.42**	**$0.00**	**$240,043.42**
				$280,747.00	**$0.00**	**$280,747.00**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$48,165.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$6,007.52**	**$40.00**	**$6,047.52**
Indemnity				**$216,261.69**	**$0.00**	**$216,261.69**
Medical				**$620,470.78**	**$439,510.01**	**$1,059,980.79**
				$842,739.99	**$439,550.01**	**$1,282,290.00**
# of Claims	**41**					
# Open	**2**	**Recovery Amount:**	**-$206.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$40,451.74**	**$20.00**	**$40,471.74**
Indemnity				**$598,075.91**	**$0.00**	**$598,075.91**
Medical				**$1,072,268.13**	**$462,766.72**	**$1,535,034.85**
				$1,710,795.78	**$462,786.72**	**$2,173,582.50**
# of Claims	**62**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$10,080.68**	**$0.00**	**$10,080.68**
Medical				**$184,103.53**	**$25,044.52**	**$209,148.05**
				$194,192.21	**$25,044.52**	**$219,236.73**
# of Claims	**53**					
# Open	**1**	**Recovery Amount:**	**-$3,317.84**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$541.81**	**$0.00**	**$541.81**
Indemnity				**$25,710.28**	**$0.00**	**$25,710.28**
Medical				**$64,828.95**	**$0.00**	**$64,828.95**
				$91,081.04	**$0.00**	**$91,081.04**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**-$292.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$4,303.14**	**$0.00**	**$4,303.14**
Indemnity				**$347,466.83**	**$0.00**	**$347,466.83**
Medical				**$374,934.64**	**$0.00**	**$374,934.64**
				$726,704.61	**$0.00**	**$726,704.61**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**-$16,666.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$44.50**	**$0.00**	**$44.50**
Indemnity				**$59,382.36**	**$0.00**	**$59,382.36**
Medical				**$179,025.76**	**$0.00**	**$179,025.76**
				$238,452.62	**$0.00**	**$238,452.62**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$28,385.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$6,156.14**	**$15,386.58**	**$21,542.72**
Indemnity				**$21,965.71**	**$0.00**	**$21,965.71**
Medical				**$299,395.43**	**$246,218.72**	**$545,614.15**
				$327,517.28	**$261,605.30**	**$589,122.58**
# of Claims	**40**					
# Open	**2**	**Recovery Amount:**	**-$836.42**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$501.52**	**$0.00**	**$501.52**
Indemnity				**$881.06**	**$0.00**	**$881.06**
Medical				**$28,181.37**	**$0.00**	**$28,181.37**
				$29,563.95	**$0.00**	**$29,563.95**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$1,356.44**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$101.24**	**$2,039.00**	**$2,140.24**
Indemnity				**$123,725.94**	**$0.00**	**$123,725.94**
Medical				**$221,267.78**	**$1,794.02**	**$223,061.80**
				$345,094.96	**$3,833.02**	**$348,927.98**
# of Claims	**45**					
# Open	**1**	**Recovery Amount:**	**-$94.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$3,627.36**	**$0.00**	**$3,627.36**
Indemnity				**$109,111.41**	**$0.00**	**$109,111.41**
Medical				**$250,928.02**	**$0.00**	**$250,928.02**
				$363,666.79	**$0.00**	**$363,666.79**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**-$70,126.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$7,680.64**	**$2,016.10**	**$9,696.74**
Indemnity				**$120,425.36**	**$0.00**	**$120,425.36**
Medical				**$279,480.69**	**$37,930.50**	**$317,411.19**
				$407,586.69	**$39,946.60**	**$447,533.29**
# of Claims	**37**					
# Open	**1**	**Recovery Amount:**	**-$974.81**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$3,556.21**	**$80.00**	**$3,636.21**
Indemnity				**$109,580.18**	**$0.00**	**$109,580.18**
Medical				**$353,744.17**	**$492,445.46**	**$846,189.63**
				$466,880.56	**$492,525.46**	**$959,406.02**
# of Claims	**44**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$10,733.07**	**$4,298.93**	**$15,032.00**
Indemnity				**$98,463.75**	**$36,280.50**	**$134,744.25**
Medical				**$61,597.43**	**$86,462.20**	**$148,059.63**
				$170,794.25	**$127,041.63**	**$297,835.88**
# of Claims	**29**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$2,502.60**	**$0.00**	**$2,502.60**
Indemnity				**$44,775.90**	**$0.00**	**$44,775.90**
Medical				**$105,050.62**	**$0.00**	**$105,050.62**
				$152,329.12	**$0.00**	**$152,329.12**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$3,807.89**	**$96.93**	**$3,904.82**
Indemnity				**$27,087.21**	**$0.00**	**$27,087.21**
Medical				**$84,095.19**	**$107,812.89**	**$191,908.08**
				$114,990.29	**$107,909.82**	**$222,900.11**
# of Claims	**61**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$3,449.29**	**$210.72**	**$3,660.01**
Indemnity				**$292,461.51**	**$36,872.69**	**$329,334.20**
Medical				**$217,168.40**	**$98,304.52**	**$315,472.92**
				$513,079.20	**$135,387.93**	**$648,467.13**
# of Claims	**64**					
# Open	**2**	**Recovery Amount:**	**-$5,713.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$20,959.85**	**$29,376.05**	**$50,335.90**
Indemnity				**$408,327.61**	**$344,113.54**	**$752,441.15**
Medical				**$238,052.15**	**$406,096.39**	**$644,148.54**
				$667,339.61	**$779,585.98**	**$1,446,925.59**
# of Claims	**60**					
# Open	**2**	**Recovery Amount:**	**-$14,857.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$4,136.93**	**$0.00**	**$4,136.93**
Indemnity				**$22,304.77**	**$0.00**	**$22,304.77**
Medical				**$77,153.26**	**$0.00**	**$77,153.26**
				$103,594.96	**$0.00**	**$103,594.96**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$4,782.94**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$204.86**	**$75.00**	**$279.86**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19,628.68**	**$10,804.97**	**$30,433.65**
				$19,833.54	**$10,879.97**	**$30,713.51**
# of Claims	**62**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$268.79**	**$683.06**	**$951.85**
Indemnity				**$0.00**	**$31,900.00**	**$31,900.00**
Medical				**$18,683.37**	**$69,416.33**	**$88,099.70**
				$18,952.16	**$101,999.39**	**$120,951.55**
# of Claims	**54**					
# Open	**8**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$151,074.14**	**$54,646.89**	**$205,721.03**
Indemnity				**$3,916,216.32**	**$449,166.73**	**$4,365,383.05**
Medical				**$7,255,859.92**	**$2,871,982.02**	**$10,127,841.94**
				$11,323,150.38	**$3,375,795.64**	**$14,698,946.02**
# of Claims	**1,999**					
# Open	**31**	**Recovery Amount:**	**-$210,240.91**			

405 - VIRGINIA RACING COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.90	$0.00	$309.90
				$309.90	$0.00	$309.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$371.14	$0.00	$371.14
				$371.14	$0.00	$371.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$681.04**	**$0.00**	**$681.04**
				$681.04	**$0.00**	**$681.04**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,254.60	$0.00	$4,254.60
Indemnity.....	.....			$65,353.35	$0.00	$65,353.35
Medical.....	.....			$33,319.48	$0.00	$33,319.48
				$102,927.43	$0.00	$102,927.43
# of Claims	11					
# Open	0	Recovery Amount:	-$13,590.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$140.49	$0.00	$140.49
Indemnity.....	.....			$14,450.90	$0.00	$14,450.90
Medical.....	.....			$19,843.84	$0.00	$19,843.84
				$34,435.23	$0.00	$34,435.23
# of Claims	10					
# Open	0	Recovery Amount:	-$50.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$5,267.59	$0.00	$5,267.59
Indemnity.....	.....			$176,794.98	$0.00	$176,794.98
Medical.....	.....			$146,868.95	$0.00	$146,868.95
				$328,931.52	$0.00	$328,931.52
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$892.00	$0.00	$892.00
Indemnity.....	.....			$23,356.49	$0.00	$23,356.49
Medical.....	.....			$18,796.39	$0.00	$18,796.39
				$43,044.88	$0.00	$43,044.88
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,785.40	$0.00	$2,785.40
Indemnity.....	.....			$191,949.95	$0.00	$191,949.95
Medical.....	.....			$11,393.01	$0.00	$11,393.01
				$206,128.36	$0.00	$206,128.36
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$17,929.63**	**$0.00**	**$17,929.63**
Indemnity				**$257,340.30**	**$0.00**	**$257,340.30**
Medical				**$32,580.74**	**$0.00**	**$32,580.74**
				$307,850.67	**$0.00**	**$307,850.67**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$880.00**	**$0.00**	**$880.00**
Indemnity				**$134,415.14**	**$0.00**	**$134,415.14**
Medical				**$45,431.60**	**$0.00**	**$45,431.60**
				$180,726.74	**$0.00**	**$180,726.74**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$289.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$537.93**	**$0.00**	**$537.93**
Medical				**$2,019.35**	**$0.00**	**$2,019.35**
				$2,557.28	**$0.00**	**$2,557.28**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,240.51**	**$0.00**	**$6,240.51**
Medical				**$23,556.29**	**$0.00**	**$23,556.29**
				$29,796.80	**$0.00**	**$29,796.80**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$798.79**	**$0.00**	**$798.79**
Medical				**$5,225.28**	**$0.00**	**$5,225.28**
				$6,024.07	**$0.00**	**$6,024.07**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$767.07**	**$0.00**	**$767.07**
				$767.07	**$0.00**	**$767.07**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$32,149.71**	**$0.00**	**$32,149.71**
Indemnity				**$871,238.34**	**$0.00**	**$871,238.34**
Medical				**$339,802.00**	**$0.00**	**$339,802.00**
				$1,243,190.05	**$0.00**	**$1,243,190.05**
# of Claims	**146**					
# Open	**0**	**Recovery Amount:**	**-$13,929.82**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

408 - CHESAPEAKE BAY LOCAL ASST.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

409 - Virginia Department of Energy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$9,051.91	$0.00	$9,051.91
Indemnity.....	.....			$178,051.87	$0.00	$178,051.87
Medical.....	.....			$247,157.53	$0.00	$247,157.53
				$434,261.31	$0.00	$434,261.31
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$6,094.55	$3,834.29	$9,928.84
Indemnity.....	.....			$172,098.28	$0.00	$172,098.28
Medical.....	.....			$124,625.31	$5,365.18	$129,990.49
				$302,818.14	$9,199.47	$312,017.61
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$459.81	$0.00	$459.81
Indemnity.....	.....			$13,755.94	$0.00	$13,755.94
Medical.....	.....			$36,216.34	$0.00	$36,216.34
				$50,432.09	$0.00	$50,432.09
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$13,151.71	$0.00	$13,151.71
Medical.....	.....			$9,362.52	$0.00	$9,362.52
				$22,897.73	$0.00	$22,897.73
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,746.26	$0.00	$1,746.26
Medical.....	.....			$1,272.33	$0.00	$1,272.33
				$3,018.59	$0.00	$3,018.59
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$230.00**	**$0.00**	**$230.00**
Indemnity				**$211,013.01**	**$0.00**	**$211,013.01**
Medical				**$96,457.52**	**$0.00**	**$96,457.52**
				$307,700.53	**$0.00**	**$307,700.53**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$89,545.38**	**$0.00**	**$89,545.38**
Medical				**$104,874.52**	**$0.00**	**$104,874.52**
				$194,419.90	**$0.00**	**$194,419.90**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,503.38**	**$0.00**	**$17,503.38**
Medical				**$29,498.34**	**$0.00**	**$29,498.34**
				$47,001.72	**$0.00**	**$47,001.72**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,647.39**	**$0.00**	**$6,647.39**
Medical				**$20,118.45**	**$0.00**	**$20,118.45**
				$26,765.84	**$0.00**	**$26,765.84**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$214,316.74**	**$0.00**	**$214,316.74**
Medical				**$42,910.09**	**$0.00**	**$42,910.09**
				$257,226.83	**$0.00**	**$257,226.83**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$33,555.20**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$425.16**	**$0.00**	**$425.16**
Medical				**$1,966.69**	**$0.00**	**$1,966.69**
				$2,391.85	**$0.00**	**$2,391.85**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,926.91**	**$0.00**	**$1,926.91**
Medical				**$12,539.91**	**$0.00**	**$12,539.91**
				$14,466.82	**$0.00**	**$14,466.82**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$415.85**	**$0.00**	**$415.85**
				$415.85	**$0.00**	**$415.85**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$286,616.21**	**$0.00**	**$286,616.21**
Medical				**$13,925.30**	**$0.00**	**$13,925.30**
				$300,541.51	**$0.00**	**$300,541.51**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,134.72**	**$0.00**	**$5,134.72**
Medical				**$1,411.58**	**$0.00**	**$1,411.58**
				$6,546.30	**$0.00**	**$6,546.30**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,604.58**	**$0.00**	**$6,604.58**
Medical				**$15,599.26**	**$0.00**	**$15,599.26**
				$22,203.84	**$0.00**	**$22,203.84**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$1,300.00**	**$0.00**	**$1,300.00**
Indemnity				**$344,587.81**	**$0.00**	**$344,587.81**
Medical				**$41,305.11**	**$0.00**	**$41,305.11**
				$387,192.92	**$0.00**	**$387,192.92**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$1,389.48**	**$0.00**	**$1,389.48**
Indemnity				**$37,083.52**	**$0.00**	**$37,083.52**
Medical				**$149,642.13**	**$0.00**	**$149,642.13**
				$188,115.13	**$0.00**	**$188,115.13**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$23,475.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,474.00**	**$0.00**	**$20,474.00**
Medical				**$27,446.97**	**$0.00**	**$27,446.97**
				$47,920.97	**$0.00**	**$47,920.97**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$841.14**	**$0.00**	**$841.14**
Medical				**$5,239.79**	**$0.00**	**$5,239.79**
				$6,080.93	**$0.00**	**$6,080.93**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$4,061.08**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$722.80**	**$0.00**	**$722.80**
Indemnity				**$42.73**	**$0.00**	**$42.73**
Medical				**$7,382.43**	**$0.00**	**$7,382.43**
				$8,147.96	**$0.00**	**$8,147.96**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$76,562.10**	**$0.00**	**$76,562.10**
Medical				**$23,949.26**	**$0.00**	**$23,949.26**
				$100,511.36	**$0.00**	**$100,511.36**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$123.00**	**$0.00**	**$123.00**
Indemnity				**$38,311.53**	**$0.00**	**$38,311.53**
Medical				**$9,757.30**	**$0.00**	**$9,757.30**
				$48,191.83	**$0.00**	**$48,191.83**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,452.87**	**$0.00**	**$7,452.87**
Medical				**$23,356.71**	**$0.00**	**$23,356.71**
				$30,809.58	**$0.00**	**$30,809.58**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$2,927.42**	**$0.00**	**$2,927.42**
Indemnity				**$14,856.47**	**$0.00**	**$14,856.47**
Medical				**$34,203.81**	**$0.00**	**$34,203.81**
				$51,987.70	**$0.00**	**$51,987.70**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$544.64**	**$0.00**	**$544.64**
Indemnity				**$15,476.55**	**$0.00**	**$15,476.55**
Medical				**$73,517.34**	**$0.00**	**$73,517.34**
				$89,538.53	**$0.00**	**$89,538.53**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$2,598.84**	**$0.00**	**$2,598.84**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$2,598.84	**$0.00**	**$2,598.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$20,000.00**	**$0.00**	**$20,000.00**
Medical				**$2,075.45**	**$0.00**	**$2,075.45**
				$22,103.45	**$0.00**	**$22,103.45**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$14,583.04**	**$0.00**	**$14,583.04**
Indemnity				**$68,989.91**	**$0.00**	**$68,989.91**
Medical				**$77,977.58**	**$0.00**	**$77,977.58**
				$161,550.53	**$0.00**	**$161,550.53**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$5,000.00**	**$0.00**	**$5,000.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$5,008.00	**$0.00**	**$5,008.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$33.91**	**$0.00**	**$33.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,247.77**	**$0.00**	**$12,247.77**
				$12,281.68	**$0.00**	**$12,281.68**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$256.87**	**$0.00**	**$256.87**
Medical				**$4,231.55**	**$0.00**	**$4,231.55**
				$4,496.42	**$0.00**	**$4,496.42**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$50.00**	**$0.00**	**$50.00**
Indemnity				**$8,768.46**	**$0.00**	**$8,768.46**
Medical				**$3,315.21**	**$0.00**	**$3,315.21**
				$12,133.67	**$0.00**	**$12,133.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$4,945.28**	**$0.00**	**$4,945.28**
Indemnity				**$378.45**	**$0.00**	**$378.45**
Medical				**$10,419.97**	**$0.00**	**$10,419.97**
				$15,743.70	**$0.00**	**$15,743.70**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$3,887.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$12,588.85**	**$0.00**	**$12,588.85**
Indemnity				**$587,122.45**	**$0.00**	**$587,122.45**
Medical				**$5,012.95**	**$0.00**	**$5,012.95**
				$604,724.25	**$0.00**	**$604,724.25**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$2,398.24**	**$0.00**	**$2,398.24**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$2,398.24	**$0.00**	**$2,398.24**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$3,300.00**	**$3,300.00**
Medical				**$0.00**	**$3,400.00**	**$3,400.00**
				$18.82	**$6,901.18**	**$6,920.00**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$60,488.09**	**$4,035.47**	**$64,523.56**
Indemnity				**$2,464,742.40**	**$3,300.00**	**$2,468,042.40**
Medical				**$1,269,432.87**	**$8,765.18**	**$1,278,198.05**
				$3,794,663.36	**$16,100.65**	**$3,810,764.01**
# of Claims	**350**					
# Open	**2**	**Recovery Amount:**	**-$64,979.14**			

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$954.35	$0.00	$954.35
Indemnity.....	.....			$25,670.70	$0.00	$25,670.70
Medical.....	.....			$71,122.79	$0.00	$71,122.79
				$97,747.84	$0.00	$97,747.84
# of Claims	115					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,380.83	$0.00	$10,380.83
Medical.....	.....			$39,930.91	$0.00	$39,930.91
				$50,311.74	$0.00	$50,311.74
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,360.89	$0.00	$2,360.89
Indemnity.....	.....			$49,935.62	$0.00	$49,935.62
Medical.....	.....			$114,864.29	$0.00	$114,864.29
				$167,160.80	$0.00	$167,160.80
# of Claims	179					
# Open	0	Recovery Amount:	-$855.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,771.05	$0.00	$1,771.05
Indemnity.....	.....			$23,597.62	$0.00	$23,597.62
Medical.....	.....			$41,328.63	$0.00	$41,328.63
				$66,697.30	$0.00	$66,697.30
# of Claims	279					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,675.47	$0.00	$1,675.47
Indemnity.....	.....			$156,903.95	$0.00	$156,903.95
Medical.....	.....			$223,693.93	$0.00	$223,693.93
				$382,273.35	$0.00	$382,273.35
# of Claims	221					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,608.30**	**$0.00**	**$20,608.30**
Medical				**$71,333.47**	**$0.00**	**$71,333.47**
				$91,941.77	**$0.00**	**$91,941.77**
# of Claims	**220**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$96.39**	**$0.00**	**$96.39**
Indemnity				**$73,404.75**	**$0.00**	**$73,404.75**
Medical				**$122,837.59**	**$0.00**	**$122,837.59**
				$196,338.73	**$0.00**	**$196,338.73**
# of Claims	**277**					
# Open	**0**	**Recovery Amount:**	**-$19,293.76**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$35,776.31**	**$0.00**	**$35,776.31**
Medical				**$67,722.74**	**$0.00**	**$67,722.74**
				$103,519.05	**$0.00**	**$103,519.05**
# of Claims	**273**					
# Open	**0**	**Recovery Amount:**	**-$377.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,787.34**	**$0.00**	**$2,787.34**
Medical				**$25,339.47**	**$0.00**	**$25,339.47**
				$28,126.81	**$0.00**	**$28,126.81**
# of Claims	**210**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1.00**	**$0.00**	**$1.00**
Indemnity				**$5,021.49**	**$0.00**	**$5,021.49**
Medical				**$44,418.69**	**$0.00**	**$44,418.69**
				$49,441.18	**$0.00**	**$49,441.18**
# of Claims	**246**					
# Open	**0**	**Recovery Amount:**	**-$174.02**			

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Policy Cost Summary

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$10.50**	**$0.00**	**$10.50**
Indemnity				**$6,038.30**	**$0.00**	**$6,038.30**
Medical				**$44,179.63**	**$0.00**	**$44,179.63**
				$50,228.43	**$0.00**	**$50,228.43**
# of Claims	**161**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,811.20**	**$0.00**	**$8,811.20**
Medical				**$31,672.03**	**$0.00**	**$31,672.03**
				$40,483.23	**$0.00**	**$40,483.23**
# of Claims	**203**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,176.41**	**$0.00**	**$9,176.41**
Medical				**$49,018.08**	**$0.00**	**$49,018.08**
				$58,194.49	**$0.00**	**$58,194.49**
# of Claims	**187**					
# Open	**0**	**Recovery Amount:**	**-$88.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,014.52**	**$0.00**	**$4,014.52**
Medical				**$41,748.22**	**$0.00**	**$41,748.22**
				$45,762.74	**$0.00**	**$45,762.74**
# of Claims	**170**					
# Open	**0**	**Recovery Amount:**	**-$62.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$12,730.06**	**$0.00**	**$12,730.06**
Medical				**$52,243.33**	**$0.00**	**$52,243.33**
				$64,981.39	**$0.00**	**$64,981.39**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**-$1,307.35**			

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$98,208.84**	**$0.00**	**$98,208.84**
Medical				**$68,366.79**	**$0.00**	**$68,366.79**
				$166,575.63	**$0.00**	**$166,575.63**
# of Claims	**152**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$748.80**	**$0.00**	**$748.80**
Indemnity				**$681.57**	**$0.00**	**$681.57**
Medical				**$22,753.93**	**$0.00**	**$22,753.93**
				$24,184.30	**$0.00**	**$24,184.30**
# of Claims	**118**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,540.18**	**$0.00**	**$3,540.18**
Medical				**$23,585.24**	**$0.00**	**$23,585.24**
				$27,125.42	**$0.00**	**$27,125.42**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$20,914.21**	**$0.00**	**$20,914.21**
Indemnity				**$257,760.96**	**$0.00**	**$257,760.96**
Medical				**$343,494.64**	**$17,206.17**	**$360,700.81**
				$622,169.81	**$17,206.17**	**$639,375.98**
# of Claims	**120**					
# Open	**1**	**Recovery Amount:**	**-$481.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,587.61**	**$0.00**	**$9,587.61**
Medical				**$49,892.61**	**$0.00**	**$49,892.61**
				$59,480.22	**$0.00**	**$59,480.22**
# of Claims	**121**					
# Open	**1**	**Recovery Amount:**	**-$3,794.28**			

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$3,613.60**	**$0.00**	**$3,613.60**
Indemnity				**$8,536.27**	**$0.00**	**$8,536.27**
Medical				**$203,549.31**	**$0.00**	**$203,549.31**
				$215,699.18	**$0.00**	**$215,699.18**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$1,678.00**	**$0.00**	**$1,678.00**
Indemnity				**$5,021.74**	**$0.00**	**$5,021.74**
Medical				**$185,560.42**	**$0.00**	**$185,560.42**
				$192,260.16	**$0.00**	**$192,260.16**
# of Claims	**105**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$15,444.39**	**$0.00**	**$15,444.39**
Medical				**$137,546.17**	**$0.00**	**$137,546.17**
				$153,006.56	**$0.00**	**$153,006.56**
# of Claims	**141**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$4,276.89**	**$1,544.00**	**$5,820.89**
Indemnity				**$24,028.66**	**$0.00**	**$24,028.66**
Medical				**$562,511.77**	**$8,760.94**	**$571,272.71**
				$590,817.32	**$10,304.94**	**$601,122.26**
# of Claims	**115**					
# Open	**1**	**Recovery Amount:**	**-$16,471.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$124.23**	**$40.00**	**$164.23**
Indemnity				**$3,314.11**	**$0.00**	**$3,314.11**
Medical				**$64,228.93**	**$77,876.62**	**$142,105.55**
				$67,667.27	**$77,916.62**	**$145,583.89**
# of Claims	**95**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$277.14**	**$0.00**	**$277.14**
Indemnity				**$28,413.76**	**$0.00**	**$28,413.76**
Medical				**$174,249.64**	**$0.00**	**$174,249.64**
				$202,940.54	**$0.00**	**$202,940.54**
# of Claims	**117**					
# Open	**0**	**Recovery Amount:**	**-$7,776.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$25,244.29**	**$0.00**	**$25,244.29**
Medical				**$94,095.48**	**$0.00**	**$94,095.48**
				$119,383.77	**$0.00**	**$119,383.77**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**-$184.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$4,183.27**	**$0.00**	**$4,183.27**
Medical				**$35,587.48**	**$0.00**	**$35,587.48**
				$39,802.75	**$0.00**	**$39,802.75**
# of Claims	**134**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$1,874.22**	**$0.00**	**$1,874.22**
Medical				**$46,625.68**	**$0.00**	**$46,625.68**
				$48,547.90	**$0.00**	**$48,547.90**
# of Claims	**128**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$74.50**	**$0.00**	**$74.50**
Indemnity				**$2,597.30**	**$0.00**	**$2,597.30**
Medical				**$58,808.94**	**$0.00**	**$58,808.94**
				$61,480.74	**$0.00**	**$61,480.74**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,303.61**	**$5,979.94**	**$17,283.55**
Indemnity				**$136,778.36**	**$1,024,644.97**	**$1,161,423.33**
Medical				**$184,995.57**	**$621,012.40**	**$806,007.97**
				$333,077.54	**$1,651,637.31**	**$1,984,714.85**
# of Claims	**37**					
# Open	**1**	**Recovery Amount:**	**-$16,494.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$39.84**	**$0.00**	**$39.84**
Indemnity				**$7,788.08**	**$0.00**	**$7,788.08**
Medical				**$46,517.79**	**$0.00**	**$46,517.79**
				$54,345.71	**$0.00**	**$54,345.71**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$111.85**	**$0.00**	**$111.85**
Indemnity				**$2,789.48**	**$0.00**	**$2,789.48**
Medical				**$18,073.45**	**$0.00**	**$18,073.45**
				$20,974.78	**$0.00**	**$20,974.78**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$3,093.90**	**$0.00**	**$3,093.90**
Indemnity				**$44,445.81**	**$0.00**	**$44,445.81**
Medical				**$1,130,840.30**	**$0.00**	**$1,130,840.30**
				$1,178,380.01	**$0.00**	**$1,178,380.01**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$197.65**	**$0.00**	**$197.65**
Indemnity				**$2,936.72**	**$0.00**	**$2,936.72**
Medical				**$64,427.03**	**$0.00**	**$64,427.03**
				$67,561.40	**$0.00**	**$67,561.40**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$132.85**	**$0.00**	**$132.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,442.59**	**$0.00**	**$10,442.59**
				$10,575.44	**$0.00**	**$10,575.44**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$96.82**	**$12,781.18**	**$12,878.00**
Indemnity				**$1,286.11**	**$81,400.00**	**$82,686.11**
Medical				**$24,121.87**	**$228,238.38**	**$252,360.25**
				$25,504.80	**$322,419.56**	**$347,924.36**
# of Claims	**14**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$53,721.54**	**$20,345.12**	**$74,066.66**
Indemnity				**$1,129,319.13**	**$1,106,044.97**	**$2,235,364.10**
Medical				**$4,591,729.43**	**$953,094.51**	**$5,544,823.94**
				$5,774,770.10	**$2,079,484.60**	**$7,854,254.70**
# of Claims	**4,926**					
# Open	**9**	**Recovery Amount:**	**-$67,362.34**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

412 - ECONOMIC DEVELOPMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

413 - COMMISSION ON VASAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$94.00**	**$0.00**	**$94.00**
				$94.00	**$0.00**	**$94.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$94.00**	**$0.00**	**$94.00**
				$94.00	**$0.00**	**$94.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

414 - STATE WATER CONTROL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$536.20	$0.00	$536.20
				$536.20	$0.00	$536.20
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,582.74	$0.00	$2,582.74
				$2,582.74	$0.00	$2,582.74
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$392.64	$0.00	$392.64
Indemnity.....	.....			$3,633.66	$0.00	$3,633.66
Medical.....	.....			$6,863.46	$0.00	$6,863.46
				$10,889.76	$0.00	$10,889.76
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,052.50	$0.00	$2,052.50
				$2,052.50	$0.00	$2,052.50
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$316.89	$0.00	$316.89
Medical.....	.....			$5,574.81	$0.00	$5,574.81
				$5,891.70	$0.00	$5,891.70
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$357.92**	**$0.00**	**$357.92**
Medical				**$2,744.03**	**$0.00**	**$2,744.03**
				$3,101.95	**$0.00**	**$3,101.95**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,414.44**	**$0.00**	**$2,414.44**
Medical				**$921.80**	**$0.00**	**$921.80**
				$3,336.24	**$0.00**	**$3,336.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$392.64**	**$0.00**	**$392.64**
Indemnity				**$6,722.91**	**$0.00**	**$6,722.91**
Medical				**$21,275.54**	**$0.00**	**$21,275.54**
				$28,391.09	**$0.00**	**$28,391.09**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$395.85	$0.00	$395.85
				$395.85	$0.00	$395.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.34	$0.00	$138.34
				$138.34	$0.00	$138.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.92	$0.00	$138.92
Medical.....	.....			$347.63	$0.00	$347.63
				$486.55	$0.00	$486.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.25	$0.00	$106.25
				$106.25	$0.00	$106.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.91	$0.00	$96.91
Medical.....	.....			$723.21	$0.00	$723.21
				$820.12	$0.00	$820.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,881.72**	**$0.00**	**$8,881.72**
Medical				**$9,392.33**	**$0.00**	**$9,392.33**
				$18,274.05	**$0.00**	**$18,274.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$648.67**	**$0.00**	**$648.67**
				$648.67	**$0.00**	**$648.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.96**	**$0.00**	**$171.96**
				$171.96	**$0.00**	**$171.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,101.56**	**$0.00**	**$2,101.56**
				$2,101.56	**$0.00**	**$2,101.56**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$451.22**	**$0.00**	**$451.22**
				$451.22	**$0.00**	**$451.22**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$906.00**	**$0.00**	**$906.00**
				$906.00	**$0.00**	**$906.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26.01**	**$0.00**	**$26.01**
				$26.01	**$0.00**	**$26.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$9,117.55**	**$0.00**	**$9,117.55**
Medical				**$15,409.03**	**$0.00**	**$15,409.03**
				$24,545.08	**$0.00**	**$24,545.08**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

421 - WASTE MANAGEMENT, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,245.72	$0.00	$1,245.72
				$1,245.72	$0.00	$1,245.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$307.05	$0.00	$307.05
				$307.05	$0.00	$307.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.75	$0.00	$148.75
				$148.75	$0.00	$148.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,346.90	$0.00	$1,346.90
				$1,346.90	$0.00	$1,346.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$446.75	$0.00	$446.75
				$446.75	$0.00	$446.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,189.61**	**$0.00**	**$3,189.61**
Medical				**$5,400.69**	**$0.00**	**$5,400.69**
				$8,590.30	**$0.00**	**$8,590.30**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,189.61**	**$0.00**	**$3,189.61**
Medical				**$8,895.86**	**$0.00**	**$8,895.86**
				$12,085.47	**$0.00**	**$12,085.47**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

422 - STATE AIR POLLUTION CNTRL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$196.00	$0.00	$196.00
				$196.00	$0.00	$196.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,044.88	$0.00	$2,044.88
Medical.....	.....			$7,025.71	$0.00	$7,025.71
				$9,070.59	$0.00	$9,070.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.00	$0.00	$538.00
				$538.00	$0.00	$538.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$609.00	$0.00	$609.00
				$609.00	$0.00	$609.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.75	$0.00	$128.75
				$128.75	$0.00	$128.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$38.00**	**$0.00**	**$38.00**
				$38.00	**$0.00**	**$38.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$313.86**	**$0.00**	**$313.86**
				$313.86	**$0.00**	**$313.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,044.88**	**$0.00**	**$2,044.88**
Medical				**$8,849.32**	**$0.00**	**$8,849.32**
				$10,894.20	**$0.00**	**$10,894.20**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.05	$0.00	$193.05
				$193.05	$0.00	$193.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.77	$0.00	$155.77
				$155.77	$0.00	$155.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$705.62	$0.00	$705.62
				$705.62	$0.00	$705.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$867.93	$0.00	$867.93
				$867.93	$0.00	$867.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$961.17**	**$0.00**	**$961.17**
				$961.17	**$0.00**	**$961.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$392.53**	**$0.00**	**$392.53**
				$392.53	**$0.00**	**$392.53**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.00**	**$0.00**	**$64.00**
				$64.00	**$0.00**	**$64.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,097.97**	**$0.00**	**$1,097.97**
				$1,097.97	**$0.00**	**$1,097.97**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$43.05**	**$0.00**	**$43.05**
Indemnity				**$7,409.16**	**$0.00**	**$7,409.16**
Medical				**$9,562.23**	**$0.00**	**$9,562.23**
				$17,014.44	**$0.00**	**$17,014.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$382.28**	**$0.00**	**$382.28**
				$382.28	**$0.00**	**$382.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$43.05**	**$0.00**	**$43.05**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$7,409.16**	**$0.00**	**$7,409.16**
Medical	**$14,382.55**	**$0.00**	**$14,382.55**
	$21,834.76	**$0.00**	**$21,834.76**

# of Claims **39**

 # Open **0**

Recovery Amount: **$0.00**

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,794.54	$0.00	$2,794.54
				$2,794.54	$0.00	$2,794.54
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,731.66	$0.00	$3,731.66
				$3,731.66	$0.00	$3,731.66
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,683.48	$0.00	$5,683.48
Medical.....	.....			$10,368.16	$0.00	$10,368.16
				$16,051.64	$0.00	$16,051.64
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$13,498.81	$0.00	$13,498.81
Medical.....	.....			$15,465.10	$0.00	$15,465.10
				$29,347.41	$0.00	$29,347.41
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,517.50	$0.00	$1,517.50
Indemnity.....	.....			$9,281.86	$0.00	$9,281.86
Medical.....	.....			$6,254.35	$0.00	$6,254.35
				$17,053.71	$0.00	$17,053.71
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$785.70**	**$0.00**	**$785.70**
Medical				**$7,707.13**	**$0.00**	**$7,707.13**
				$8,492.83	**$0.00**	**$8,492.83**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$901.07**	**$0.00**	**$901.07**
Medical				**$14,487.18**	**$0.00**	**$14,487.18**
				$15,388.25	**$0.00**	**$15,388.25**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$184.24**	**$0.00**	**$184.24**
Medical				**$6,746.51**	**$0.00**	**$6,746.51**
				$6,930.75	**$0.00**	**$6,930.75**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$44.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,520.78**	**$0.00**	**$5,520.78**
Medical				**$17,991.94**	**$0.00**	**$17,991.94**
				$23,512.72	**$0.00**	**$23,512.72**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,024.94**	**$0.00**	**$1,024.94**
Medical				**$8,608.10**	**$0.00**	**$8,608.10**
				$9,633.04	**$0.00**	**$9,633.04**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26,659.67**	**$0.00**	**$26,659.67**
				$26,659.67	**$0.00**	**$26,659.67**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,607.35**	**$0.00**	**$7,607.35**
				$7,607.35	**$0.00**	**$7,607.35**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$40.88**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$414.99**	**$0.00**	**$414.99**
Medical				**$4,512.63**	**$0.00**	**$4,512.63**
				$4,927.62	**$0.00**	**$4,927.62**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**-$41.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,038.62**	**$0.00**	**$4,038.62**
Medical				**$14,983.87**	**$0.00**	**$14,983.87**
				$19,022.49	**$0.00**	**$19,022.49**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,354.03**	**$0.00**	**$3,354.03**
Medical				**$29,648.05**	**$0.00**	**$29,648.05**
				$33,002.08	**$0.00**	**$33,002.08**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**-$281.94**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27,717.98**	**$0.00**	**$27,717.98**
				$27,717.98	**$0.00**	**$27,717.98**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$40.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,779.87**	**$0.00**	**$2,779.87**
Medical				**$24,137.56**	**$0.00**	**$24,137.56**
				$26,917.43	**$0.00**	**$26,917.43**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,977.92**	**$0.00**	**$1,977.92**
Medical				**$37,217.50**	**$0.00**	**$37,217.50**
				$39,195.42	**$0.00**	**$39,195.42**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$13,502.60**	**$0.00**	**$13,502.60**
Indemnity				**$87,706.81**	**$0.00**	**$87,706.81**
Medical				**$47,594.20**	**$0.00**	**$47,594.20**
				$148,803.61	**$0.00**	**$148,803.61**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,792.00**	**$0.00**	**$1,792.00**
Indemnity				**$13,446.07**	**$0.00**	**$13,446.07**
Medical				**$179,786.06**	**$0.00**	**$179,786.06**
				$195,024.13	**$0.00**	**$195,024.13**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,465.51**	**$1,376.00**	**$2,841.51**
Indemnity				**$6,664.83**	**$0.00**	**$6,664.83**
Medical				**$373,773.72**	**$86,562.36**	**$460,336.08**
				$381,904.06	**$87,938.36**	**$469,842.42**
# of Claims	**66**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,165.75**	**$0.00**	**$10,165.75**
Medical				**$23,774.73**	**$0.00**	**$23,774.73**
				$33,940.48	**$0.00**	**$33,940.48**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$157.25**	**$0.00**	**$157.25**
Indemnity				**$4,546.72**	**$0.00**	**$4,546.72**
Medical				**$50,358.74**	**$0.00**	**$50,358.74**
				$55,062.71	**$0.00**	**$55,062.71**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$746.42**	**$0.00**	**$746.42**
Indemnity				**$411.46**	**$0.00**	**$411.46**
Medical				**$26,054.52**	**$0.00**	**$26,054.52**
				$27,212.40	**$0.00**	**$27,212.40**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$530.23**	**$0.00**	**$530.23**
Indemnity				**$2,252.97**	**$0.00**	**$2,252.97**
Medical				**$129,561.58**	**$0.00**	**$129,561.58**
				$132,344.78	**$0.00**	**$132,344.78**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$516.76**	**$0.00**	**$516.76**
Indemnity				**$22,175.75**	**$0.00**	**$22,175.75**
Medical				**$82,362.62**	**$0.00**	**$82,362.62**
				$105,055.13	**$0.00**	**$105,055.13**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$293.48**	**$0.00**	**$293.48**
Indemnity				**$9,875.03**	**$0.00**	**$9,875.03**
Medical				**$50,557.25**	**$0.00**	**$50,557.25**
				$60,725.76	**$0.00**	**$60,725.76**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$14.57**	**$0.00**	**$14.57**
Indemnity				**$34.11**	**$0.00**	**$34.11**
Medical				**$6,206.38**	**$0.00**	**$6,206.38**
				$6,255.06	**$0.00**	**$6,255.06**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,914.85**	**$0.00**	**$8,914.85**
				$8,922.85	**$0.00**	**$8,922.85**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,628.40**	**$0.00**	**$6,628.40**
				$6,628.40	**$0.00**	**$6,628.40**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$97.39**	**$0.00**	**$97.39**
Indemnity				**$963.04**	**$0.00**	**$963.04**
Medical				**$8,555.06**	**$0.00**	**$8,555.06**
				$9,615.49	**$0.00**	**$9,615.49**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$71.40**	**$0.00**	**$71.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,386.09**	**$0.00**	**$5,386.09**
				$5,457.49	**$0.00**	**$5,457.49**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$334.79**	**$0.00**	**$334.79**
Indemnity				**$2,493.16**	**$0.00**	**$2,493.16**
Medical				**$32,796.73**	**$0.00**	**$32,796.73**
				$35,624.68	**$0.00**	**$35,624.68**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**-$5,949.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$5,650.37**	**$2,192.00**	**$7,842.37**
Indemnity				**$57,156.49**	**$6,300.00**	**$63,456.49**
Medical				**$13,272.16**	**$2,973.33**	**$16,245.49**
				$76,079.02	**$11,465.33**	**$87,544.35**
# of Claims	**18**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$215.05**	**$0.00**	**$215.05**
Indemnity				**$3,965.08**	**$0.00**	**$3,965.08**
Medical				**$128,585.77**	**$0.00**	**$128,585.77**
				$132,765.90	**$0.00**	**$132,765.90**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$53.00**	**$0.00**	**$53.00**
Indemnity				**$2,710.46**	**$0.00**	**$2,710.46**
Medical				**$19,313.61**	**$7,064.09**	**$26,377.70**
				$22,077.07	**$7,064.09**	**$29,141.16**
# of Claims	**18**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$38.82**	**$300.00**	**$338.82**
Indemnity				**$0.00**	**$12,650.00**	**$12,650.00**
Medical				**$16,349.27**	**$24,980.73**	**$41,330.00**
				$16,388.09	**$37,930.73**	**$54,318.82**
# of Claims	**13**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$27,388.64**	**$3,868.00**	**$31,256.64**
Indemnity				**$274,014.04**	**$18,950.00**	**$292,964.04**
Medical				**$1,476,471.02**	**$121,580.51**	**$1,598,051.53**
				$1,777,873.70	**$144,398.51**	**$1,922,272.21**
# of Claims	**1,159**					
# Open	**6**	**Recovery Amount:**	**-$6,397.68**			

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$78.75	$0.00	$78.75
Indemnity.....	.....			$4,794.60	$0.00	$4,794.60
Medical.....	.....			$5,342.50	$0.00	$5,342.50
				$10,215.85	$0.00	$10,215.85
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,310.06	$0.00	$1,310.06
				$1,310.06	$0.00	$1,310.06
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,449.36	$0.00	$1,449.36
				$1,449.36	$0.00	$1,449.36
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$859.04	$0.00	$859.04
Medical.....	.....			$17,906.11	$0.00	$17,906.11
				$18,765.15	$0.00	$18,765.15
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,321.84	$0.00	$1,321.84
Medical.....	.....			$5,736.19	$0.00	$5,736.19
				$7,058.03	$0.00	$7,058.03
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,239.35**	**$0.00**	**$8,239.35**
Medical				**$102,512.04**	**$0.00**	**$102,512.04**
				$110,751.39	**$0.00**	**$110,751.39**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$18,482.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$688.63**	**$0.00**	**$688.63**
Medical				**$9,959.17**	**$0.00**	**$9,959.17**
				$10,647.80	**$0.00**	**$10,647.80**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$3,563.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$84.96**	**$0.00**	**$84.96**
Medical				**$4,743.50**	**$0.00**	**$4,743.50**
				$4,828.46	**$0.00**	**$4,828.46**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**-$2,835.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$2,887.51**	**$1,082.98**	**$3,970.49**
Indemnity				**$18,855.73**	**$0.00**	**$18,855.73**
Medical				**$299,249.42**	**$224,870.04**	**$524,119.46**
				$320,992.66	**$225,953.02**	**$546,945.68**
# of Claims	**17**					
# Open	**1**	**Recovery Amount:**	**-$1,161.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,064.98**	**$0.00**	**$1,064.98**
				$1,064.98	**$0.00**	**$1,064.98**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$3,631.74**	**$0.00**	**$3,631.74**
Medical				**$18,973.38**	**$0.00**	**$18,973.38**
				$22,623.62	**$0.00**	**$22,623.62**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,263.87**	**$0.00**	**$3,263.87**
				$3,263.87	**$0.00**	**$3,263.87**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,927.19**	**$0.00**	**$5,927.19**
				$5,927.19	**$0.00**	**$5,927.19**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**-$1,966.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,622.44**	**$0.00**	**$1,622.44**
				$1,640.94	**$0.00**	**$1,640.94**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$264.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$706.16**	**$0.00**	**$706.16**
				$706.16	**$0.00**	**$706.16**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$16.00**	**$1,984.00**	**$2,000.00**
Indemnity				**$2,274.80**	**$0.00**	**$2,274.80**
Medical				**$73,373.76**	**$215,122.72**	**$288,496.48**
				$75,664.56	**$217,106.72**	**$292,771.28**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$86.95**	**$0.00**	**$86.95**
Indemnity				**$53.42**	**$0.00**	**$53.42**
Medical				**$12,925.20**	**$0.00**	**$12,925.20**
				$13,065.57	**$0.00**	**$13,065.57**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$3,560.97**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,817.17**	**$0.00**	**$4,817.17**
				$4,817.17	**$0.00**	**$4,817.17**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$1,000.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,585.80**	**$0.00**	**$1,585.80**
				$1,585.80	**$0.00**	**$1,585.80**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,081.42**	**$0.00**	**$1,081.42**
				$1,081.42	**$0.00**	**$1,081.42**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$5,056.83**	**$0.00**	**$5,056.83**
Medical				**$107,705.43**	**$0.00**	**$107,705.43**
				$112,778.26	**$0.00**	**$112,778.26**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$624.92**	**$0.00**	**$624.92**
Medical				**$9,047.68**	**$0.00**	**$9,047.68**
				$9,680.60	**$0.00**	**$9,680.60**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$367.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$10,652.32**	**$0.00**	**$10,652.32**
Medical				**$79,537.12**	**$0.00**	**$79,537.12**
				$90,197.44	**$0.00**	**$90,197.44**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$50.39**	**$0.00**	**$50.39**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,001.70**	**$0.00**	**$11,001.70**
				$11,052.09	**$0.00**	**$11,052.09**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,347.57**	**$0.00**	**$6,347.57**
				$6,347.57	**$0.00**	**$6,347.57**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$37.54**	**$0.00**	**$37.54**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,886.62**	**$0.00**	**$16,886.62**
				$16,924.16	**$0.00**	**$16,924.16**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$10,754.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$157.17**	**$0.00**	**$157.17**
Medical				**$2,218.36**	**$0.00**	**$2,218.36**
				$2,383.53	**$0.00**	**$2,383.53**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$72.06**	**$2,152.00**	**$2,224.06**
Indemnity				**$7,238.97**	**$9,751.31**	**$16,990.28**
Medical				**$80,266.24**	**$41,608.86**	**$121,875.10**
				$87,577.27	**$53,512.17**	**$141,089.44**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$52.45**	**$0.00**	**$52.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,112.01**	**$0.00**	**$11,112.01**
				$11,164.46	**$0.00**	**$11,164.46**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$29.23**	**$50.00**	**$79.23**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,336.86**	**$1,200.00**	**$2,536.86**
				$1,366.09	**$1,250.00**	**$2,616.09**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,387.88**	**$5,268.98**	**$8,656.86**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity		**$64,534.32**	**$9,751.31**	**$74,285.63**
Medical		**$899,009.31**	**$482,801.62**	**$1,381,810.93**
		$966,931.51	**$497,821.91**	**$1,464,753.42**

# of Claims	**384**		
# Open	**4**	**Recovery Amount:**	**-$43,956.87**

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$101,232.54	$0.00	$101,232.54
Indemnity.....	.....			$2,891,090.88	$0.00	$2,891,090.88
Medical.....	.....			$2,653,170.21	$0.00	$2,653,170.21
				$5,645,493.63	$0.00	$5,645,493.63
# of Claims	1,486					
# Open	0	Recovery Amount:	-$237,537.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$237,116.58	$8,250.01	$245,366.59
Indemnity.....	.....			$3,368,834.53	$136,854.20	$3,505,688.73
Medical.....	.....			$4,321,106.28	$470,141.10	$4,791,247.38
				$7,927,057.39	$615,245.31	$8,542,302.70
# of Claims	1,401					
# Open	3	Recovery Amount:	-$204,219.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$183,773.82	$661.00	$184,434.82
Indemnity.....	.....			$3,172,080.72	$0.00	$3,172,080.72
Medical.....	.....			$2,732,536.02	$0.00	$2,732,536.02
				$6,088,390.56	$661.00	$6,089,051.56
# of Claims	1,345					
# Open	1	Recovery Amount:	-$236,429.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$87,537.63	$132.01	$87,669.64
Indemnity.....	.....			$3,619,286.03	$0.00	$3,619,286.03
Medical.....	.....			$2,825,182.91	$8,538.97	$2,833,721.88
				$6,532,006.57	$8,670.98	$6,540,677.55
# of Claims	1,725					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$171,271.04	$18,788.65	$190,059.69
Indemnity.....	.....			$3,140,823.03	$0.02	$3,140,823.05
Medical.....	.....			$4,777,455.53	$69,327.82	$4,846,783.35
				$8,089,549.60	$88,116.49	$8,177,666.09
# of Claims	1,743					
# Open	3	Recovery Amount:	-$5,000.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$176,927.56**	**$4,822.12**	**$181,749.68**
Indemnity				**$3,628,728.15**	**$0.00**	**$3,628,728.15**
Medical				**$4,758,436.31**	**$681,493.43**	**$5,439,929.74**
				$8,564,092.02	**$686,315.55**	**$9,250,407.57**
# of Claims	**1,635**					
# Open	**7**	**Recovery Amount:**	**-$376.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$30,703.09**	**$3,227.72**	**$33,930.81**
Indemnity				**$3,845,383.65**	**$137,176.93**	**$3,982,560.58**
Medical				**$4,774,991.95**	**$369,658.19**	**$5,144,650.14**
				$8,651,078.69	**$510,062.84**	**$9,161,141.53**
# of Claims	**1,480**					
# Open	**4**	**Recovery Amount:**	**-$249,284.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$35,583.83**	**$242.35**	**$35,826.18**
Indemnity				**$3,550,055.71**	**$0.00**	**$3,550,055.71**
Medical				**$8,205,974.51**	**$1,173,774.78**	**$9,379,749.29**
				$11,791,614.05	**$1,174,017.13**	**$12,965,631.18**
# of Claims	**1,575**					
# Open	**4**	**Recovery Amount:**	**-$161,002.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$30,748.58**	**$16,881.78**	**$47,630.36**
Indemnity				**$2,722,532.81**	**$0.00**	**$2,722,532.81**
Medical				**$4,142,373.41**	**$599,649.31**	**$4,742,022.72**
				$6,895,654.80	**$616,531.09**	**$7,512,185.89**
# of Claims	**1,289**					
# Open	**3**	**Recovery Amount:**	**-$135,023.32**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$29,008.25**	**$6,358.24**	**$35,366.49**
Indemnity				**$3,912,605.42**	**$0.00**	**$3,912,605.42**
Medical				**$4,028,745.87**	**$492,640.47**	**$4,521,386.34**
				$7,970,359.54	**$498,998.71**	**$8,469,358.25**
# of Claims	**1,116**					
# Open	**9**	**Recovery Amount:**	**-$154,801.87**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$39,192.46**	**$5,043.20**	**$44,235.66**
Indemnity				**$3,735,739.75**	**$0.00**	**$3,735,739.75**
Medical				**$4,081,994.82**	**$637,799.67**	**$4,719,794.49**
				$7,856,927.03	**$642,842.87**	**$8,499,769.90**
# of Claims	**1,043**					
# Open	**6**	**Recovery Amount:**	**-$155,166.84**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$12,840.63**	**$0.00**	**$12,840.63**
Indemnity				**$2,777,142.01**	**$0.00**	**$2,777,142.01**
Medical				**$2,081,557.55**	**$1,025,050.67**	**$3,106,608.22**
				$4,871,540.19	**$1,025,050.67**	**$5,896,590.86**
# of Claims	**970**					
# Open	**1**	**Recovery Amount:**	**-$60,756.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$56,054.25**	**$8,225.39**	**$64,279.64**
Indemnity				**$3,037,549.84**	**$242,761.73**	**$3,280,311.57**
Medical				**$4,628,436.95**	**$1,376,525.37**	**$6,004,962.32**
				$7,722,041.04	**$1,627,512.49**	**$9,349,553.53**
# of Claims	**945**					
# Open	**6**	**Recovery Amount:**	**-$134,323.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$64,480.50**	**$10,762.76**	**$75,243.26**
Indemnity				**$4,110,617.18**	**$1.13**	**$4,110,618.31**
Medical				**$5,417,252.65**	**$1,614,389.48**	**$7,031,642.13**
				$9,592,350.33	**$1,625,153.37**	**$11,217,503.70**
# of Claims	**965**					
# Open	**7**	**Recovery Amount:**	**-$103,936.27**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$87,574.32**	**$49,110.82**	**$136,685.14**
Indemnity				**$4,101,816.00**	**$0.10**	**$4,101,816.10**
Medical				**$3,345,531.37**	**$449,842.88**	**$3,795,374.25**
				$7,534,921.69	**$498,953.80**	**$8,033,875.49**
# of Claims	**935**					
# Open	**5**	**Recovery Amount:**	**-$154,945.07**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$125,976.16**	**$18,482.57**	**$144,458.73**
Indemnity				**$3,930,337.11**	**$0.00**	**$3,930,337.11**
Medical				**$4,443,378.83**	**$271,722.28**	**$4,715,101.11**
				$8,499,692.10	**$290,204.85**	**$8,789,896.95**
# of Claims	**1,019**					
# Open	**6**	**Recovery Amount:**	**-$405,450.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$109,853.10**	**$29,881.30**	**$139,734.40**
Indemnity				**$4,349,060.84**	**$49.79**	**$4,349,110.63**
Medical				**$5,862,781.92**	**$511,856.27**	**$6,374,638.19**
				$10,321,695.86	**$541,787.36**	**$10,863,483.22**
# of Claims	**946**					
# Open	**7**	**Recovery Amount:**	**-$218,753.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$206,604.85**	**$42,518.50**	**$249,123.35**
Indemnity				**$5,849,313.42**	**$0.00**	**$5,849,313.42**
Medical				**$8,298,123.74**	**$2,909,889.91**	**$11,208,013.65**
				$14,354,042.01	**$2,952,408.41**	**$17,306,450.42**
# of Claims	**1,039**					
# Open	**9**	**Recovery Amount:**	**-$471,075.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$60,347.02**	**$3,084.00**	**$63,431.02**
Indemnity				**$2,541,661.69**	**$0.00**	**$2,541,661.69**
Medical				**$2,709,484.81**	**$53,437.07**	**$2,762,921.88**
				$5,311,493.52	**$56,521.07**	**$5,368,014.59**
# of Claims	**782**					
# Open	**2**	**Recovery Amount:**	**-$232,573.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$229,878.10**	**$3,843.14**	**$233,721.24**
Indemnity				**$4,806,878.06**	**$0.00**	**$4,806,878.06**
Medical				**$5,382,184.28**	**$912,137.81**	**$6,294,322.09**
				$10,418,940.44	**$915,980.95**	**$11,334,921.39**
# of Claims	**855**					
# Open	**8**	**Recovery Amount:**	**-$201,142.29**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$186,216.59**	**$90,073.50**	**$276,290.09**
Indemnity				**$2,539,133.19**	**$0.00**	**$2,539,133.19**
Medical				**$5,045,716.96**	**$1,492,085.07**	**$6,537,802.03**
				$7,771,066.74	**$1,582,158.57**	**$9,353,225.31**
# of Claims	**702**					
# Open	**9**	**Recovery Amount:**	**-$316,771.85**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$159,038.47**	**$6,222.54**	**$165,261.01**
Indemnity				**$3,049,682.16**	**$0.00**	**$3,049,682.16**
Medical				**$4,269,070.79**	**$1,281,472.99**	**$5,550,543.78**
				$7,477,791.42	**$1,287,695.53**	**$8,765,486.95**
# of Claims	**679**					
# Open	**9**	**Recovery Amount:**	**-$157,949.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$108,852.58**	**$3,532.40**	**$112,384.98**
Indemnity				**$2,489,611.47**	**$0.00**	**$2,489,611.47**
Medical				**$3,323,866.36**	**$1,053,991.28**	**$4,377,857.64**
				$5,922,330.41	**$1,057,523.68**	**$6,979,854.09**
# of Claims	**673**					
# Open	**6**	**Recovery Amount:**	**-$19,979.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$184,386.74**	**$5,891.16**	**$190,277.90**
Indemnity				**$3,132,468.05**	**$0.00**	**$3,132,468.05**
Medical				**$4,117,810.36**	**$1,695,062.57**	**$5,812,872.93**
				$7,434,665.15	**$1,700,953.73**	**$9,135,618.88**
# of Claims	**588**					
# Open	**7**	**Recovery Amount:**	**-$294,653.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$27,549.37**	**$0.00**	**$27,549.37**
Indemnity				**$1,166,635.62**	**$0.00**	**$1,166,635.62**
Medical				**$2,095,810.35**	**$41,695.47**	**$2,137,505.82**
				$3,289,995.34	**$41,695.47**	**$3,331,690.81**
# of Claims	**457**					
# Open	**1**	**Recovery Amount:**	**-$49,380.98**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$74,187.25**	**$58.00**	**$74,245.25**
Indemnity				**$1,841,888.52**	**$0.00**	**$1,841,888.52**
Medical				**$2,291,114.97**	**$714,885.09**	**$3,006,000.06**
				$4,207,190.74	**$714,943.09**	**$4,922,133.83**
# of Claims	**480**					
# Open	**5**	**Recovery Amount:**	**-$79,582.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$66,031.25**	**$10,770.19**	**$76,801.44**
Indemnity				**$1,552,199.12**	**$721.44**	**$1,552,920.56**
Medical				**$2,781,739.97**	**$1,025,303.83**	**$3,807,043.80**
				$4,399,970.34	**$1,036,795.46**	**$5,436,765.80**
# of Claims	**457**					
# Open	**4**	**Recovery Amount:**	**-$215,308.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$93,842.00**	**$50,074.19**	**$143,916.19**
Indemnity				**$2,002,627.44**	**$3,954.96**	**$2,006,582.40**
Medical				**$2,343,626.77**	**$434,169.19**	**$2,777,795.96**
				$4,440,096.21	**$488,198.34**	**$4,928,294.55**
# of Claims	**413**					
# Open	**3**	**Recovery Amount:**	**-$107,825.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$33,748.63**	**$18,796.82**	**$52,545.45**
Indemnity				**$1,115,762.18**	**$151,282.86**	**$1,267,045.04**
Medical				**$2,402,227.59**	**$2,275,475.39**	**$4,677,702.98**
				$3,551,738.40	**$2,445,555.07**	**$5,997,293.47**
# of Claims	**415**					
# Open	**5**	**Recovery Amount:**	**-$64,964.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$43,044.67**	**$16,186.05**	**$59,230.72**
Indemnity				**$1,727,507.09**	**$129,160.42**	**$1,856,667.51**
Medical				**$1,889,597.63**	**$375,770.32**	**$2,265,367.95**
				$3,660,149.39	**$521,116.79**	**$4,181,266.18**
# of Claims	**386**					
# Open	**7**	**Recovery Amount:**	**-$101,611.21**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$40,839.78**	**$75,970.94**	**$116,810.72**
Indemnity				**$948,055.34**	**$272,898.21**	**$1,220,953.55**
Medical				**$1,760,836.11**	**$539,967.13**	**$2,300,803.24**
				$2,749,731.23	**$888,836.28**	**$3,638,567.51**
# of Claims	**429**					
# Open	**5**	**Recovery Amount:**	**-$163,169.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$30,007.05**	**$10,677.25**	**$40,684.30**
Indemnity				**$1,244,933.06**	**$537,089.38**	**$1,782,022.44**
Medical				**$1,976,887.69**	**$295,708.05**	**$2,272,595.74**
				$3,251,827.80	**$843,474.68**	**$4,095,302.48**
# of Claims	**460**					
# Open	**7**	**Recovery Amount:**	**-$219,498.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$15,540.64**	**$606.45**	**$16,147.09**
Indemnity				**$876,313.66**	**$418,614.50**	**$1,294,928.16**
Medical				**$1,410,417.45**	**$507,573.93**	**$1,917,991.38**
				$2,302,271.75	**$926,794.88**	**$3,229,066.63**
# of Claims	**429**					
# Open	**7**	**Recovery Amount:**	**-$46,190.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$15,766.09**	**$475.76**	**$16,241.85**
Indemnity				**$610,336.08**	**$112,751.61**	**$723,087.69**
Medical				**$1,164,727.72**	**$697,041.84**	**$1,861,769.56**
				$1,790,829.89	**$810,269.21**	**$2,601,099.10**
# of Claims	**382**					
# Open	**6**	**Recovery Amount:**	**-$89,343.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$20,978.38**	**$10,536.18**	**$31,514.56**
Indemnity				**$765,155.48**	**$328,380.11**	**$1,093,535.59**
Medical				**$1,347,340.51**	**$304,514.53**	**$1,651,855.04**
				$2,133,474.37	**$643,430.82**	**$2,776,905.19**
# of Claims	**338**					
# Open	**15**	**Recovery Amount:**	**-$15,808.53**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10,213.73**	**$14,466.38**	**$24,680.11**
Indemnity				**$617,904.11**	**$436,826.05**	**$1,054,730.16**
Medical				**$1,061,189.59**	**$591,635.36**	**$1,652,824.95**
				$1,689,307.43	**$1,042,927.79**	**$2,732,235.22**
# of Claims	**303**					
# Open	**26**	**Recovery Amount:**	**-$21,136.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,639.56**	**$9,945.26**	**$13,584.82**
Indemnity				**$161,343.71**	**$670,159.29**	**$831,503.00**
Medical				**$335,633.68**	**$3,655,344.03**	**$3,990,977.71**
				$500,616.95	**$4,335,448.58**	**$4,836,065.53**
# of Claims	**300**					
# Open	**75**	**Recovery Amount:**	**-$1,866.04**			

Grand Totals						
Expense				**$3,190,587.09**	**$554,598.63**	**$3,745,185.72**
Indemnity				**$98,933,093.11**	**$3,578,682.73**	**$102,511,775.84**
Medical				**$129,088,314.42**	**$30,609,571.55**	**$159,697,885.97**
				$231,211,994.62	**$34,742,852.91**	**$265,954,847.53**
# of Claims	**32,185**					
# Open	**289**	**Recovery Amount:**	**-$5,486,837.67**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

503 - VDOT Consigned Claims

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1979	**7/1/1978 - 6/30/1979**					
Expense				**$8.00**	**$67.00**	**$75.00**
Indemnity				**$60,794.69**	**$0.00**	**$60,794.69**
Medical				**$85,570.94**	**$290,397.17**	**$375,968.11**
				$146,373.63	**$290,464.17**	**$436,837.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1982	**7/1/1981 - 6/30/1982**					
Expense				**$127.04**	**$0.00**	**$127.04**
Indemnity				**$172,321.39**	**$0.00**	**$172,321.39**
Medical				**$5,450.00**	**$0.00**	**$5,450.00**
				$177,898.43	**$0.00**	**$177,898.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1984	**7/1/1983 - 6/30/1984**					
Expense				**$8.00**	**$3,792.00**	**$3,800.00**
Indemnity				**$85,314.53**	**$0.00**	**$85,314.53**
Medical				**$27,130.72**	**$41,361.80**	**$68,492.52**
				$112,453.25	**$45,153.80**	**$157,607.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**-$679.46**			

Grand Totals						
Expense				**$143.04**	**$3,859.00**	**$4,002.04**
Indemnity				**$318,430.61**	**$0.00**	**$318,430.61**
Medical				**$118,151.66**	**$331,758.97**	**$449,910.63**
				$436,725.31	**$335,617.97**	**$772,343.28**
# of Claims	**3**					
# Open	**2**	**Recovery Amount:**	**-$679.46**			

505 - RAIL & PUBLIC TRANS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$106.39	$0.00	$106.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$106.39	$0.00	$106.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$506.63	$0.00	$506.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$506.63	$0.00	$506.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$631.52	$0.00	$631.52
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$631.52	$0.00	$631.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

506 - MOTOR VEHICLE DEALER BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.27	$0.00	$310.27
				$310.27	$0.00	$310.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$455.00	$0.00	$455.00
				$455.00	$0.00	$455.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.05	$0.00	$442.05
				$442.05	$0.00	$442.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$644.28	$0.00	$644.28
				$644.28	$0.00	$644.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$257.84**	**$0.00**	**$257.84**
				$257.84	**$0.00**	**$257.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,456.49**	**$0.00**	**$1,456.49**
				$1,456.49	**$0.00**	**$1,456.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,565.93**	**$0.00**	**$3,565.93**
				$3,565.93	**$0.00**	**$3,565.93**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$5,144.09	$0.00	$5,144.09
Indemnity.....	.....			$210,163.81	$0.00	$210,163.81
Medical.....	.....			$111,625.82	$0.00	$111,625.82
				$326,933.72	$0.00	$326,933.72
# of Claims	407					
# Open	0	Recovery Amount:	-$4,616.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$4,244.53	$0.00	$4,244.53
Indemnity.....	.....			$101,435.20	$0.00	$101,435.20
Medical.....	.....			$120,258.67	$0.00	$120,258.67
				$225,938.40	$0.00	$225,938.40
# of Claims	409					
# Open	0	Recovery Amount:	-$9,733.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$742.62	$0.00	$742.62
Indemnity.....	.....			$23,836.18	$0.00	$23,836.18
Medical.....	.....			$89,120.63	$0.00	$89,120.63
				$113,699.43	$0.00	$113,699.43
# of Claims	316					
# Open	0	Recovery Amount:	-$2,771.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$8,915.90	$0.00	$8,915.90
Indemnity.....	.....			$364,554.69	$0.00	$364,554.69
Medical.....	.....			$330,134.50	$0.00	$330,134.50
				$703,605.09	$0.00	$703,605.09
# of Claims	208					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$23,937.97	$6,598.15	$30,536.12
Indemnity.....	.....			$609,700.76	$0.00	$609,700.76
Medical.....	.....			$426,997.31	$45,237.81	$472,235.12
				$1,060,636.04	$51,835.96	$1,112,472.00
# of Claims	244					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$21,980.02**	**$0.00**	**$21,980.02**
Indemnity				**$264,802.69**	**$0.00**	**$264,802.69**
Medical				**$347,923.07**	**$0.00**	**$347,923.07**
				$634,705.78	**$0.00**	**$634,705.78**
# of Claims	**281**					
# Open	**0**	**Recovery Amount:**	**-$3,623.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$5,860.85**	**$24,047.44**	**$29,908.29**
Indemnity				**$508,298.17**	**$0.00**	**$508,298.17**
Medical				**$692,042.64**	**$172,170.92**	**$864,213.56**
				$1,206,201.66	**$196,218.36**	**$1,402,420.02**
# of Claims	**517**					
# Open	**1**	**Recovery Amount:**	**-$35,460.46**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$16,161.33**	**$1,521.64**	**$17,682.97**
Indemnity				**$703,906.55**	**$0.00**	**$703,906.55**
Medical				**$1,461,648.41**	**$38,405.69**	**$1,500,054.10**
				$2,181,716.29	**$39,927.33**	**$2,221,643.62**
# of Claims	**537**					
# Open	**1**	**Recovery Amount:**	**-$51,230.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$25,723.03**	**$27,817.93**	**$53,540.96**
Indemnity				**$337,033.45**	**$0.00**	**$337,033.45**
Medical				**$962,632.12**	**$37,552.76**	**$1,000,184.88**
				$1,325,388.60	**$65,370.69**	**$1,390,759.29**
# of Claims	**485**					
# Open	**1**	**Recovery Amount:**	**-$22,604.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$9,690.03**	**$9,389.00**	**$19,079.03**
Indemnity				**$122,734.15**	**$0.00**	**$122,734.15**
Medical				**$422,056.14**	**$166,122.05**	**$588,178.19**
				$554,480.32	**$175,511.05**	**$729,991.37**
# of Claims	**404**					
# Open	**1**	**Recovery Amount:**	**-$6,280.97**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,321.07**	**$24.00**	**$3,345.07**
Indemnity				**$380,930.12**	**$0.00**	**$380,930.12**
Medical				**$475,531.22**	**$141,545.15**	**$617,076.37**
				$859,782.41	**$141,569.15**	**$1,001,351.56**
# of Claims	**360**					
# Open	**1**	**Recovery Amount:**	**-$944.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$8,107.77**	**$0.00**	**$8,107.77**
Indemnity				**$764,579.89**	**$0.00**	**$764,579.89**
Medical				**$2,872,020.02**	**$0.00**	**$2,872,020.02**
				$3,644,707.68	**$0.00**	**$3,644,707.68**
# of Claims	**320**					
# Open	**0**	**Recovery Amount:**	**-$912,351.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$5,465.24**	**$40.00**	**$5,505.24**
Indemnity				**$182,363.07**	**$0.00**	**$182,363.07**
Medical				**$441,918.11**	**$32,438.91**	**$474,357.02**
				$629,746.42	**$32,478.91**	**$662,225.33**
# of Claims	**321**					
# Open	**1**	**Recovery Amount:**	**-$13,060.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$2,088.00**	**$0.00**	**$2,088.00**
Indemnity				**$97,590.60**	**$0.00**	**$97,590.60**
Medical				**$191,557.62**	**$0.00**	**$191,557.62**
				$291,236.22	**$0.00**	**$291,236.22**
# of Claims	**334**					
# Open	**0**	**Recovery Amount:**	**-$90.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$19,142.63**	**$1,819.67**	**$20,962.30**
Indemnity				**$378,226.12**	**$0.00**	**$378,226.12**
Medical				**$924,229.50**	**$267,890.55**	**$1,192,120.05**
				$1,321,598.25	**$269,710.22**	**$1,591,308.47**
# of Claims	**289**					
# Open	**1**	**Recovery Amount:**	**-$6,739.15**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$43,031.73**	**$0.00**	**$43,031.73**
Indemnity				**$1,012,015.45**	**$0.00**	**$1,012,015.45**
Medical				**$821,941.71**	**$136,208.52**	**$958,150.23**
				$1,876,988.89	**$136,208.52**	**$2,013,197.41**
# of Claims	**307**					
# Open	**1**	**Recovery Amount:**	**-$46,239.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$698.86**	**$53,640.93**	**$54,339.79**
Indemnity				**$41,288.48**	**$0.00**	**$41,288.48**
Medical				**$1,110,425.49**	**$395,856.78**	**$1,506,282.27**
				$1,152,412.83	**$449,497.71**	**$1,601,910.54**
# of Claims	**274**					
# Open	**1**	**Recovery Amount:**	**-$4,979.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$9,759.44**	**$144.00**	**$9,903.44**
Indemnity				**$170,729.79**	**$0.00**	**$170,729.79**
Medical				**$772,544.86**	**$530,967.74**	**$1,303,512.60**
				$953,034.09	**$531,111.74**	**$1,484,145.83**
# of Claims	**244**					
# Open	**1**	**Recovery Amount:**	**-$9,407.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$5,753.60**	**$8.00**	**$5,761.60**
Indemnity				**$195,843.19**	**$0.00**	**$195,843.19**
Medical				**$442,307.21**	**$199,516.08**	**$641,823.29**
				$643,904.00	**$199,524.08**	**$843,428.08**
# of Claims	**302**					
# Open	**1**	**Recovery Amount:**	**-$21,353.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$5,710.96**	**$560.39**	**$6,271.35**
Indemnity				**$68,048.67**	**$0.00**	**$68,048.67**
Medical				**$596,821.18**	**$433,245.54**	**$1,030,066.72**
				$670,580.81	**$433,805.93**	**$1,104,386.74**
# of Claims	**243**					
# Open	**1**	**Recovery Amount:**	**-$8,363.08**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$24,793.90**	**$292.00**	**$25,085.90**
Indemnity				**$241,037.32**	**$0.00**	**$241,037.32**
Medical				**$651,023.74**	**$10,185.46**	**$661,209.20**
				$916,854.96	**$10,477.46**	**$927,332.42**
# of Claims	**279**					
# Open	**1**	**Recovery Amount:**	**-$224,327.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$14,846.42**	**$2,540.00**	**$17,386.42**
Indemnity				**$636,668.33**	**$702,676.64**	**$1,339,344.97**
Medical				**$2,931,852.38**	**$4,866,952.10**	**$7,798,804.48**
				$3,583,367.13	**$5,572,168.74**	**$9,155,535.87**
# of Claims	**265**					
# Open	**1**	**Recovery Amount:**	**-$5,420.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$5,554.97**	**$0.00**	**$5,554.97**
Indemnity				**$60,872.09**	**$0.00**	**$60,872.09**
Medical				**$315,374.78**	**$0.00**	**$315,374.78**
				$381,801.84	**$0.00**	**$381,801.84**
# of Claims	**234**					
# Open	**0**	**Recovery Amount:**	**-$36,243.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$783.21**	**$0.00**	**$783.21**
Indemnity				**$23,115.87**	**$0.00**	**$23,115.87**
Medical				**$187,305.81**	**$0.00**	**$187,305.81**
				$211,204.89	**$0.00**	**$211,204.89**
# of Claims	**243**					
# Open	**0**	**Recovery Amount:**	**-$6,348.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,422.75**	**$1,500.00**	**$2,922.75**
Indemnity				**$51,025.46**	**$0.00**	**$51,025.46**
Medical				**$231,155.58**	**$10,754.62**	**$241,910.20**
				$283,603.79	**$12,254.62**	**$295,858.41**
# of Claims	**245**					
# Open	**2**	**Recovery Amount:**	**-$1,094.36**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$1,457.37**	**$0.00**	**$1,457.37**
Indemnity				**$53,201.08**	**$0.00**	**$53,201.08**
Medical				**$248,449.62**	**$0.00**	**$248,449.62**
				$303,108.07	**$0.00**	**$303,108.07**
# of Claims	**255**					
# Open	**0**	**Recovery Amount:**	**-$18,241.27**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,411.68**	**$16.00**	**$1,427.68**
Indemnity				**$51,583.84**	**$0.00**	**$51,583.84**
Medical				**$152,014.65**	**$42,553.80**	**$194,568.45**
				$205,010.17	**$42,569.80**	**$247,579.97**
# of Claims	**251**					
# Open	**1**	**Recovery Amount:**	**-$5,764.84**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$18,271.75**	**$4,481.48**	**$22,753.23**
Indemnity				**$337,260.07**	**$204,801.70**	**$542,061.77**
Medical				**$494,579.68**	**$640,118.87**	**$1,134,698.55**
				$850,111.50	**$849,402.05**	**$1,699,513.55**
# of Claims	**213**					
# Open	**3**	**Recovery Amount:**	**-$1,764.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$23,112.67**	**$21,673.43**	**$44,786.10**
Indemnity				**$920,879.34**	**$39,892.18**	**$960,771.52**
Medical				**$727,765.07**	**$518,734.06**	**$1,246,499.13**
				$1,671,757.08	**$580,299.67**	**$2,252,056.75**
# of Claims	**203**					
# Open	**5**	**Recovery Amount:**	**-$48,634.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$51,508.84**	**$15,948.00**	**$67,456.84**
Indemnity				**$636,653.08**	**$263,556.76**	**$900,209.84**
Medical				**$2,065,959.02**	**$1,198,816.82**	**$3,264,775.84**
				$2,754,120.94	**$1,478,321.58**	**$4,232,442.52**
# of Claims	**206**					
# Open	**2**	**Recovery Amount:**	**-$7,700.26**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$476.50**	**$0.00**	**$476.50**
Indemnity				**$7,110.15**	**$0.00**	**$7,110.15**
Medical				**$119,693.16**	**$0.00**	**$119,693.16**
				$127,279.81	**$0.00**	**$127,279.81**
# of Claims	**187**					
# Open	**0**	**Recovery Amount:**	**-$17,103.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$6,359.27**	**$8.00**	**$6,367.27**
Indemnity				**$361,832.58**	**$0.00**	**$361,832.58**
Medical				**$295,981.00**	**$83,647.99**	**$379,628.99**
				$664,172.85	**$83,655.99**	**$747,828.84**
# of Claims	**178**					
# Open	**1**	**Recovery Amount:**	**-$5,861.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$1,207.54**	**$0.00**	**$1,207.54**
Indemnity				**$27,079.81**	**$0.00**	**$27,079.81**
Medical				**$222,992.64**	**$0.00**	**$222,992.64**
				$251,279.99	**$0.00**	**$251,279.99**
# of Claims	**202**					
# Open	**0**	**Recovery Amount:**	**-$81,640.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$783.59**	**$0.00**	**$783.59**
Indemnity				**$9,990.33**	**$19,994.55**	**$29,984.88**
Medical				**$129,226.77**	**$164,907.82**	**$294,134.59**
				$140,000.69	**$184,902.37**	**$324,903.06**
# of Claims	**129**					
# Open	**1**	**Recovery Amount:**	**-$17,013.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$1,984.04**	**$3,720.76**	**$5,704.80**
Indemnity				**$76,068.34**	**$16,601.12**	**$92,669.46**
Medical				**$202,816.21**	**$39,241.90**	**$242,058.11**
				$280,868.59	**$59,563.78**	**$340,432.37**
# of Claims	**88**					
# Open	**4**	**Recovery Amount:**	**-$377.01**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$595.58**	**$26.15**	**$621.73**
Indemnity				**$8,149.86**	**$0.00**	**$8,149.86**
Medical				**$88,306.00**	**$6,846.38**	**$95,152.38**
				$97,051.44	**$6,872.53**	**$103,923.97**
# of Claims	**111**					
# Open	**3**	**Recovery Amount:**	**-$2,588.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$4,015.01**	**$694.90**	**$4,709.91**
Indemnity				**$6,614.96**	**$82,757.00**	**$89,371.96**
Medical				**$83,955.24**	**$267,829.71**	**$351,784.95**
				$94,585.21	**$351,281.61**	**$445,866.82**
# of Claims	**90**					
# Open	**14**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$384,064.76**	**$176,511.87**	**$560,576.63**
Indemnity				**$10,047,223.54**	**$1,330,279.95**	**$11,377,503.49**
Medical				**$22,762,187.58**	**$10,447,748.03**	**$33,209,935.61**
				$33,193,475.88	**$11,954,539.85**	**$45,148,015.73**
# of Claims	**10,181**					
# Open	**52**	**Recovery Amount:**	**-$1,639,973.17**			

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.92	$0.00	$109.92
				$109.92	$0.00	$109.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.00	$0.00	$76.00
				$76.00	$0.00	$76.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$637.01	$0.00	$637.01
Medical.....	.....			$6,663.74	$0.00	$6,663.74
				$7,300.75	$0.00	$7,300.75
# of Claims	5					
# Open	0	Recovery Amount:	-$3,852.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,493.41	$0.00	$1,493.41
				$1,939.41	$0.00	$1,939.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,183.16	$0.00	$1,183.16
Medical.....	.....			$4,058.40	$0.00	$4,058.40
				$5,241.56	$0.00	$5,241.56
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$47.71**	**$0.00**	**$47.71**
Indemnity				**$7,069.01**	**$0.00**	**$7,069.01**
Medical				**$10,425.18**	**$0.00**	**$10,425.18**
				$17,541.90	**$0.00**	**$17,541.90**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$4,708.70**	**$300.00**	**$5,008.70**
Indemnity				**$223,540.86**	**$0.00**	**$223,540.86**
Medical				**$1,166,540.23**	**$1,126,561.59**	**$2,293,101.82**
				$1,394,789.79	**$1,126,861.59**	**$2,521,651.38**
# of Claims	**14**					
# Open	**1**	**Recovery Amount:**	**-$5,618.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,229.79**	**$0.00**	**$2,229.79**
Medical				**$1,732.72**	**$0.00**	**$1,732.72**
				$3,962.51	**$0.00**	**$3,962.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,778.48**	**$0.00**	**$4,778.48**
Medical				**$6,211.23**	**$0.00**	**$6,211.23**
				$10,989.71	**$0.00**	**$10,989.71**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$5,227.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2,145.21**	**$0.00**	**$2,145.21**
Indemnity				**$77.88**	**$0.00**	**$77.88**
Medical				**$3,210.50**	**$0.00**	**$3,210.50**
				$5,433.59	**$0.00**	**$5,433.59**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,059.77**	**$0.00**	**$1,059.77**
				$1,059.77	**$0.00**	**$1,059.77**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$177.15**	**$0.00**	**$177.15**
Indemnity				**$7,305.26**	**$0.00**	**$7,305.26**
Medical				**$11,134.08**	**$0.00**	**$11,134.08**
				$18,616.49	**$0.00**	**$18,616.49**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$3,076.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$204.00**	**$0.00**	**$204.00**
				$204.00	**$0.00**	**$204.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$603.00**	**$0.00**	**$603.00**
				$603.00	**$0.00**	**$603.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,651.22**	**$0.00**	**$1,651.22**
				$1,651.22	**$0.00**	**$1,651.22**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.20**	**$0.00**	**$75.20**
				$75.20	**$0.00**	**$75.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,538.57**	**$0.00**	**$2,538.57**
Medical				**$4,424.89**	**$0.00**	**$4,424.89**
				$6,963.46	**$0.00**	**$6,963.46**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$138.71**	**$0.00**	**$138.71**
				$138.71	**$0.00**	**$138.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,900.12**	**$0.00**	**$2,900.12**
				$2,900.12	**$0.00**	**$2,900.12**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,380.72**	**$0.00**	**$2,380.72**
				$2,380.72	**$0.00**	**$2,380.72**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,460.49**	**$0.00**	**$2,460.49**
				$2,460.49	**$0.00**	**$2,460.49**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$1,981.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$476.08**	**$0.00**	**$476.08**
				$476.08	**$0.00**	**$476.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,716.72**	**$0.00**	**$1,716.72**
				$1,716.72	**$0.00**	**$1,716.72**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$745.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$254.78**	**$0.00**	**$254.78**
				$254.78	**$0.00**	**$254.78**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,533.15**	**$0.00**	**$3,533.15**
				$3,533.15	**$0.00**	**$3,533.15**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$91.77**	**$0.00**	**$91.77**
Indemnity				**$22,952.77**	**$0.00**	**$22,952.77**
Medical				**$23,353.15**	**$0.00**	**$23,353.15**
				$46,397.69	**$0.00**	**$46,397.69**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,048.69**	**$0.00**	**$2,048.69**
				$2,048.69	**$0.00**	**$2,048.69**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,496.89**	**$0.00**	**$2,496.89**
				$2,496.89	**$0.00**	**$2,496.89**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,849.46**	**$0.00**	**$2,849.46**
				$2,857.46	**$0.00**	**$2,857.46**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$115.29**	**$0.00**	**$115.29**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$115.29	**$0.00**	**$115.29**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$4,620.77**	**$1,879.23**	**$6,500.00**
Indemnity				**$55,640.19**	**$11,023.61**	**$66,663.80**
Medical				**$48,835.20**	**$19,164.80**	**$68,000.00**
				$109,096.16	**$32,067.64**	**$141,163.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**-$54,997.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$33.34**	**$0.00**	**$33.34**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$33.34	**$0.00**	**$33.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$44.00	**$0.00**	**$44.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$466.69**	**$0.00**	**$466.69**
				$466.69	**$0.00**	**$466.69**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$12,437.94**	**$2,179.23**	**$14,617.17**
Indemnity				**$327,952.98**	**$11,023.61**	**$338,976.59**
Medical				**$1,313,584.34**	**$1,145,726.39**	**$2,459,310.73**
				$1,653,975.26	**$1,158,929.23**	**$2,812,904.49**
# of Claims	**172**					
# Open	**2**	**Recovery Amount:**	**-$75,499.50**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

606 - VA BOARD FOR PEOPLE WITH DISABILIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$163,715.68	$25,876.05	$189,591.73
Indemnity.....	.....			$1,903,000.88	$0.00	$1,903,000.88
Medical.....	.....			$2,029,873.85	$369,454.48	$2,399,328.33
				$4,096,590.41	$395,330.53	$4,491,920.94
# of Claims	1,737					
# Open	2	Recovery Amount:	-$9,896.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$195,259.98	$6,999.15	$202,259.13
Indemnity.....	.....			$2,193,152.21	$0.00	$2,193,152.21
Medical.....	.....			$4,556,601.65	$831,501.37	$5,388,103.02
				$6,945,013.84	$838,500.52	$7,783,514.36
# of Claims	1,848					
# Open	2	Recovery Amount:	-$29,507.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$161,027.47	$135.00	$161,162.47
Indemnity.....	.....			$3,012,848.18	$0.00	$3,012,848.18
Medical.....	.....			$3,872,953.64	$639,259.68	$4,512,213.32
				$7,046,829.29	$639,394.68	$7,686,223.97
# of Claims	1,958					
# Open	2	Recovery Amount:	-$8,353.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$211,807.17	$1,695.47	$213,502.64
Indemnity.....	.....			$4,293,038.05	$275,996.04	$4,569,034.09
Medical.....	.....			$4,415,836.21	$761,247.68	$5,177,083.89
				$8,920,681.43	$1,038,939.19	$9,959,620.62
# of Claims	2,216					
# Open	6	Recovery Amount:	-$3,266.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$92,868.53	$8,677.09	$101,545.62
Indemnity.....	.....			$2,857,641.59	$249,587.88	$3,107,229.47
Medical.....	.....			$3,647,239.59	$336,041.57	$3,983,281.16
				$6,597,749.71	$594,306.54	$7,192,056.25
# of Claims	1,823					
# Open	3	Recovery Amount:	-$262.02			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$182,248.00**	**$913.99**	**$183,161.99**
Indemnity				**$4,148,617.15**	**$0.00**	**$4,148,617.15**
Medical				**$4,369,811.91**	**$74,231.86**	**$4,444,043.77**
				$8,700,677.06	**$75,145.85**	**$8,775,822.91**
# of Claims	**2,086**					
# Open	**2**	**Recovery Amount:**	**-$41.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$45,742.28**	**$90,388.55**	**$136,130.83**
Indemnity				**$3,267,968.69**	**$0.00**	**$3,267,968.69**
Medical				**$4,445,942.46**	**$833,640.64**	**$5,279,583.10**
				$7,759,653.43	**$924,029.19**	**$8,683,682.62**
# of Claims	**2,378**					
# Open	**4**	**Recovery Amount:**	**-$5,513.81**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$26,293.45**	**$284.28**	**$26,577.73**
Indemnity				**$3,407,868.94**	**$0.00**	**$3,407,868.94**
Medical				**$4,486,283.47**	**$648,081.76**	**$5,134,365.23**
				$7,920,445.86	**$648,366.04**	**$8,568,811.90**
# of Claims	**2,489**					
# Open	**4**	**Recovery Amount:**	**-$20,574.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$27,121.64**	**$2,748.00**	**$29,869.64**
Indemnity				**$3,249,646.78**	**$506,670.98**	**$3,756,317.76**
Medical				**$3,462,278.06**	**$1,437,184.70**	**$4,899,462.76**
				$6,739,046.48	**$1,946,603.68**	**$8,685,650.16**
# of Claims	**2,208**					
# Open	**4**	**Recovery Amount:**	**-$37,400.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$65,965.92**	**$13,694.61**	**$79,660.53**
Indemnity				**$3,051,597.56**	**$0.00**	**$3,051,597.56**
Medical				**$5,902,158.32**	**$2,174,672.59**	**$8,076,830.91**
				$9,019,721.80	**$2,188,367.20**	**$11,208,089.00**
# of Claims	**2,219**					
# Open	**9**	**Recovery Amount:**	**-$114,690.90**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$14,637.14**	**$436.11**	**$15,073.25**
Indemnity				**$2,412,866.62**	**$0.00**	**$2,412,866.62**
Medical				**$5,605,616.23**	**$835,130.63**	**$6,440,746.86**
				$8,033,119.99	**$835,566.74**	**$8,868,686.73**
# of Claims	**2,208**					
# Open	**2**	**Recovery Amount:**	**-$60,816.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$42,559.76**	**$38,044.31**	**$80,604.07**
Indemnity				**$3,602,721.31**	**$0.00**	**$3,602,721.31**
Medical				**$5,989,626.73**	**$2,998,990.14**	**$8,988,616.87**
				$9,634,907.80	**$3,037,034.45**	**$12,671,942.25**
# of Claims	**1,853**					
# Open	**8**	**Recovery Amount:**	**-$54,963.39**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$44,603.88**	**$7,667.14**	**$52,271.02**
Indemnity				**$1,798,836.72**	**$0.00**	**$1,798,836.72**
Medical				**$4,125,483.41**	**$2,054,366.18**	**$6,179,849.59**
				$5,968,924.01	**$2,062,033.32**	**$8,030,957.33**
# of Claims	**1,835**					
# Open	**7**	**Recovery Amount:**	**-$17,329.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$61,874.15**	**$11,688.89**	**$73,563.04**
Indemnity				**$2,696,672.03**	**$657,092.15**	**$3,353,764.18**
Medical				**$4,492,787.65**	**$3,443,940.82**	**$7,936,728.47**
				$7,251,333.83	**$4,112,721.86**	**$11,364,055.69**
# of Claims	**1,731**					
# Open	**9**	**Recovery Amount:**	**-$35,867.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$83,907.76**	**$3,794.42**	**$87,702.18**
Indemnity				**$2,082,742.92**	**$0.00**	**$2,082,742.92**
Medical				**$5,071,076.57**	**$2,374,685.56**	**$7,445,762.13**
				$7,237,727.25	**$2,378,479.98**	**$9,616,207.23**
# of Claims	**1,562**					
# Open	**7**	**Recovery Amount:**	**-$78,042.91**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$57,476.66**	**$3,253.45**	**$60,730.11**
Indemnity				**$1,398,418.71**	**$0.00**	**$1,398,418.71**
Medical				**$2,580,519.07**	**$702,358.10**	**$3,282,877.17**
				$4,036,414.44	**$705,611.55**	**$4,742,025.99**
# of Claims	**1,437**					
# Open	**5**	**Recovery Amount:**	**-$19,327.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$112,517.04**	**$6,412.52**	**$118,929.56**
Indemnity				**$3,505,284.76**	**$0.00**	**$3,505,284.76**
Medical				**$6,479,771.14**	**$2,457,639.20**	**$8,937,410.34**
				$10,097,572.94	**$2,464,051.72**	**$12,561,624.66**
# of Claims	**1,312**					
# Open	**13**	**Recovery Amount:**	**-$31,259.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$119,638.95**	**$3,529.29**	**$123,168.24**
Indemnity				**$2,361,896.44**	**$0.00**	**$2,361,896.44**
Medical				**$3,665,974.85**	**$2,631,154.20**	**$6,297,129.05**
				$6,147,510.24	**$2,634,683.49**	**$8,782,193.73**
# of Claims	**1,203**					
# Open	**7**	**Recovery Amount:**	**-$74,755.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$135,173.90**	**$12,072.21**	**$147,246.11**
Indemnity				**$2,172,789.52**	**$0.00**	**$2,172,789.52**
Medical				**$5,656,209.71**	**$1,610,662.31**	**$7,266,872.02**
				$7,964,173.13	**$1,622,734.52**	**$9,586,907.65**
# of Claims	**1,152**					
# Open	**8**	**Recovery Amount:**	**-$261,538.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$139,667.17**	**$25,021.81**	**$164,688.98**
Indemnity				**$1,710,225.73**	**$2.55**	**$1,710,228.28**
Medical				**$3,746,458.89**	**$2,255,430.48**	**$6,001,889.37**
				$5,596,351.79	**$2,280,454.84**	**$7,876,806.63**
# of Claims	**1,283**					
# Open	**7**	**Recovery Amount:**	**-$55,013.50**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$164,833.75**	**$19,055.70**	**$183,889.45**
Indemnity				**$2,183,613.84**	**$0.00**	**$2,183,613.84**
Medical				**$3,204,859.19**	**$1,966,525.30**	**$5,171,384.49**
				$5,553,306.78	**$1,985,581.00**	**$7,538,887.78**
# of Claims	**1,211**					
# Open	**6**	**Recovery Amount:**	**-$76,668.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$182,132.90**	**$6,837.76**	**$188,970.66**
Indemnity				**$2,930,184.03**	**$0.00**	**$2,930,184.03**
Medical				**$4,933,113.29**	**$1,052,831.17**	**$5,985,944.46**
				$8,045,430.22	**$1,059,668.93**	**$9,105,099.15**
# of Claims	**1,323**					
# Open	**8**	**Recovery Amount:**	**-$121,406.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$131,720.80**	**$9,476.30**	**$141,197.10**
Indemnity				**$2,166,328.04**	**$0.00**	**$2,166,328.04**
Medical				**$3,032,184.43**	**$454,349.93**	**$3,486,534.36**
				$5,330,233.27	**$463,826.23**	**$5,794,059.50**
# of Claims	**1,163**					
# Open	**3**	**Recovery Amount:**	**-$32,232.68**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$239,335.16**	**$7,643.39**	**$246,978.55**
Indemnity				**$3,238,385.30**	**$0.00**	**$3,238,385.30**
Medical				**$3,825,947.94**	**$1,499,329.02**	**$5,325,276.96**
				$7,303,668.40	**$1,506,972.41**	**$8,810,640.81**
# of Claims	**1,262**					
# Open	**12**	**Recovery Amount:**	**-$63,291.84**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$134,588.01**	**$280.00**	**$134,868.01**
Indemnity				**$2,034,167.77**	**$0.00**	**$2,034,167.77**
Medical				**$3,917,967.16**	**$888,950.98**	**$4,806,918.14**
				$6,086,722.94	**$889,230.98**	**$6,975,953.92**
# of Claims	**1,144**					
# Open	**5**	**Recovery Amount:**	**-$88,159.09**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$186,559.15**	**$7,903.92**	**$194,463.07**
Indemnity				**$2,877,984.73**	**$0.00**	**$2,877,984.73**
Medical				**$4,766,430.51**	**$1,413,263.40**	**$6,179,693.91**
				$7,830,974.39	**$1,421,167.32**	**$9,252,141.71**
# of Claims	**1,034**					
# Open	**11**	**Recovery Amount:**	**-$57,595.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$85,659.03**	**$33,394.70**	**$119,053.73**
Indemnity				**$1,079,159.72**	**$0.00**	**$1,079,159.72**
Medical				**$1,946,531.87**	**$365,051.38**	**$2,311,583.25**
				$3,111,350.62	**$398,446.08**	**$3,509,796.70**
# of Claims	**908**					
# Open	**3**	**Recovery Amount:**	**-$85,438.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$141,214.62**	**$24,858.52**	**$166,073.14**
Indemnity				**$2,297,891.93**	**$120,059.02**	**$2,417,950.95**
Medical				**$2,950,343.33**	**$1,546,286.09**	**$4,496,629.42**
				$5,389,449.88	**$1,691,203.63**	**$7,080,653.51**
# of Claims	**928**					
# Open	**8**	**Recovery Amount:**	**-$19,308.42**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$187,341.95**	**$30,654.66**	**$217,996.61**
Indemnity				**$1,813,484.95**	**$185,308.03**	**$1,998,792.98**
Medical				**$4,644,881.33**	**$4,553,537.29**	**$9,198,418.62**
				$6,645,708.23	**$4,769,499.98**	**$11,415,208.21**
# of Claims	**925**					
# Open	**11**	**Recovery Amount:**	**-$93,453.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$230,520.77**	**$43,878.11**	**$274,398.88**
Indemnity				**$2,400,803.93**	**$373,277.01**	**$2,774,080.94**
Medical				**$3,168,674.55**	**$951,655.82**	**$4,120,330.37**
				$5,799,999.25	**$1,368,810.94**	**$7,168,810.19**
# of Claims	**852**					
# Open	**8**	**Recovery Amount:**	**-$90,962.63**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$150,688.70**	**$14,232.26**	**$164,920.96**
Indemnity				**$1,754,346.82**	**$360,966.78**	**$2,115,313.60**
Medical				**$3,268,198.47**	**$319,501.34**	**$3,587,699.81**
				$5,173,233.99	**$694,700.38**	**$5,867,934.37**
# of Claims	**804**					
# Open	**10**	**Recovery Amount:**	**-$30,407.82**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$121,344.27**	**$6,000.00**	**$127,344.27**
Indemnity				**$1,161,304.96**	**$0.00**	**$1,161,304.96**
Medical				**$1,853,774.51**	**$107,546.03**	**$1,961,320.54**
				$3,136,423.74	**$113,546.03**	**$3,249,969.77**
# of Claims	**809**					
# Open	**2**	**Recovery Amount:**	**-$19,206.07**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$216,016.58**	**$35,503.02**	**$251,519.60**
Indemnity				**$1,689,054.97**	**$791,126.29**	**$2,480,181.26**
Medical				**$2,384,008.74**	**$693,666.65**	**$3,077,675.39**
				$4,289,080.29	**$1,520,295.96**	**$5,809,376.25**
# of Claims	**828**					
# Open	**8**	**Recovery Amount:**	**-$129,070.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$159,505.83**	**$38,845.20**	**$198,351.03**
Indemnity				**$918,946.43**	**$735,799.25**	**$1,654,745.68**
Medical				**$1,457,760.77**	**$748,290.82**	**$2,206,051.59**
				$2,536,213.03	**$1,522,935.27**	**$4,059,148.30**
# of Claims	**825**					
# Open	**8**	**Recovery Amount:**	**-$33,040.24**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$121,936.98**	**$67,465.26**	**$189,402.24**
Indemnity				**$724,663.43**	**$766,822.21**	**$1,491,485.64**
Medical				**$1,386,496.91**	**$653,245.13**	**$2,039,742.04**
				$2,233,097.32	**$1,487,532.60**	**$3,720,629.92**
# of Claims	**734**					
# Open	**16**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$104,558.28**	**$62,982.61**	**$167,540.89**
Indemnity				**$606,906.01**	**$310,415.05**	**$917,321.06**
Medical				**$1,156,605.16**	**$489,076.28**	**$1,645,681.44**
				$1,868,069.45	**$862,473.94**	**$2,730,543.39**
# of Claims	**666**					
# Open	**27**	**Recovery Amount:**	**-$1,238.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$52,293.32**	**$85,786.39**	**$138,079.71**
Indemnity				**$264,619.03**	**$471,391.02**	**$736,010.05**
Medical				**$666,664.97**	**$1,226,591.71**	**$1,893,256.68**
				$983,577.32	**$1,783,769.12**	**$2,767,346.44**
# of Claims	**681**					
# Open	**145**	**Recovery Amount:**	**-$105.70**			

Grand Totals						
Expense				**$4,594,356.63**	**$758,130.14**	**$5,352,486.77**
Indemnity				**$85,269,680.68**	**$5,804,514.26**	**$91,074,194.94**
Medical				**$137,166,946.54**	**$48,399,372.29**	**$185,566,318.83**
				$227,030,983.85	**$54,962,016.69**	**$281,993,000.54**
# of Claims	**52,635**					
# Open	**402**	**Recovery Amount:**	**-$1,860,006.55**			

702 -Dept For The Blind &Vision Impaired

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$131.55	$0.00	$131.55
Medical.....	.....			$2,087.00	$0.00	$2,087.00
				$2,218.55	$0.00	$2,218.55
# of Claims	33					
# Open	0	Recovery Amount:	-$215.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$28.40	$0.00	$28.40
Indemnity.....	.....			$49,524.01	$0.00	$49,524.01
Medical.....	.....			$12,982.77	$0.00	$12,982.77
				$62,535.18	$0.00	$62,535.18
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$1,785.48	$0.00	$1,785.48
Indemnity.....	.....			$69,418.51	$0.00	$69,418.51
Medical.....	.....			$9,540.23	$0.00	$9,540.23
				$80,744.22	$0.00	$80,744.22
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$695.04	$0.00	$695.04
Medical.....	.....			$6,809.26	$0.00	$6,809.26
				$7,566.80	$0.00	$7,566.80
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,398.72	$0.00	$6,398.72
Medical.....	.....			$14,552.63	$0.00	$14,552.63
				$20,951.35	$0.00	$20,951.35
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,020.81**	**$0.00**	**$5,020.81**
Medical				**$17,432.07**	**$0.00**	**$17,432.07**
				$22,452.88	**$0.00**	**$22,452.88**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$885.00**	**$0.00**	**$885.00**
Indemnity				**$144,565.57**	**$0.00**	**$144,565.57**
Medical				**$90,399.53**	**$0.00**	**$90,399.53**
				$235,850.10	**$0.00**	**$235,850.10**
# of Claims	**64**					
# Open	**0**	**Recovery Amount:**	**-$14,486.52**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$54.78**	**$0.00**	**$54.78**
Indemnity				**$135,609.10**	**$0.00**	**$135,609.10**
Medical				**$124,872.03**	**$0.00**	**$124,872.03**
				$260,535.91	**$0.00**	**$260,535.91**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**-$3,381.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$454.88**	**$0.00**	**$454.88**
Medical				**$9,748.09**	**$0.00**	**$9,748.09**
				$10,202.97	**$0.00**	**$10,202.97**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$526.33**	**$0.00**	**$526.33**
Medical				**$8,289.59**	**$0.00**	**$8,289.59**
				$8,815.92	**$0.00**	**$8,815.92**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$680.63**	**$0.00**	**$680.63**
Medical				**$8,935.00**	**$0.00**	**$8,935.00**
				$9,615.63	**$0.00**	**$9,615.63**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2.00**	**$0.00**	**$2.00**
Indemnity				**$1,430.82**	**$0.00**	**$1,430.82**
Medical				**$8,664.95**	**$0.00**	**$8,664.95**
				$10,097.77	**$0.00**	**$10,097.77**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,976.95**	**$0.00**	**$4,976.95**
Medical				**$6,947.96**	**$0.00**	**$6,947.96**
				$11,924.91	**$0.00**	**$11,924.91**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$165.76**	**$0.00**	**$165.76**
Medical				**$5,287.75**	**$0.00**	**$5,287.75**
				$5,453.51	**$0.00**	**$5,453.51**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$2,096.33**	**$0.00**	**$2,096.33**
Medical				**$8,201.93**	**$0.00**	**$8,201.93**
				$10,306.26	**$0.00**	**$10,306.26**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,358.24**	**$0.00**	**$3,358.24**
Medical				**$30,687.79**	**$0.00**	**$30,687.79**
				$34,046.03	**$0.00**	**$34,046.03**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$3,500.00**	**$0.00**	**$3,500.00**
Indemnity				**$25,974.15**	**$0.00**	**$25,974.15**
Medical				**$14,529.36**	**$0.00**	**$14,529.36**
				$44,003.51	**$0.00**	**$44,003.51**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,244.47**	**$0.00**	**$9,244.47**
Medical				**$51,604.23**	**$0.00**	**$51,604.23**
				$60,848.70	**$0.00**	**$60,848.70**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$26,704.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$2,111.00**	**$0.00**	**$2,111.00**
Indemnity				**$33,700.39**	**$0.00**	**$33,700.39**
Medical				**$90,115.07**	**$0.00**	**$90,115.07**
				$125,926.46	**$0.00**	**$125,926.46**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**-$379.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$7,907.48**	**$0.00**	**$7,907.48**
Indemnity				**$45,014.93**	**$0.00**	**$45,014.93**
Medical				**$118,756.69**	**$0.00**	**$118,756.69**
				$171,679.10	**$0.00**	**$171,679.10**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$710.72**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$291.77**	**$0.00**	**$291.77**
Medical				**$10,040.84**	**$0.00**	**$10,040.84**
				$10,332.61	**$0.00**	**$10,332.61**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18,144.15**	**$0.00**	**$18,144.15**
Indemnity				**$223,647.91**	**$0.00**	**$223,647.91**
Medical				**$228,450.73**	**$181,339.11**	**$409,789.84**
				$470,242.79	**$181,339.11**	**$651,581.90**
# of Claims	**33**					
# Open	**1**	**Recovery Amount:**	**-$553.53**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$27.00**	**$0.00**	**$27.00**
Indemnity				**$272.55**	**$0.00**	**$272.55**
Medical				**$18,656.95**	**$0.00**	**$18,656.95**
				$18,956.50	**$0.00**	**$18,956.50**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$590.18**	**$0.00**	**$590.18**
Indemnity				**$7,374.31**	**$0.00**	**$7,374.31**
Medical				**$77,012.62**	**$0.00**	**$77,012.62**
				$84,977.11	**$0.00**	**$84,977.11**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**-$713.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$114.40**	**$0.00**	**$114.40**
Indemnity				**$2,822.27**	**$0.00**	**$2,822.27**
Medical				**$78,361.04**	**$0.00**	**$78,361.04**
				$81,297.71	**$0.00**	**$81,297.71**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,148.67**	**$0.00**	**$5,148.67**
Medical				**$162,700.45**	**$0.00**	**$162,700.45**
				$167,849.12	**$0.00**	**$167,849.12**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**-$100,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,651.16**	**$0.00**	**$1,651.16**
Medical				**$10,130.78**	**$0.00**	**$10,130.78**
				$11,781.94	**$0.00**	**$11,781.94**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$44.74**	**$0.00**	**$44.74**
Indemnity				**$1,370.58**	**$0.00**	**$1,370.58**
Medical				**$10,680.48**	**$0.00**	**$10,680.48**
				$12,095.80	**$0.00**	**$12,095.80**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$10,326.80**	**$0.00**	**$10,326.80**
Indemnity				**$16,681.80**	**$0.00**	**$16,681.80**
Medical				**$35,795.63**	**$0.00**	**$35,795.63**
				$62,804.23	**$0.00**	**$62,804.23**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$31,697.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$51.00**	**$0.00**	**$51.00**
Indemnity				**$8,780.73**	**$0.00**	**$8,780.73**
Medical				**$49,677.00**	**$0.00**	**$49,677.00**
				$58,508.73	**$0.00**	**$58,508.73**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$3,567.30**	**$0.00**	**$3,567.30**
Indemnity				**$1,690.84**	**$0.00**	**$1,690.84**
Medical				**$12,705.69**	**$0.00**	**$12,705.69**
				$17,963.83	**$0.00**	**$17,963.83**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$1,894.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,228.67**	**$0.00**	**$5,228.67**
				$5,228.67	**$0.00**	**$5,228.67**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$429.79**	**$0.00**	**$429.79**
Indemnity				**$2,678.58**	**$0.00**	**$2,678.58**
Medical				**$25,080.61**	**$0.00**	**$25,080.61**
				$28,188.98	**$0.00**	**$28,188.98**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$2,282.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$299.00**	**$0.00**	**$299.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$299.00	**$0.00**	**$299.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$111.65**	**$0.00**	**$111.65**
Indemnity				**$4,414.69**	**$0.00**	**$4,414.69**
Medical				**$28,910.22**	**$0.00**	**$28,910.22**
				$33,436.56	**$0.00**	**$33,436.56**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$1,889.10**	**$0.00**	**$1,889.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,266.10**	**$0.00**	**$8,266.10**
				$10,155.20	**$0.00**	**$10,155.20**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$270.13**	**$0.00**	**$270.13**
				$270.13	**$0.00**	**$270.13**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$51,939.75**	**$0.00**	**$51,939.75**
Indemnity				**$815,813.05**	**$0.00**	**$815,813.05**
Medical				**$1,402,411.87**	**$181,339.11**	**$1,583,750.98**
				$2,270,164.67	**$181,339.11**	**$2,451,503.78**
# of Claims	**1,112**					
# Open	**2**	**Recovery Amount:**	**-$183,020.24**			

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$216,678.30	$198.05	$216,876.35
Indemnity.....	.....			$2,603,031.22	$0.00	$2,603,031.22
Medical.....	.....			$3,446,604.51	$530,068.24	$3,976,672.75
				$6,266,314.03	$530,266.29	$6,796,580.32
# of Claims	2,360					
# Open	3	Recovery Amount:	-$1,994.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$327,067.58	$742.11	$327,809.69
Indemnity.....	.....			$3,028,546.72	$0.00	$3,028,546.72
Medical.....	.....			$5,169,888.37	$3,439,898.01	$8,609,786.38
				$8,525,502.67	$3,440,640.12	$11,966,142.79
# of Claims	2,593					
# Open	4	Recovery Amount:	-$5,174.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$345,290.92	$111.23	$345,402.15
Indemnity.....	.....			$4,479,699.19	$0.00	$4,479,699.19
Medical.....	.....			$4,474,640.95	$404,774.01	$4,879,414.96
				$9,299,631.06	$404,885.24	$9,704,516.30
# of Claims	2,532					
# Open	2	Recovery Amount:	-$17,583.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$280,203.70	$0.00	$280,203.70
Indemnity.....	.....			$5,154,421.47	$0.00	$5,154,421.47
Medical.....	.....			$8,468,048.40	$185,298.51	$8,653,346.91
				$13,902,673.57	$185,298.51	$14,087,972.08
# of Claims	2,471					
# Open	2	Recovery Amount:	-$64,474.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$228,138.99	$2,030.57	$230,169.56
Indemnity.....	.....			$3,666,409.70	$1,731.00	$3,668,140.70
Medical.....	.....			$6,849,755.76	$686,881.72	$7,536,637.48
				$10,744,304.45	$690,643.29	$11,434,947.74
# of Claims	2,399					
# Open	7	Recovery Amount:	-$1,606.05			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$255,188.81**	**$211.84**	**$255,400.65**
Indemnity				**$3,862,121.54**	**$0.00**	**$3,862,121.54**
Medical				**$5,620,477.73**	**$187,003.99**	**$5,807,481.72**
				$9,737,788.08	**$187,215.83**	**$9,925,003.91**
# of Claims	**2,415**					
# Open	**4**	**Recovery Amount:**	**-$2,047.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$53,778.21**	**$40,617.71**	**$94,395.92**
Indemnity				**$3,964,386.63**	**$0.00**	**$3,964,386.63**
Medical				**$7,687,083.07**	**$2,969,966.99**	**$10,657,050.06**
				$11,705,247.91	**$3,010,584.70**	**$14,715,832.61**
# of Claims	**2,350**					
# Open	**9**	**Recovery Amount:**	**-$21,134.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$28,461.26**	**$3,012.32**	**$31,473.58**
Indemnity				**$4,276,552.82**	**$0.00**	**$4,276,552.82**
Medical				**$6,217,455.00**	**$1,342,738.53**	**$7,560,193.53**
				$10,522,469.08	**$1,345,750.85**	**$11,868,219.93**
# of Claims	**2,211**					
# Open	**6**	**Recovery Amount:**	**-$123,433.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$34,529.77**	**$16,189.85**	**$50,719.62**
Indemnity				**$3,626,013.89**	**$0.00**	**$3,626,013.89**
Medical				**$4,981,848.41**	**$574,784.76**	**$5,556,633.17**
				$8,642,392.07	**$590,974.61**	**$9,233,366.68**
# of Claims	**2,036**					
# Open	**7**	**Recovery Amount:**	**-$8,455.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$30,860.29**	**$10,734.13**	**$41,594.42**
Indemnity				**$2,948,718.33**	**$0.00**	**$2,948,718.33**
Medical				**$7,033,840.83**	**$1,693,459.48**	**$8,727,300.31**
				$10,013,419.45	**$1,704,193.61**	**$11,717,613.06**
# of Claims	**1,877**					
# Open	**9**	**Recovery Amount:**	**-$13,160.39**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$69,164.99**	**$26,129.99**	**$95,294.98**
Indemnity				**$4,135,578.18**	**$0.00**	**$4,135,578.18**
Medical				**$7,619,142.08**	**$4,810,739.44**	**$12,429,881.52**
				$11,823,885.25	**$4,836,869.43**	**$16,660,754.68**
# of Claims	**2,015**					
# Open	**9**	**Recovery Amount:**	**-$4,164.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$110,524.26**	**$77,745.90**	**$188,270.16**
Indemnity				**$4,163,587.50**	**$0.02**	**$4,163,587.52**
Medical				**$7,777,402.57**	**$1,800,336.11**	**$9,577,738.68**
				$12,051,514.33	**$1,878,082.03**	**$13,929,596.36**
# of Claims	**1,947**					
# Open	**14**	**Recovery Amount:**	**-$36,116.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$81,905.56**	**$2,697.06**	**$84,602.62**
Indemnity				**$3,235,927.76**	**$0.00**	**$3,235,927.76**
Medical				**$6,120,492.49**	**$1,096,658.48**	**$7,217,150.97**
				$9,438,325.81	**$1,099,355.54**	**$10,537,681.35**
# of Claims	**1,607**					
# Open	**7**	**Recovery Amount:**	**-$36,387.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$124,666.97**	**$30,507.77**	**$155,174.74**
Indemnity				**$2,956,309.91**	**$0.00**	**$2,956,309.91**
Medical				**$4,284,018.36**	**$1,238,438.09**	**$5,522,456.45**
				$7,364,995.24	**$1,268,945.86**	**$8,633,941.10**
# of Claims	**1,899**					
# Open	**9**	**Recovery Amount:**	**-$24,236.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$121,522.42**	**$1,957.15**	**$123,479.57**
Indemnity				**$4,191,671.90**	**$0.00**	**$4,191,671.90**
Medical				**$5,187,483.86**	**$745,351.92**	**$5,932,835.78**
				$9,500,678.18	**$747,309.07**	**$10,247,987.25**
# of Claims	**2,890**					
# Open	**5**	**Recovery Amount:**	**-$12,164.49**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$171,215.43**	**$3,953.35**	**$175,168.78**
Indemnity				**$5,246,071.95**	**$0.00**	**$5,246,071.95**
Medical				**$5,750,650.66**	**$1,987,102.17**	**$7,737,752.83**
				$11,167,938.04	**$1,991,055.52**	**$13,158,993.56**
# of Claims	**3,466**					
# Open	**8**	**Recovery Amount:**	**-$2,684.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$175,090.37**	**$4,845.14**	**$179,935.51**
Indemnity				**$5,126,991.14**	**$0.00**	**$5,126,991.14**
Medical				**$4,524,278.84**	**$827,087.05**	**$5,351,365.89**
				$9,826,360.35	**$831,932.19**	**$10,658,292.54**
# of Claims	**2,962**					
# Open	**8**	**Recovery Amount:**	**-$19,827.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$198,569.65**	**$20,982.16**	**$219,551.81**
Indemnity				**$3,387,971.71**	**$0.00**	**$3,387,971.71**
Medical				**$4,862,246.16**	**$1,583,007.61**	**$6,445,253.77**
				$8,448,787.52	**$1,603,989.77**	**$10,052,777.29**
# of Claims	**3,010**					
# Open	**6**	**Recovery Amount:**	**-$6,999.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$263,246.99**	**$7,628.53**	**$270,875.52**
Indemnity				**$3,984,432.54**	**$0.00**	**$3,984,432.54**
Medical				**$5,678,003.87**	**$3,734,291.99**	**$9,412,295.86**
				$9,925,683.40	**$3,741,920.52**	**$13,667,603.92**
# of Claims	**2,678**					
# Open	**9**	**Recovery Amount:**	**-$3,129.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$309,584.55**	**$48,180.44**	**$357,764.99**
Indemnity				**$3,519,191.05**	**$515,706.08**	**$4,034,897.13**
Medical				**$8,649,443.13**	**$5,330,877.89**	**$13,980,321.02**
				$12,478,218.73	**$5,894,764.41**	**$18,372,983.14**
# of Claims	**2,898**					
# Open	**10**	**Recovery Amount:**	**-$3,291.01**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$300,851.73**	**$12,599.60**	**$313,451.33**
Indemnity				**$4,374,597.35**	**$0.00**	**$4,374,597.35**
Medical				**$6,734,944.20**	**$2,975,617.66**	**$9,710,561.86**
				$11,410,393.28	**$2,988,217.26**	**$14,398,610.54**
# of Claims	**2,762**					
# Open	**10**	**Recovery Amount:**	**-$2,777.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$217,122.05**	**$19,981.39**	**$237,103.44**
Indemnity				**$2,542,505.84**	**$0.00**	**$2,542,505.84**
Medical				**$5,125,914.63**	**$2,249,307.16**	**$7,375,221.79**
				$7,885,542.52	**$2,269,288.55**	**$10,154,831.07**
# of Claims	**2,738**					
# Open	**13**	**Recovery Amount:**	**-$35,296.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$158,878.42**	**$8,720.49**	**$167,598.91**
Indemnity				**$2,341,353.29**	**$0.00**	**$2,341,353.29**
Medical				**$3,974,020.23**	**$490,298.33**	**$4,464,318.56**
				$6,474,251.94	**$499,018.82**	**$6,973,270.76**
# of Claims	**2,776**					
# Open	**3**	**Recovery Amount:**	**-$20,769.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$263,945.14**	**$904.14**	**$264,849.28**
Indemnity				**$4,707,541.93**	**$0.00**	**$4,707,541.93**
Medical				**$7,056,707.46**	**$521,399.35**	**$7,578,106.81**
				$12,028,194.53	**$522,303.49**	**$12,550,498.02**
# of Claims	**2,700**					
# Open	**7**	**Recovery Amount:**	**-$20,424.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$160,427.78**	**$41,878.78**	**$202,306.56**
Indemnity				**$2,444,084.55**	**$19,606.72**	**$2,463,691.27**
Medical				**$4,760,384.41**	**$2,049,571.23**	**$6,809,955.64**
				$7,364,896.74	**$2,111,056.73**	**$9,475,953.47**
# of Claims	**2,693**					
# Open	**6**	**Recovery Amount:**	**-$6,694.26**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$235,015.99**	**$5,412.65**	**$240,428.64**
Indemnity				**$4,572,059.29**	**$6,206.41**	**$4,578,265.70**
Medical				**$6,167,770.44**	**$2,730,595.50**	**$8,898,365.94**
				$10,974,845.72	**$2,742,214.56**	**$13,717,060.28**
# of Claims	**2,408**					
# Open	**13**	**Recovery Amount:**	**-$37,314.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$114,356.49**	**$21,454.43**	**$135,810.92**
Indemnity				**$2,389,301.63**	**$654,722.05**	**$3,044,023.68**
Medical				**$3,690,301.80**	**$1,451,819.98**	**$5,142,121.78**
				$6,193,959.92	**$2,127,996.46**	**$8,321,956.38**
# of Claims	**2,186**					
# Open	**7**	**Recovery Amount:**	**-$22,185.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$177,903.66**	**$35,738.21**	**$213,641.87**
Indemnity				**$4,088,628.37**	**$159,558.48**	**$4,248,186.85**
Medical				**$4,701,210.00**	**$1,715,193.48**	**$6,416,403.48**
				$8,967,742.03	**$1,910,490.17**	**$10,878,232.20**
# of Claims	**2,241**					
# Open	**12**	**Recovery Amount:**	**-$24,946.15**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$177,352.67**	**$167,228.57**	**$344,581.24**
Indemnity				**$4,006,900.99**	**$277,388.89**	**$4,284,289.88**
Medical				**$4,480,940.98**	**$3,099,843.61**	**$7,580,784.59**
				$8,665,194.64	**$3,544,461.07**	**$12,209,655.71**
# of Claims	**2,278**					
# Open	**14**	**Recovery Amount:**	**-$30,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$158,159.37**	**$172,628.78**	**$330,788.15**
Indemnity				**$3,902,964.03**	**$187,779.16**	**$4,090,743.19**
Medical				**$6,283,794.17**	**$3,397,043.12**	**$9,680,837.29**
				$10,344,917.57	**$3,757,451.06**	**$14,102,368.63**
# of Claims	**2,102**					
# Open	**14**	**Recovery Amount:**	**-$273.73**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$347,109.98**	**$134,236.69**	**$481,346.67**
Indemnity				**$4,456,770.18**	**$1,243,585.46**	**$5,700,355.64**
Medical				**$4,758,359.99**	**$3,614,022.38**	**$8,372,382.37**
				$9,562,240.15	**$4,991,844.53**	**$14,554,084.68**
# of Claims	**1,811**					
# Open	**19**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$110,526.03**	**$72,651.09**	**$183,177.12**
Indemnity				**$2,160,223.77**	**$230,339.25**	**$2,390,563.02**
Medical				**$2,973,089.31**	**$1,136,914.71**	**$4,110,004.02**
				$5,243,839.11	**$1,439,905.05**	**$6,683,744.16**
# of Claims	**1,726**					
# Open	**10**	**Recovery Amount:**	**-$1,367.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$124,465.53**	**$15,360.74**	**$139,826.27**
Indemnity				**$1,465,371.23**	**$501,137.93**	**$1,966,509.16**
Medical				**$2,407,026.03**	**$301,407.98**	**$2,708,434.01**
				$3,996,862.79	**$817,906.65**	**$4,814,769.44**
# of Claims	**1,655**					
# Open	**7**	**Recovery Amount:**	**-$47,847.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$103,757.52**	**$48,232.26**	**$151,989.78**
Indemnity				**$2,116,885.35**	**$1,595,335.15**	**$3,712,220.50**
Medical				**$3,335,305.11**	**$1,075,434.78**	**$4,410,739.89**
				$5,555,947.98	**$2,719,002.19**	**$8,274,950.17**
# of Claims	**1,530**					
# Open	**20**	**Recovery Amount:**	**-$90.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$86,047.01**	**$59,075.05**	**$145,122.06**
Indemnity				**$1,272,322.40**	**$778,411.91**	**$2,050,734.31**
Medical				**$1,914,922.98**	**$1,204,248.61**	**$3,119,171.59**
				$3,273,292.39	**$2,041,735.57**	**$5,315,027.96**
# of Claims	**1,260**					
# Open	**21**	**Recovery Amount:**	**-$127.58**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$68,179.51**	**$42,453.29**	**$110,632.80**
Indemnity				**$981,391.72**	**$564,747.69**	**$1,546,139.41**
Medical				**$1,584,219.91**	**$897,248.70**	**$2,481,468.61**
				$2,633,791.14	**$1,504,449.68**	**$4,138,240.82**
# of Claims	**1,207**					
# Open	**17**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$27,601.07**	**$89,320.52**	**$116,921.59**
Indemnity				**$546,032.62**	**$960,957.39**	**$1,506,990.01**
Medical				**$816,335.09**	**$2,044,685.19**	**$2,861,020.28**
				$1,389,968.78	**$3,094,963.10**	**$4,484,931.88**
# of Claims	**1,181**					
# Open	**174**	**Recovery Amount:**	**-$2,816.89**			

Grand Totals						
Expense				**$6,257,388.97**	**$1,246,351.98**	**$7,503,740.95**
Indemnity				**$125,926,569.69**	**$7,697,213.59**	**$133,623,783.28**
Medical				**$191,168,051.79**	**$66,123,416.76**	**$257,291,468.55**
				$323,352,010.45	**$75,066,982.33**	**$398,418,992.78**
# of Claims	**83,870**					
# Open	**505**	**Recovery Amount:**	**-$660,996.69**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

721 - Virginia DBHDS Consigned Claims

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1978	**7/1/1977 - 6/30/1978**					
Expense.....	.....			**$18.82**	**$0.00**	**$18.82**
Indemnity.....	.....			**$584.66**	**$5,015.74**	**$5,600.40**
Medical.....	.....			**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$18.82**	**$0.00**	**$18.82**
Indemnity.....	.....			**$584.66**	**$5,015.74**	**$5,600.40**
Medical.....	.....			**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$16,765.93	$53.76	$16,819.69
Indemnity.....	.....			$6,841.10	$0.00	$6,841.10
Medical.....	.....			$212,949.08	$65,830.66	$278,779.74
				$236,556.11	$65,884.42	$302,440.53
# of Claims	42					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,135.63	$0.00	$11,135.63
Medical.....	.....			$24,058.04	$0.00	$24,058.04
				$35,193.67	$0.00	$35,193.67
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,749.42	$0.00	$15,749.42
Medical.....	.....			$28,105.29	$0.00	$28,105.29
				$43,854.71	$0.00	$43,854.71
# of Claims	32					
# Open	0	Recovery Amount:	-$1,542.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,116.09	$0.00	$1,116.09
Indemnity.....	.....			$25,782.20	$0.00	$25,782.20
Medical.....	.....			$75,290.65	$0.00	$75,290.65
				$102,188.94	$0.00	$102,188.94
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61,887.05	$0.00	$61,887.05
Medical.....	.....			$144,815.35	$0.00	$144,815.35
				$206,702.40	$0.00	$206,702.40
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$68.61**	**$0.00**	**$68.61**
Indemnity				**$54,421.34**	**$0.00**	**$54,421.34**
Medical				**$142,535.72**	**$0.00**	**$142,535.72**
				$197,025.67	**$0.00**	**$197,025.67**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$519.00**	**$0.00**	**$519.00**
Indemnity				**$209,550.94**	**$0.00**	**$209,550.94**
Medical				**$117,666.58**	**$0.00**	**$117,666.58**
				$327,736.52	**$0.00**	**$327,736.52**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,260.69**	**$0.00**	**$14,260.69**
Medical				**$12,554.28**	**$0.00**	**$12,554.28**
				$26,814.97	**$0.00**	**$26,814.97**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,536.82**	**$0.00**	**$1,536.82**
Indemnity				**$125,956.49**	**$0.00**	**$125,956.49**
Medical				**$373,749.84**	**$0.00**	**$373,749.84**
				$501,243.15	**$0.00**	**$501,243.15**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$610.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,556.66**	**$0.00**	**$8,556.66**
Medical				**$26,306.19**	**$0.00**	**$26,306.19**
				$34,862.85	**$0.00**	**$34,862.85**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$473.14**	**$0.00**	**$473.14**
Indemnity				**$273,794.68**	**$0.00**	**$273,794.68**
Medical				**$176,565.44**	**$0.00**	**$176,565.44**
				$450,833.26	**$0.00**	**$450,833.26**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$1,475.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$18.00**	**$0.00**	**$18.00**
Indemnity				**$59,132.55**	**$0.00**	**$59,132.55**
Medical				**$57,216.52**	**$0.00**	**$57,216.52**
				$116,367.07	**$0.00**	**$116,367.07**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$150.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,266.48**	**$0.00**	**$8,266.48**
Medical				**$32,051.88**	**$0.00**	**$32,051.88**
				$40,318.36	**$0.00**	**$40,318.36**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**-$1,978.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$45,391.84**	**$0.00**	**$45,391.84**
Medical				**$86,236.68**	**$0.00**	**$86,236.68**
				$131,628.52	**$0.00**	**$131,628.52**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$867.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$12,865.53**	**$20,188.73**	**$33,054.26**
Indemnity				**$448,499.37**	**$0.00**	**$448,499.37**
Medical				**$707,588.78**	**$730,741.61**	**$1,438,330.39**
				$1,168,953.68	**$750,930.34**	**$1,919,884.02**
# of Claims	**58**					
# Open	**2**	**Recovery Amount:**	**-$7,523.30**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,682.67**	**$0.00**	**$10,682.67**
Medical				**$33,293.00**	**$0.00**	**$33,293.00**
				$43,975.67	**$0.00**	**$43,975.67**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**-$302.26**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$2,611.59**	**$4,511.00**	**$7,122.59**
Indemnity				**$219,078.51**	**$0.00**	**$219,078.51**
Medical				**$335,768.00**	**$20,627.10**	**$356,395.10**
				$557,458.10	**$25,138.10**	**$582,596.20**
# of Claims	**49**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,884.63**	**$0.00**	**$12,884.63**
Medical				**$37,087.92**	**$0.00**	**$37,087.92**
				$49,972.55	**$0.00**	**$49,972.55**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$3,204.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$8,365.56**	**$0.00**	**$8,365.56**
Indemnity				**$380,094.03**	**$0.00**	**$380,094.03**
Medical				**$88,776.76**	**$0.00**	**$88,776.76**
				$477,236.35	**$0.00**	**$477,236.35**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**-$20,737.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,222.81**	**$0.00**	**$11,222.81**
Medical				**$78,091.48**	**$0.00**	**$78,091.48**
				$89,314.29	**$0.00**	**$89,314.29**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$20,931.09**	**$0.00**	**$20,931.09**
Indemnity				**$427,167.33**	**$0.00**	**$427,167.33**
Medical				**$153,977.29**	**$126,231.86**	**$280,209.15**
				$602,075.71	**$126,231.86**	**$728,307.57**
# of Claims	**39**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$66.00**	**$0.00**	**$66.00**
Indemnity				**$20,003.45**	**$0.00**	**$20,003.45**
Medical				**$33,387.33**	**$0.00**	**$33,387.33**
				$53,456.78	**$0.00**	**$53,456.78**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$318.00**	**$0.00**	**$318.00**
Indemnity				**$20,238.79**	**$0.00**	**$20,238.79**
Medical				**$41,405.70**	**$0.00**	**$41,405.70**
				$61,962.49	**$0.00**	**$61,962.49**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$1,379.44**	**$0.00**	**$1,379.44**
Indemnity				**$3,449.42**	**$0.00**	**$3,449.42**
Medical				**$50,202.82**	**$0.00**	**$50,202.82**
				$55,031.68	**$0.00**	**$55,031.68**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,203.08**	**$0.00**	**$11,203.08**
Medical				**$91,912.21**	**$0.00**	**$91,912.21**
				$103,115.29	**$0.00**	**$103,115.29**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$295.66**	**$0.00**	**$295.66**
Indemnity				**$9,958.18**	**$0.00**	**$9,958.18**
Medical				**$106,808.74**	**$0.00**	**$106,808.74**
				$117,062.58	**$0.00**	**$117,062.58**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$67,330.46**	**$24,753.49**	**$92,083.95**
Indemnity				**$2,495,209.34**	**$0.00**	**$2,495,209.34**
Medical				**$3,268,401.57**	**$943,431.23**	**$4,211,832.80**
				$5,830,941.37	**$968,184.72**	**$6,799,126.09**
# of Claims	**1,060**					
# Open	**5**	**Recovery Amount:**	**-$38,390.70**			

751 - DEAF & HARD/HEARING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.90	$0.00	$187.90
				$187.90	$0.00	$187.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.90	$0.00	$182.90
				$182.90	$0.00	$182.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$86.60**	**$0.00**	**$86.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$86.60	**$0.00**	**$86.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$86.60**	**$0.00**	**$86.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$370.80**	**$0.00**	**$370.80**
				$457.40	**$0.00**	**$457.40**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

762 - Rights of Virginians wDisabilities

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.00	$0.00	$149.00
				$149.00	$0.00	$149.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$415.25	$0.00	$415.25
				$415.25	$0.00	$415.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,860.65	$0.00	$7,860.65
Medical.....	.....			$29,751.77	$0.00	$29,751.77
				$37,612.42	$0.00	$37,612.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$398.86**	**$0.00**	**$398.86**
Indemnity				**$1,494.12**	**$0.00**	**$1,494.12**
Medical				**$9,039.68**	**$0.00**	**$9,039.68**
				$10,932.66	**$0.00**	**$10,932.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,858.39**	**$0.00**	**$2,858.39**
				$2,858.39	**$0.00**	**$2,858.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.00**	**$0.00**	**$95.00**
				$95.00	**$0.00**	**$95.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$899.72**	**$0.00**	**$899.72**
Medical				**$1,940.28**	**$0.00**	**$1,940.28**
				$2,840.00	**$0.00**	**$2,840.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,359.14**	**$0.00**	**$1,359.14**
				$1,359.14	**$0.00**	**$1,359.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$763.20**			

Grand Totals						
Expense				**$398.86**	**$0.00**	**$398.86**
Indemnity				**$10,254.49**	**$0.00**	**$10,254.49**
Medical				**$45,673.51**	**$0.00**	**$45,673.51**
				$56,326.86	**$0.00**	**$56,326.86**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**-$763.20**			

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,487.28	$0.00	$4,487.28
Medical.....	.....			$7,094.21	$0.00	$7,094.21
				$11,581.49	$0.00	$11,581.49
# of Claims	60					
# Open	0	Recovery Amount:	-$752.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,934.37	$0.00	$12,934.37
Medical.....	.....			$35,347.51	$0.00	$35,347.51
				$48,281.88	$0.00	$48,281.88
# of Claims	62					
# Open	0	Recovery Amount:	-$2,767.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,544.93	$0.00	$3,544.93
Medical.....	.....			$40,846.62	$0.00	$40,846.62
				$44,391.55	$0.00	$44,391.55
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$622.25	$0.00	$622.25
Indemnity.....	.....			$291,587.21	$0.00	$291,587.21
Medical.....	.....			$160,531.34	$0.00	$160,531.34
				$452,740.80	$0.00	$452,740.80
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$48.42	$0.00	$48.42
Indemnity.....	.....			$32,419.74	$0.00	$32,419.74
Medical.....	.....			$80,351.67	$0.00	$80,351.67
				$112,819.83	$0.00	$112,819.83
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$133,546.77**	**$0.00**	**$133,546.77**
Medical				**$38,369.35**	**$0.00**	**$38,369.35**
				$171,916.12	**$0.00**	**$171,916.12**
# of Claims	**49**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$43,747.55**	**$0.00**	**$43,747.55**
Medical				**$111,604.73**	**$0.00**	**$111,604.73**
				$155,352.28	**$0.00**	**$155,352.28**
# of Claims	**79**					
# Open	**0**	**Recovery Amount:**	**-$92.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$230.80**	**$0.00**	**$230.80**
Indemnity				**$432,181.57**	**$0.00**	**$432,181.57**
Medical				**$338,782.30**	**$0.00**	**$338,782.30**
				$771,194.67	**$0.00**	**$771,194.67**
# of Claims	**79**					
# Open	**0**	**Recovery Amount:**	**-$34,874.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$2,687.43**	**$0.00**	**$2,687.43**
Indemnity				**$196,963.47**	**$0.00**	**$196,963.47**
Medical				**$304,075.93**	**$0.00**	**$304,075.93**
				$503,726.83	**$0.00**	**$503,726.83**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**-$4,438.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1,741.88**	**$0.00**	**$1,741.88**
Indemnity				**$444,085.61**	**$0.00**	**$444,085.61**
Medical				**$223,115.49**	**$0.00**	**$223,115.49**
				$668,942.98	**$0.00**	**$668,942.98**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$8.50**	**$0.00**	**$8.50**
Indemnity				**$9,674.44**	**$0.00**	**$9,674.44**
Medical				**$20,527.65**	**$0.00**	**$20,527.65**
				$30,210.59	**$0.00**	**$30,210.59**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$7.05**	**$0.00**	**$7.05**
Indemnity				**$9,959.88**	**$0.00**	**$9,959.88**
Medical				**$14,640.49**	**$0.00**	**$14,640.49**
				$24,607.42	**$0.00**	**$24,607.42**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$94.98**	**$0.00**	**$94.98**
Indemnity				**$968.03**	**$0.00**	**$968.03**
Medical				**$10,817.12**	**$0.00**	**$10,817.12**
				$11,880.13	**$0.00**	**$11,880.13**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$260.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$560.00**	**$0.00**	**$560.00**
Indemnity				**$29,652.53**	**$0.00**	**$29,652.53**
Medical				**$31,268.02**	**$0.00**	**$31,268.02**
				$61,480.55	**$0.00**	**$61,480.55**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**-$12,090.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$3,389.72**	**$0.00**	**$3,389.72**
Indemnity				**$338,069.48**	**$0.00**	**$338,069.48**
Medical				**$92,816.31**	**$0.00**	**$92,816.31**
				$434,275.51	**$0.00**	**$434,275.51**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**-$128.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,478.80**	**$0.00**	**$17,478.80**
Medical				**$33,100.14**	**$0.00**	**$33,100.14**
				$50,578.94	**$0.00**	**$50,578.94**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$136.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$12,201.31**	**$386.00**	**$12,587.31**
Indemnity				**$158,323.26**	**$0.00**	**$158,323.26**
Medical				**$493,251.46**	**$303,532.04**	**$796,783.50**
				$663,776.03	**$303,918.04**	**$967,694.07**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**-$6,244.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$4,210.00**	**$0.00**	**$4,210.00**
Indemnity				**$107,825.45**	**$0.00**	**$107,825.45**
Medical				**$260,596.31**	**$0.00**	**$260,596.31**
				$372,631.76	**$0.00**	**$372,631.76**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$10,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$38,039.77**	**$0.00**	**$38,039.77**
Medical				**$98,727.77**	**$0.00**	**$98,727.77**
				$136,841.54	**$0.00**	**$136,841.54**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**-$11,257.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$32,683.84**	**$0.00**	**$32,683.84**
Medical				**$107,330.36**	**$0.00**	**$107,330.36**
				$140,051.20	**$0.00**	**$140,051.20**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$59,133.86**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$6,118.63**	**$8.00**	**$6,126.63**
Indemnity				**$239,450.14**	**$0.00**	**$239,450.14**
Medical				**$435,351.74**	**$94,812.69**	**$530,164.43**
				$680,920.51	**$94,820.69**	**$775,741.20**
# of Claims	**44**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$60.50**	**$0.00**	**$60.50**
Indemnity				**$28,970.28**	**$0.00**	**$28,970.28**
Medical				**$104,721.52**	**$0.00**	**$104,721.52**
				$133,752.30	**$0.00**	**$133,752.30**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$7,294.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$845.94**	**$0.00**	**$845.94**
Indemnity				**$17,654.37**	**$0.00**	**$17,654.37**
Medical				**$265,671.94**	**$0.00**	**$265,671.94**
				$284,172.25	**$0.00**	**$284,172.25**
# of Claims	**27**					
# Open	**1**	**Recovery Amount:**	**-$3,045.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$42.01**	**$0.00**	**$42.01**
Medical				**$18,875.06**	**$0.00**	**$18,875.06**
				$18,961.07	**$0.00**	**$18,961.07**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$127.90**	**$0.00**	**$127.90**
Indemnity				**$7,890.12**	**$0.00**	**$7,890.12**
Medical				**$30,150.22**	**$0.00**	**$30,150.22**
				$38,168.24	**$0.00**	**$38,168.24**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$17,074.20**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$65.73**	**$0.00**	**$65.73**
Indemnity				**$9,497.73**	**$0.00**	**$9,497.73**
Medical				**$35,205.96**	**$0.00**	**$35,205.96**
				$44,769.42	**$0.00**	**$44,769.42**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**-$6,590.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$6,384.38**	**$0.00**	**$6,384.38**
Indemnity				**$162,603.42**	**$0.00**	**$162,603.42**
Medical				**$69,166.05**	**$0.00**	**$69,166.05**
				$238,153.85	**$0.00**	**$238,153.85**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$6,601.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$3,844.75**	**$0.00**	**$3,844.75**
Indemnity				**$55,804.77**	**$0.00**	**$55,804.77**
Medical				**$59,417.13**	**$0.00**	**$59,417.13**
				$119,066.65	**$0.00**	**$119,066.65**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$2,874.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$2,549.27**	**$0.00**	**$2,549.27**
Indemnity				**$19,033.57**	**$0.00**	**$19,033.57**
Medical				**$21,347.21**	**$0.00**	**$21,347.21**
				$42,930.05	**$0.00**	**$42,930.05**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$63.50**	**$0.00**	**$63.50**
Indemnity				**$73.80**	**$0.00**	**$73.80**
Medical				**$11,586.42**	**$0.00**	**$11,586.42**
				$11,723.72	**$0.00**	**$11,723.72**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$1,918.07**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$186.22**	**$0.00**	**$186.22**
Indemnity				**$2,315.11**	**$0.00**	**$2,315.11**
Medical				**$4,562.23**	**$0.00**	**$4,562.23**
				$7,063.56	**$0.00**	**$7,063.56**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$195.83**	**$0.00**	**$195.83**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,669.96**	**$0.00**	**$13,669.96**
				$13,865.79	**$0.00**	**$13,865.79**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$783.78**	**$0.00**	**$783.78**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,103.56**	**$0.00**	**$12,103.56**
				$12,887.34	**$0.00**	**$12,887.34**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$86.05**	**$0.00**	**$86.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,266.16**	**$0.00**	**$6,266.16**
				$6,352.21	**$0.00**	**$6,352.21**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$197.68**	**$0.00**	**$197.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,518.79**	**$0.00**	**$3,518.79**
				$3,716.47	**$0.00**	**$3,716.47**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$158.93**	**$0.00**	**$158.93**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,760.51**	**$0.00**	**$6,760.51**
				$6,919.44	**$0.00**	**$6,919.44**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$1,539.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,796.67**	**$0.00**	**$7,796.67**
				$7,804.67	**$0.00**	**$7,804.67**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$47,634.43**	**$394.00**	**$48,028.43**
Indemnity				**$2,881,509.30**	**$0.00**	**$2,881,509.30**
Medical				**$3,609,365.91**	**$398,344.73**	**$4,007,710.64**
				$6,538,509.64	**$398,738.73**	**$6,937,248.37**
# of Claims	**1,606**					
# Open	**3**	**Recovery Amount:**	**-$189,114.91**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$785.81	$0.00	$785.81
Medical.....	.....			$5,190.00	$0.00	$5,190.00
				$5,975.81	$0.00	$5,975.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.00	$0.00	$361.00
				$361.00	$0.00	$361.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$559.75	$0.00	$559.75
Indemnity.....	.....			$20,409.70	$0.00	$20,409.70
Medical.....	.....			$31,127.59	$0.00	$31,127.59
				$52,097.04	$0.00	$52,097.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34.65	$0.00	$34.65
				$34.65	$0.00	$34.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,142.52	$0.00	$2,142.52
Medical.....	.....			$27,948.48	$0.00	$27,948.48
				$30,091.00	$0.00	$30,091.00
# of Claims	3					
# Open	0	Recovery Amount:	-$7,000.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$620.00**	**$0.00**	**$620.00**
Medical				**$6,309.88**	**$0.00**	**$6,309.88**
				$6,929.88	**$0.00**	**$6,929.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,885.65**	**$0.00**	**$6,885.65**
Medical				**$27,470.06**	**$0.00**	**$27,470.06**
				$34,355.71	**$0.00**	**$34,355.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$764.96**	**$0.00**	**$764.96**
				$764.96	**$0.00**	**$764.96**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$63.00**	**$0.00**	**$63.00**
				$63.00	**$0.00**	**$63.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$292.21**	**$0.00**	**$292.21**
				$292.21	**$0.00**	**$292.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,343.34**	**$0.00**	**$1,343.34**
				$1,343.34	**$0.00**	**$1,343.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$337.21**	**$0.00**	**$337.21**
				$337.21	**$0.00**	**$337.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$58.10**	**$0.00**	**$58.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$58.10	**$0.00**	**$58.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$617.85**	**$0.00**	**$617.85**
Indemnity				**$30,843.68**	**$0.00**	**$30,843.68**
Medical				**$101,242.38**	**$0.00**	**$101,242.38**
				$132,703.91	**$0.00**	**$132,703.91**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$7,000.00**			

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$575.28	$0.00	$575.28
Indemnity.....	.....			$7,041.61	$0.00	$7,041.61
Medical.....	.....			$42,664.33	$0.00	$42,664.33
				$50,281.22	$0.00	$50,281.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$30,498.89	$64.00	$30,562.89
Indemnity.....	.....			$400,510.43	$0.00	$400,510.43
Medical.....	.....			$1,439,882.14	$392,396.31	$1,832,278.45
				$1,870,891.46	$392,460.31	$2,263,351.77
# of Claims	246					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$39,237.07	$4,969.20	$44,206.27
Indemnity.....	.....			$839,022.49	$0.00	$839,022.49
Medical.....	.....			$843,205.37	$272,030.03	$1,115,235.40
				$1,721,464.93	$276,999.23	$1,998,464.16
# of Claims	281					
# Open	1	Recovery Amount:	-$157.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$445.50	$0.00	$445.50
Indemnity.....	.....			$442,700.02	$0.00	$442,700.02
Medical.....	.....			$650,408.51	$0.00	$650,408.51
				$1,093,554.03	$0.00	$1,093,554.03
# of Claims	218					
# Open	0	Recovery Amount:	-$5,377.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,016.49	$2,835.51	$3,852.00
Indemnity.....	.....			$289,929.32	$0.00	$289,929.32
Medical.....	.....			$260,136.38	$45,127.53	$305,263.91
				$551,082.19	$47,963.04	$599,045.23
# of Claims	270					
# Open	1	Recovery Amount:	-$4,755.57			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,321.38**	**$0.00**	**$1,321.38**
Indemnity				**$313,575.83**	**$0.00**	**$313,575.83**
Medical				**$496,699.83**	**$0.00**	**$496,699.83**
				$811,597.04	**$0.00**	**$811,597.04**
# of Claims	**276**					
# Open	**0**	**Recovery Amount:**	**-$5,506.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$2,925.46**	**$8.00**	**$2,933.46**
Indemnity				**$564,701.00**	**$0.00**	**$564,701.00**
Medical				**$1,100,542.66**	**$26,996.70**	**$1,127,539.36**
				$1,668,169.12	**$27,004.70**	**$1,695,173.82**
# of Claims	**279**					
# Open	**1**	**Recovery Amount:**	**-$10,783.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$9,348.56**	**$18.85**	**$9,367.41**
Indemnity				**$488,776.45**	**$0.00**	**$488,776.45**
Medical				**$1,245,043.70**	**$59,143.61**	**$1,304,187.31**
				$1,743,168.71	**$59,162.46**	**$1,802,331.17**
# of Claims	**271**					
# Open	**2**	**Recovery Amount:**	**-$3,829.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$3,697.61**	**$0.00**	**$3,697.61**
Indemnity				**$340,346.10**	**$0.00**	**$340,346.10**
Medical				**$586,020.28**	**$109,818.27**	**$695,838.55**
				$930,063.99	**$109,818.27**	**$1,039,882.26**
# of Claims	**377**					
# Open	**1**	**Recovery Amount:**	**-$1,266.47**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$11,266.44**	**$448.50**	**$11,714.94**
Indemnity				**$1,313,254.82**	**$0.00**	**$1,313,254.82**
Medical				**$2,046,596.62**	**$423,329.09**	**$2,469,925.71**
				$3,371,117.88	**$423,777.59**	**$3,794,895.47**
# of Claims	**432**					
# Open	**1**	**Recovery Amount:**	**-$5,228.77**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$13,321.58**	**$192.00**	**$13,513.58**
Indemnity				**$688,629.14**	**$144,372.68**	**$833,001.82**
Medical				**$1,011,763.74**	**$156,950.14**	**$1,168,713.88**
				$1,713,714.46	**$301,514.82**	**$2,015,229.28**
# of Claims	**465**					
# Open	**3**	**Recovery Amount:**	**-$5,788.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$45,211.47**	**$14,294.20**	**$59,505.67**
Indemnity				**$1,661,933.17**	**$0.00**	**$1,661,933.17**
Medical				**$2,032,280.79**	**$506,223.11**	**$2,538,503.90**
				$3,739,425.43	**$520,517.31**	**$4,259,942.74**
# of Claims	**445**					
# Open	**4**	**Recovery Amount:**	**-$848.06**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$24,635.54**	**$258.53**	**$24,894.07**
Indemnity				**$992,345.15**	**$0.05**	**$992,345.20**
Medical				**$1,286,134.37**	**$161,951.20**	**$1,448,085.57**
				$2,303,115.06	**$162,209.78**	**$2,465,324.84**
# of Claims	**363**					
# Open	**1**	**Recovery Amount:**	**-$87.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$10,887.03**	**$0.00**	**$10,887.03**
Indemnity				**$565,697.21**	**$0.00**	**$565,697.21**
Medical				**$885,771.99**	**$0.00**	**$885,771.99**
				$1,462,356.23	**$0.00**	**$1,462,356.23**
# of Claims	**337**					
# Open	**0**	**Recovery Amount:**	**-$13,356.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$62,890.34**	**$1,581.56**	**$64,471.90**
Indemnity				**$1,660,571.40**	**$418,226.53**	**$2,078,797.93**
Medical				**$1,484,569.03**	**$199,384.67**	**$1,683,953.70**
				$3,208,030.77	**$619,192.76**	**$3,827,223.53**
# of Claims	**374**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$91,576.07**	**$8,507.53**	**$100,083.60**
Indemnity				**$1,551,884.83**	**$437,476.33**	**$1,989,361.16**
Medical				**$1,302,297.98**	**$203,963.04**	**$1,506,261.02**
				$2,945,758.88	**$649,946.90**	**$3,595,705.78**
# of Claims	**410**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$48,862.41**	**$500.00**	**$49,362.41**
Indemnity				**$753,596.85**	**$0.00**	**$753,596.85**
Medical				**$1,241,757.86**	**$330,157.46**	**$1,571,915.32**
				$2,044,217.12	**$330,657.46**	**$2,374,874.58**
# of Claims	**374**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$39,679.34**	**$154.82**	**$39,834.16**
Indemnity				**$719,272.65**	**$0.00**	**$719,272.65**
Medical				**$1,255,662.10**	**$367,613.35**	**$1,623,275.45**
				$2,014,614.09	**$367,768.17**	**$2,382,382.26**
# of Claims	**330**					
# Open	**2**	**Recovery Amount:**	**-$13,441.82**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$55,195.47**	**$1,286.59**	**$56,482.06**
Indemnity				**$741,514.26**	**$0.00**	**$741,514.26**
Medical				**$2,043,873.71**	**$2,510,065.12**	**$4,553,938.83**
				$2,840,583.44	**$2,511,351.71**	**$5,351,935.15**
# of Claims	**339**					
# Open	**2**	**Recovery Amount:**	**-$5,297.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$62,091.77**	**$192.00**	**$62,283.77**
Indemnity				**$1,584,217.26**	**$0.00**	**$1,584,217.26**
Medical				**$2,217,340.95**	**$315,971.68**	**$2,533,312.63**
				$3,863,649.98	**$316,163.68**	**$4,179,813.66**
# of Claims	**321**					
# Open	**1**	**Recovery Amount:**	**-$3,996.65**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$49,002.90**	**$142.00**	**$49,144.90**
Indemnity				**$817,382.01**	**$0.00**	**$817,382.01**
Medical				**$984,393.16**	**$25,089.05**	**$1,009,482.21**
				$1,850,778.07	**$25,231.05**	**$1,876,009.12**
# of Claims	**389**					
# Open	**1**	**Recovery Amount:**	**-$27,556.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$102,655.00**	**$424.00**	**$103,079.00**
Indemnity				**$1,941,785.53**	**$0.00**	**$1,941,785.53**
Medical				**$1,977,686.26**	**$1,211,973.91**	**$3,189,660.17**
				$4,022,126.79	**$1,212,397.91**	**$5,234,524.70**
# of Claims	**364**					
# Open	**3**	**Recovery Amount:**	**-$3,624.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$23,950.92**	**$0.00**	**$23,950.92**
Indemnity				**$775,387.47**	**$0.00**	**$775,387.47**
Medical				**$1,239,939.75**	**$340,460.28**	**$1,580,400.03**
				$2,039,278.14	**$340,460.28**	**$2,379,738.42**
# of Claims	**310**					
# Open	**2**	**Recovery Amount:**	**-$10,388.28**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$40,322.15**	**$4,156.64**	**$44,478.79**
Indemnity				**$412,384.77**	**$0.00**	**$412,384.77**
Medical				**$1,588,622.31**	**$1,054,160.43**	**$2,642,782.74**
				$2,041,329.23	**$1,058,317.07**	**$3,099,646.30**
# of Claims	**442**					
# Open	**1**	**Recovery Amount:**	**-$5,257.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$78,608.34**	**$35,416.77**	**$114,025.11**
Indemnity				**$1,415,217.03**	**$0.00**	**$1,415,217.03**
Medical				**$1,238,827.26**	**$964,297.30**	**$2,203,124.56**
				$2,732,652.63	**$999,714.07**	**$3,732,366.70**
# of Claims	**318**					
# Open	**3**	**Recovery Amount:**	**-$10,096.28**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$58,696.29**	**$19,366.46**	**$78,062.75**
Indemnity				**$947,193.90**	**$58,282.86**	**$1,005,476.76**
Medical				**$913,191.09**	**$260,751.63**	**$1,173,942.72**
				$1,919,081.28	**$338,400.95**	**$2,257,482.23**
# of Claims	**338**					
# Open	**3**	**Recovery Amount:**	**-$51.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$28,692.14**	**$6,627.84**	**$35,319.98**
Indemnity				**$463,719.92**	**$78,661.09**	**$542,381.01**
Medical				**$1,234,215.33**	**$185,993.09**	**$1,420,208.42**
				$1,726,627.39	**$271,282.02**	**$1,997,909.41**
# of Claims	**273**					
# Open	**2**	**Recovery Amount:**	**-$4,462.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$15,921.55**	**$0.00**	**$15,921.55**
Indemnity				**$220,759.34**	**$0.00**	**$220,759.34**
Medical				**$663,208.92**	**$0.00**	**$663,208.92**
				$899,889.81	**$0.00**	**$899,889.81**
# of Claims	**164**					
# Open	**1**	**Recovery Amount:**	**-$4,875.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$18,794.22**	**$10,753.49**	**$29,547.71**
Indemnity				**$290,771.44**	**$439,674.37**	**$730,445.81**
Medical				**$579,980.15**	**$241,467.24**	**$821,447.39**
				$889,545.81	**$691,895.10**	**$1,581,440.91**
# of Claims	**144**					
# Open	**3**	**Recovery Amount:**	**-$8,216.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$49,866.35**	**$15,844.73**	**$65,711.08**
Indemnity				**$490,640.06**	**$301,567.88**	**$792,207.94**
Medical				**$703,335.87**	**$2,384,525.43**	**$3,087,861.30**
				$1,243,842.28	**$2,701,938.04**	**$3,945,780.32**
# of Claims	**148**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$48,534.76**	**$3,500.00**	**$52,034.76**
Indemnity				**$282,926.74**	**$2,000.36**	**$284,927.10**
Medical				**$325,766.57**	**$1,142.59**	**$326,909.16**
				$657,228.07	**$6,642.95**	**$663,871.02**
# of Claims	**127**					
# Open	**1**	**Recovery Amount:**	**-$6,480.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$71,558.37**	**$135.76**	**$71,694.13**
Indemnity				**$162,226.37**	**$9,320.50**	**$171,546.87**
Medical				**$336,000.64**	**$8,276.40**	**$344,277.04**
				$569,785.38	**$17,732.66**	**$587,518.04**
# of Claims	**91**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$21,616.64**	**$6,928.41**	**$28,545.05**
Indemnity				**$82,780.22**	**$16,733.25**	**$99,513.47**
Medical				**$173,498.13**	**$25,746.33**	**$199,244.46**
				$277,894.99	**$49,407.99**	**$327,302.98**
# of Claims	**100**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$38,331.70**	**$29,846.01**	**$68,177.71**
Indemnity				**$195,655.74**	**$211,229.70**	**$406,885.44**
Medical				**$203,587.62**	**$224,649.32**	**$428,236.94**
				$437,575.06	**$465,725.03**	**$903,300.09**
# of Claims	**130**					
# Open	**25**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,201,235.03**	**$168,453.40**	**$1,369,688.43**
Indemnity				**$24,418,350.53**	**$2,117,545.60**	**$26,535,896.13**
Medical				**$35,634,905.40**	**$13,009,654.31**	**$48,644,559.71**
				$61,254,490.96	**$15,295,653.31**	**$76,550,144.27**
# of Claims	**9,747**					
# Open	**79**	**Recovery Amount:**	**-$160,730.36**			

778 - Department of Forensic Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$166.50	$0.00	$166.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$444.05	$0.00	$444.05
				$610.55	$0.00	$610.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$60.25	$0.00	$60.25
Indemnity.....	.....			$646.48	$0.00	$646.48
Medical.....	.....			$10,018.66	$0.00	$10,018.66
				$10,725.39	$0.00	$10,725.39
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,958.34	$0.00	$3,958.34
				$3,994.34	$0.00	$3,994.34
# of Claims	7					
# Open	0	Recovery Amount:	-$430.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,070.70	$0.00	$10,070.70
				$10,070.70	$0.00	$10,070.70
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$581.49	$0.00	$581.49
				$581.49	$0.00	$581.49
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,118.72**	**$0.00**	**$6,118.72**
				$6,118.72	**$0.00**	**$6,118.72**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,464.22**	**$0.00**	**$2,464.22**
				$2,464.22	**$0.00**	**$2,464.22**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,732.31**	**$0.00**	**$8,732.31**
Medical				**$18,746.47**	**$0.00**	**$18,746.47**
				$27,478.78	**$0.00**	**$27,478.78**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$32.00**	**$1,968.00**	**$2,000.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$59,814.75**	**$10,859.18**	**$70,673.93**
				$59,846.75	**$12,827.18**	**$72,673.93**
# of Claims	**16**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,932.39**	**$0.00**	**$2,932.39**
				$2,932.39	**$0.00**	**$2,932.39**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,974.73**	**$0.00**	**$9,974.73**
				$9,974.73	**$0.00**	**$9,974.73**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,811.39**	**$0.00**	**$4,811.39**
				$4,811.39	**$0.00**	**$4,811.39**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,277.14**	**$0.00**	**$4,277.14**
				$4,277.14	**$0.00**	**$4,277.14**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$244.27**	**$162.45**	**$406.72**
Indemnity				**$2,826.33**	**$0.00**	**$2,826.33**
Medical				**$123,836.61**	**$30,099.92**	**$153,936.53**
				$126,907.21	**$30,262.37**	**$157,169.58**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$144.30**	**$100.00**	**$244.30**
Indemnity				**$128,508.33**	**$6,860.35**	**$135,368.68**
Medical				**$63,455.85**	**$10,455.14**	**$73,910.99**
				$192,108.48	**$17,415.49**	**$209,523.97**
# of Claims	**17**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$134.10**	**$0.00**	**$134.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,329.26**	**$0.00**	**$7,329.26**
				$7,463.36	**$0.00**	**$7,463.36**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$36.60**	**$0.00**	**$36.60**
Indemnity				**$31,711.50**	**$0.00**	**$31,711.50**
Medical				**$8,413.21**	**$0.00**	**$8,413.21**
				$40,161.31	**$0.00**	**$40,161.31**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$100.00**	**$100.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,489.05**	**$1,622.45**	**$4,111.50**
				$2,489.05	**$1,722.45**	**$4,211.50**
# of Claims	**13**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$854.02**	**$2,330.45**	**$3,184.47**
Indemnity				**$172,424.95**	**$6,860.35**	**$179,285.30**
Medical				**$339,737.03**	**$53,036.69**	**$392,773.72**
				$513,016.00	**$62,227.49**	**$575,243.49**
# of Claims	**214**					
# Open	**6**	**Recovery Amount:**	**-$430.05**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

835 - PUBLIC & INTERGOVT AFFAIRS, OFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$157.59**	**$0.00**	**$157.59**
Medical				**$1,981.08**	**$0.00**	**$1,981.08**
				$2,138.67	**$0.00**	**$2,138.67**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$642.60**	**$0.00**	**$642.60**
				$642.60	**$0.00**	**$642.60**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$157.59**	**$0.00**	**$157.59**
Medical				**$2,623.68**	**$0.00**	**$2,623.68**
				$2,781.27	**$0.00**	**$2,781.27**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

839 - YOUTH SERVICES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$1,181.18**	**$0.00**	**$1,181.18**
				$1,181.18	**$0.00**	**$1,181.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$1,181.18**	**$0.00**	**$1,181.18**
				$1,181.18	**$0.00**	**$1,181.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,104.90	$0.00	$1,104.90
				$1,104.90	$0.00	$1,104.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.36	$0.00	$253.36
				$253.36	$0.00	$253.36
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,201.76	$0.00	$1,201.76
				$1,201.76	$0.00	$1,201.76
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,107.90	$0.00	$4,107.90
Medical.....	.....			$32,822.23	$0.00	$32,822.23
				$36,930.13	$0.00	$36,930.13
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$380.90	$0.00	$380.90
				$380.90	$0.00	$380.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.31**	**$0.00**	**$121.31**
				$121.31	**$0.00**	**$121.31**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$338.00**	**$0.00**	**$338.00**
				$338.00	**$0.00**	**$338.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$814.33**	**$3,846.00**	**$4,660.33**
Indemnity				**$26,696.39**	**$0.01**	**$26,696.40**
Medical				**$128,075.40**	**$84,419.78**	**$212,495.18**
				$155,586.12	**$88,265.79**	**$243,851.91**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,451.07**	**$0.00**	**$1,451.07**
				$1,488.07	**$0.00**	**$1,488.07**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$283.90**	**$0.00**	**$283.90**
				$283.90	**$0.00**	**$283.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,047.13**	**$0.00**	**$10,047.13**
Medical				**$7,892.08**	**$0.00**	**$7,892.08**
				$17,939.21	**$0.00**	**$17,939.21**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.89**	**$0.00**	**$40.89**
				$40.89	**$0.00**	**$40.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,433.44**	**$0.00**	**$9,433.44**
				$9,433.44	**$0.00**	**$9,433.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.40**	**$0.00**	**$133.40**
				$133.40	**$0.00**	**$133.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$6,871.85**	**$0.00**	**$6,871.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$42,582.45**	**$0.00**	**$42,582.45**
				$49,454.30	**$0.00**	**$49,454.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,913.24**	**$0.00**	**$2,913.24**
				$2,913.24	**$0.00**	**$2,913.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$22.39**	**$0.00**	**$22.39**
Indemnity				**$234.93**	**$0.00**	**$234.93**
Medical				**$2,570.28**	**$0.00**	**$2,570.28**
				$2,827.60	**$0.00**	**$2,827.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$30.29**	**$0.00**	**$30.29**
Indemnity				**$6,705.00**	**$0.00**	**$6,705.00**
Medical				**$16,542.04**	**$0.00**	**$16,542.04**
				$23,277.33	**$0.00**	**$23,277.33**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,772.06**	**$0.00**	**$4,772.06**
				$4,772.06	**$0.00**	**$4,772.06**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$7,775.86**	**$3,846.00**	**$11,621.86**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity	**$47,791.35**	**$0.01**	**$47,791.36**
Medical	**$252,912.71**	**$84,419.78**	**$337,332.49**
	$308,479.92	**$88,265.79**	**$396,745.71**

# of Claims **53**

 # Open **1** **Recovery Amount:** **$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

842 - CHESAPEAKE BAY COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$3,852.70**	**$0.00**	**$3,852.70**
				$3,852.70	**$0.00**	**$3,852.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$3,825.66**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$3,852.70**	**$0.00**	**$3,852.70**
				$3,852.70	**$0.00**	**$3,852.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$3,825.66**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,351.75	$0.00	$1,351.75
				$1,351.75	$0.00	$1,351.75
# of Claims	2					
# Open	0	Recovery Amount:	-$775.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.12	$0.00	$720.12
				$720.12	$0.00	$720.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.60	$0.00	$144.60
Medical.....	.....			$1,919.09	$0.00	$1,919.09
				$2,063.69	$0.00	$2,063.69
# of Claims	2					
# Open	0	Recovery Amount:	-$1,865.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$117.04	$0.00	$117.04
Indemnity.....	.....			$10,693.99	$0.00	$10,693.99
Medical.....	.....			$9,878.20	$0.00	$9,878.20
				$20,689.23	$0.00	$20,689.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$243.84	$0.00	$243.84
Medical.....	.....			$1,142.28	$0.00	$1,142.28
				$1,386.12	$0.00	$1,386.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$376.62**	**$0.00**	**$376.62**
				$376.62	**$0.00**	**$376.62**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$37.41**	**$0.00**	**$37.41**
Medical				**$8,779.92**	**$0.00**	**$8,779.92**
				$8,817.33	**$0.00**	**$8,817.33**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$757.00**	**$0.00**	**$757.00**
Medical				**$10,235.78**	**$0.00**	**$10,235.78**
				$10,992.78	**$0.00**	**$10,992.78**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$685.67**	**$0.00**	**$685.67**
				$685.67	**$0.00**	**$685.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$592.12**	**$0.00**	**$592.12**
				$592.12	**$0.00**	**$592.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$813.64**	**$0.00**	**$813.64**
				$813.64	**$0.00**	**$813.64**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$461.40**	**$0.00**	**$461.40**
				$461.40	**$0.00**	**$461.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,028.63**	**$0.00**	**$2,028.63**
				$2,028.63	**$0.00**	**$2,028.63**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$483.54**	**$0.00**	**$483.54**
Indemnity				**$8,916.91**	**$0.00**	**$8,916.91**
Medical				**$30,417.84**	**$0.00**	**$30,417.84**
				$39,818.29	**$0.00**	**$39,818.29**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$1,428.81**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$64,269.76**	**$0.00**	**$64,269.76**
Medical				**$44,257.90**	**$0.00**	**$44,257.90**
				$108,527.66	**$0.00**	**$108,527.66**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$131.75**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$468.50**	**$0.00**	**$468.50**
				$468.50	**$0.00**	**$468.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,614.30**	**$0.00**	**$4,614.30**
Medical				**$19,318.97**	**$0.00**	**$19,318.97**
				$23,933.27	**$0.00**	**$23,933.27**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$13,731.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$72.00**	**$0.00**	**$72.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$72.00	**$0.00**	**$72.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$1,427.76**	**$0.00**	**$1,427.76**
Medical				**$7,783.95**	**$0.00**	**$7,783.95**
				$9,239.71	**$0.00**	**$9,239.71**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$269.97**	**$0.00**	**$269.97**
				$269.97	**$0.00**	**$269.97**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$910.20**	**$0.00**	**$910.20**
Indemnity				**$11,014.96**	**$0.00**	**$11,014.96**
Medical				**$50,468.63**	**$0.00**	**$50,468.63**
				$62,393.79	**$0.00**	**$62,393.79**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$52.00**	**$0.00**	**$52.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$52.00	**$0.00**	**$52.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,773.38**	**$0.00**	**$8,773.38**
				$8,773.38	**$0.00**	**$8,773.38**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$557.28**	**$0.00**	**$557.28**
Indemnity				**$35,000.00**	**$0.00**	**$35,000.00**
Medical				**$4,326.29**	**$0.00**	**$4,326.29**
				$39,883.57	**$0.00**	**$39,883.57**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$114.54**	**$0.00**	**$114.54**
Indemnity				**$48,127.00**	**$0.00**	**$48,127.00**
Medical				**$45,518.67**	**$0.00**	**$45,518.67**
				$93,760.21	**$0.00**	**$93,760.21**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$33.62**	**$0.00**	**$33.62**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$244.79**	**$0.00**	**$244.79**
				$278.41	**$0.00**	**$278.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$502.75**	**$0.00**	**$502.75**
				$502.75	**$0.00**	**$502.75**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$133.71**	**$0.00**	**$133.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,004.62**	**$0.00**	**$1,004.62**
				$1,138.33	**$0.00**	**$1,138.33**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$980.29**	**$0.00**	**$980.29**
				$980.29	**$0.00**	**$980.29**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$49.17**	**$50.83**	**$100.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$2,400.00**	**$2,400.00**
				$49.17	**$2,450.83**	**$2,500.00**
# of Claims	**2**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$2,551.10**	**$50.83**	**$2,601.93**
Indemnity				**$185,247.53**	**$0.00**	**$185,247.53**
Medical				**$253,321.77**	**$2,400.00**	**$255,721.77**
				$441,120.40	**$2,450.83**	**$443,571.23**
# of Claims	**101**					
# Open	**3**	**Recovery Amount:**	**-$17,932.94**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

861 - VEAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$13,595.46	$30.00	$13,625.46
Indemnity.....	.....			$277,535.35	$0.00	$277,535.35
Medical.....	.....			$825,844.61	$374,396.81	$1,200,241.42
				$1,116,975.42	$374,426.81	$1,491,402.23
# of Claims	108					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,304.00	$0.00	$2,304.00
Medical.....	.....			$18,868.12	$0.00	$18,868.12
				$21,172.12	$0.00	$21,172.12
# of Claims	117					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18,303.45	$1,960.00	$20,263.45
Indemnity.....	.....			$171,120.87	$0.00	$171,120.87
Medical.....	.....			$613,457.54	$314,865.72	$928,323.26
				$802,881.86	$316,825.72	$1,119,707.58
# of Claims	106					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,322.31	$0.00	$7,322.31
Indemnity.....	.....			$186,633.39	$0.00	$186,633.39
Medical.....	.....			$363,550.70	$0.00	$363,550.70
				$557,506.40	$0.00	$557,506.40
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$449.45	$0.00	$449.45
Indemnity.....	.....			$14,391.93	$0.00	$14,391.93
Medical.....	.....			$84,253.83	$29,681.79	$113,935.62
				$99,095.21	$29,681.79	$128,777.00
# of Claims	117					
# Open	1	Recovery Amount:	-$13,969.62			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$10,323.32**	**$18.82**	**$10,342.14**
Indemnity				**$171,623.32**	**$0.00**	**$171,623.32**
Medical				**$181,513.65**	**$30,411.77**	**$211,925.42**
				$363,460.29	**$30,430.59**	**$393,890.88**
# of Claims	**139**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$11,978.14**	**$0.00**	**$11,978.14**
Indemnity				**$80,410.07**	**$0.00**	**$80,410.07**
Medical				**$552,128.83**	**$0.00**	**$552,128.83**
				$644,517.04	**$0.00**	**$644,517.04**
# of Claims	**143**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$20,585.13**	**$0.00**	**$20,585.13**
Indemnity				**$463,608.31**	**$0.00**	**$463,608.31**
Medical				**$1,077,502.77**	**$0.00**	**$1,077,502.77**
				$1,561,696.21	**$0.00**	**$1,561,696.21**
# of Claims	**140**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$1,293.81**	**$1,992.00**	**$3,285.81**
Indemnity				**$23,717.53**	**$0.00**	**$23,717.53**
Medical				**$198,797.08**	**$293,505.87**	**$492,302.95**
				$223,808.42	**$295,497.87**	**$519,306.29**
# of Claims	**142**					
# Open	**1**	**Recovery Amount:**	**-$288.02**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$23,517.74**	**$0.00**	**$23,517.74**
Indemnity				**$244,451.03**	**$0.00**	**$244,451.03**
Medical				**$177,410.98**	**$0.00**	**$177,410.98**
				$445,379.75	**$0.00**	**$445,379.75**
# of Claims	**154**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$3,512.85**	**$0.00**	**$3,512.85**
Indemnity				**$179,434.90**	**$0.00**	**$179,434.90**
Medical				**$164,448.92**	**$0.00**	**$164,448.92**
				$347,396.67	**$0.00**	**$347,396.67**
# of Claims	**175**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$7,500.53**	**$0.00**	**$7,500.53**
Indemnity				**$80,630.06**	**$0.00**	**$80,630.06**
Medical				**$185,253.23**	**$0.00**	**$185,253.23**
				$273,383.82	**$0.00**	**$273,383.82**
# of Claims	**171**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$40,385.11**	**$6,822.63**	**$47,207.74**
Indemnity				**$841,265.22**	**$41,377.29**	**$882,642.51**
Medical				**$502,751.98**	**$25,341.61**	**$528,093.59**
				$1,384,402.31	**$73,541.53**	**$1,457,943.84**
# of Claims	**167**					
# Open	**1**	**Recovery Amount:**	**-$100.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$117.59**	**$0.00**	**$117.59**
Indemnity				**$32,999.95**	**$0.00**	**$32,999.95**
Medical				**$79,882.52**	**$0.00**	**$79,882.52**
				$113,000.06	**$0.00**	**$113,000.06**
# of Claims	**139**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$11,236.64**	**$164.80**	**$11,401.44**
Indemnity				**$99,537.32**	**$0.00**	**$99,537.32**
Medical				**$366,645.85**	**$56,722.11**	**$423,367.96**
				$477,419.81	**$56,886.91**	**$534,306.72**
# of Claims	**122**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$402.39**	**$0.00**	**$402.39**
Indemnity				**$32,385.43**	**$0.00**	**$32,385.43**
Medical				**$63,829.83**	**$0.00**	**$63,829.83**
				$96,617.65	**$0.00**	**$96,617.65**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$3,754.49**	**$0.00**	**$3,754.49**
Indemnity				**$63,932.86**	**$0.00**	**$63,932.86**
Medical				**$124,759.16**	**$0.00**	**$124,759.16**
				$192,446.51	**$0.00**	**$192,446.51**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$463.23**	**$0.00**	**$463.23**
Indemnity				**$18,749.16**	**$0.00**	**$18,749.16**
Medical				**$33,195.08**	**$0.00**	**$33,195.08**
				$52,407.47	**$0.00**	**$52,407.47**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$7,115.48**	**$3,472.91**	**$10,588.39**
Indemnity				**$41,356.53**	**$14,664.46**	**$56,020.99**
Medical				**$89,929.52**	**$47,853.44**	**$137,782.96**
				$138,401.53	**$65,990.81**	**$204,392.34**
# of Claims	**68**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,887.86**	**$4,213.98**	**$8,101.84**
Indemnity				**$20,261.20**	**$28,806.62**	**$49,067.82**
Medical				**$38,953.75**	**$98,811.52**	**$137,765.27**
				$63,102.81	**$131,832.12**	**$194,934.93**
# of Claims	**89**					
# Open	**11**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$185,744.98**	**$18,675.14**	**$204,420.12**

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Indemnity			**$3,046,348.43**	**$84,848.37**	**$3,131,196.80**
Medical			**$5,742,977.95**	**$1,271,590.64**	**$7,014,568.59**
			$8,975,071.36	**$1,375,114.15**	**$10,350,185.51**

# of Claims	**2,412**		
# Open	**22**	**Recovery Amount:**	**-$14,357.64**

916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$205.74	$0.00	$205.74
Medical.....	.....			$537.75	$0.00	$537.75
				$743.49	$0.00	$743.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.00	$0.00	$33.00
				$33.00	$0.00	$33.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,160.20	$0.00	$1,160.20
Medical.....	.....			$6,439.20	$0.00	$6,439.20
				$7,599.40	$0.00	$7,599.40
# of Claims	2					
# Open	0	Recovery Amount:	-$4,980.17			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.91**	**$0.00**	**$114.91**
				$114.91	**$0.00**	**$114.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,365.94**	**$0.00**	**$1,365.94**
Medical				**$7,199.86**	**$0.00**	**$7,199.86**
				$8,565.80	**$0.00**	**$8,565.80**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$4,980.17**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

934 - INNOVATIVE TECH., AUTHORITY FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$502.50**	**$0.00**	**$502.50**
				$502.50	**$0.00**	**$502.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$502.50**	**$0.00**	**$502.50**
				$502.50	**$0.00**	**$502.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

937 - Southern VA Higher Education Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$824.35	$0.00	$824.35
				$824.35	$0.00	$824.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$824.35	$1,200.00	$2,024.35
				$824.35	$1,250.00	$2,074.35
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

938 - The New College Institute

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.13	$0.00	$298.13
				$298.13	$0.00	$298.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,848.84	$0.00	$4,848.84
				$4,848.84	$0.00	$4,848.84
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$252.15	$0.00	$252.15
Medical.....	.....			$4,228.00	$0.00	$4,228.00
				$4,480.15	$0.00	$4,480.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.25	$0.00	$252.25
				$252.25	$0.00	$252.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,697.86	$0.00	$2,697.86
				$2,697.86	$0.00	$2,697.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$472.80**	**$0.00**	**$472.80**
				$472.80	**$0.00**	**$472.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$566.81**	**$0.00**	**$566.81**
				$566.81	**$0.00**	**$566.81**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,505.90**	**$0.00**	**$5,505.90**
Medical				**$10,056.44**	**$0.00**	**$10,056.44**
				$15,562.34	**$0.00**	**$15,562.34**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,644.24**	**$0.00**	**$3,644.24**
				$3,644.24	**$0.00**	**$3,644.24**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$196.12**	**$0.00**	**$196.12**
Medical				**$3,654.12**	**$0.00**	**$3,654.12**
				$3,850.24	**$0.00**	**$3,850.24**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,204.18**	**$0.00**	**$4,204.18**
				$4,204.18	**$0.00**	**$4,204.18**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,215.51**	**$0.00**	**$1,215.51**
				$1,215.51	**$0.00**	**$1,215.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$576.08**	**$0.00**	**$576.08**
Medical				**$3,068.42**	**$0.00**	**$3,068.42**
				$3,644.50	**$0.00**	**$3,644.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,568.38**	**$0.00**	**$1,568.38**
				$1,568.38	**$0.00**	**$1,568.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$594.28**	**$0.00**	**$594.28**
				$594.28	**$0.00**	**$594.28**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$156.00**	**$0.00**	**$156.00**
				$156.00	**$0.00**	**$156.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,049.53**	**$0.00**	**$1,049.53**
				$1,049.53	**$0.00**	**$1,049.53**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$7,637.05**	**$0.00**	**$7,637.05**
Medical				**$43,147.71**	**$0.00**	**$43,147.71**
				$50,792.76	**$0.00**	**$50,792.76**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$590.00**	**$0.00**	**$590.00**
				$590.00	**$0.00**	**$590.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$860.41**	**$0.00**	**$860.41**
				$860.41	**$0.00**	**$860.41**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$493.00**	**$0.00**	**$493.00**
				$493.00	**$0.00**	**$493.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$522.13**	**$0.00**	**$522.13**
Indemnity				**$35,604.22**	**$0.00**	**$35,604.22**
Medical				**$66,173.20**	**$0.00**	**$66,173.20**
				$102,299.55	**$0.00**	**$102,299.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,512.71**	**$0.00**	**$2,512.71**
				$2,512.71	**$0.00**	**$2,512.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$380.45**	**$0.00**	**$380.45**
				$380.45	**$0.00**	**$380.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,009.44**	**$0.00**	**$2,009.44**
				$2,025.44	**$0.00**	**$2,025.44**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$872.09**	**$0.00**	**$872.09**
				$872.09	**$0.00**	**$872.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$192.00**	**$200.00**
Indemnity				**$0.00**	**$15,000.00**	**$15,000.00**
Medical				**$4,710.68**	**$10,089.32**	**$14,800.00**
				$4,718.68	**$25,281.32**	**$30,000.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$554.13**	**$192.00**	**$746.13**
Indemnity				**$49,771.52**	**$15,000.00**	**$64,771.52**
Medical				**$164,325.48**	**$10,089.32**	**$174,414.80**
				$214,651.13	**$25,281.32**	**$239,932.45**
# of Claims	**103**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

948 - Southwest VA Higher Education Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,934.08	$0.00	$1,934.08
				$1,934.08	$0.00	$1,934.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,934.08	$0.00	$1,934.08
				$1,934.08	$0.00	$1,934.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

957 - COMMONWEALTH'S ATTYS SERV COUN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,039.54	$0.00	$1,039.54
Medical.....	.....			$15,964.25	$0.00	$15,964.25
				$17,003.79	$0.00	$17,003.79
# of Claims	1					
# Open	0	Recovery Amount:	-$405.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,103.28	$0.00	$1,103.28
Medical.....	.....			$1,855.29	$0.00	$1,855.29
				$2,958.57	$0.00	$2,958.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$518.08	$0.00	$518.08
				$518.08	$0.00	$518.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.48	$0.00	$114.48
				$114.48	$0.00	$114.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$193.01**	**$0.00**	**$193.01**
				$193.01	**$0.00**	**$193.01**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,955.60**	**$0.00**	**$2,955.60**
				$2,955.60	**$0.00**	**$2,955.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$160.00**	**$0.00**	**$160.00**
				$160.00	**$0.00**	**$160.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,315.69**	**$0.00**	**$1,315.69**
				$1,315.69	**$0.00**	**$1,315.69**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$905.46**	**$0.00**	**$905.46**
				$905.46	**$0.00**	**$905.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18,001.50**	**$0.00**	**$18,001.50**
				$18,001.50	**$0.00**	**$18,001.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$8.00**	**$8.00**
Indemnity				**$16,869.77**	**$0.00**	**$16,869.77**
Medical				**$23,251.77**	**$27,803.37**	**$51,055.14**
				$40,121.54	**$27,811.37**	**$67,932.91**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$472.88**	**$0.00**	**$472.88**
				$472.88	**$0.00**	**$472.88**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$137.66**	**$0.00**	**$137.66**
				$137.66	**$0.00**	**$137.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$58,444.48**	**$0.00**	**$58,444.48**
				$58,444.48	**$0.00**	**$58,444.48**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$736.00**	**$0.00**	**$736.00**
Medical				**$877.09**	**$0.00**	**$877.09**
				$1,613.09	**$0.00**	**$1,613.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,162.41**	**$0.00**	**$2,162.41**
				$2,180.91	**$0.00**	**$2,180.91**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$74.54**	**$0.00**	**$74.54**
Indemnity				**$5,191.10**	**$0.00**	**$5,191.10**
Medical				**$18,725.57**	**$0.00**	**$18,725.57**
				$23,991.21	**$0.00**	**$23,991.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,977.80**	**$0.00**	**$2,977.80**
Medical				**$2,745.77**	**$0.00**	**$2,745.77**
				$5,723.57	**$0.00**	**$5,723.57**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$4,825.21**	**$500.00**	**$5,325.21**
Indemnity				**$143,689.99**	**$0.00**	**$143,689.99**
Medical				**$615,310.79**	**$316,669.78**	**$931,980.57**
				$763,825.99	**$317,169.78**	**$1,080,995.77**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,538.18**	**$0.00**	**$4,538.18**
				$4,538.18	**$0.00**	**$4,538.18**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$991.29**	**$0.00**	**$991.29**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$44,023.77**	**$0.00**	**$44,023.77**
				$45,015.06	**$0.00**	**$45,015.06**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,502.36**	**$0.00**	**$4,502.36**
				$4,502.36	**$0.00**	**$4,502.36**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$525.79**	**$0.00**	**$525.79**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$82,135.72**	**$0.00**	**$82,135.72**
				$82,661.51	**$0.00**	**$82,661.51**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$33,679.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$6,354.56**	**$0.00**	**$6,354.56**
Medical				**$4,437.35**	**$0.00**	**$4,437.35**
				$10,799.91	**$0.00**	**$10,799.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$202.00**	**$1,618.00**	**$1,820.00**
Indemnity				**$19,119.64**	**$0.00**	**$19,119.64**
Medical				**$82,268.41**	**$17,957.04**	**$100,225.45**
				$101,590.05	**$19,575.04**	**$121,165.09**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$1,428.37**	**$0.00**	**$1,428.37**
Indemnity				**$54,562.93**	**$0.00**	**$54,562.93**
Medical				**$57,967.84**	**$0.00**	**$57,967.84**
				$113,959.14	**$0.00**	**$113,959.14**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$159.69**	**$0.00**	**$159.69**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,871.29**	**$0.00**	**$2,871.29**
				$3,030.98	**$0.00**	**$3,030.98**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$92.78**	**$157.22**	**$250.00**
Indemnity				**$8,026.57**	**$0.00**	**$8,026.57**
Medical				**$10,094.04**	**$8,862.76**	**$18,956.80**
				$18,213.39	**$9,019.98**	**$27,233.37**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**-$14,234.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$188.88**	**$0.00**	**$188.88**
Indemnity				**$176.77**	**$0.00**	**$176.77**
Medical				**$8,478.11**	**$0.00**	**$8,478.11**
				$8,843.76	**$0.00**	**$8,843.76**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$223.00**	**$147.00**	**$370.00**
Indemnity				**$0.00**	**$2,000.00**	**$2,000.00**
Medical				**$25,766.53**	**$14,326.58**	**$40,093.11**
				$25,989.53	**$16,473.58**	**$42,463.11**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$125.00**	**$125.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,025.44**	**$4,174.56**	**$5,200.00**
				$1,025.44	**$4,299.56**	**$5,325.00**
# of Claims	**2**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8,738.05**	**$2,555.22**	**$11,293.27**
Indemnity				**$259,847.95**	**$2,000.00**	**$261,847.95**
Medical				**$1,092,255.82**	**$389,794.09**	**$1,482,049.91**
				$1,360,841.82	**$394,349.31**	**$1,755,191.13**
# of Claims	**114**					
# Open	**7**	**Recovery Amount:**	**-$48,319.03**			

961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$770.23	$0.00	$770.23
				$770.23	$0.00	$770.23
# of Claims	5					
# Open	0	Recovery Amount:	-$263.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,754.61	$0.00	$1,754.61
				$1,754.61	$0.00	$1,754.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.00	$0.00	$73.00
				$73.00	$0.00	$73.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.00	$0.00	$241.00
				$241.00	$0.00	$241.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$670.62	$0.00	$670.62
				$670.62	$0.00	$670.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,533.34**	**$0.00**	**$1,533.34**
Medical				**$3,870.76**	**$0.00**	**$3,870.76**
				$5,404.10	**$0.00**	**$5,404.10**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$393.69**	**$0.00**	**$393.69**
Medical				**$1,199.84**	**$0.00**	**$1,199.84**
				$1,593.53	**$0.00**	**$1,593.53**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,386.91**	**$0.00**	**$1,386.91**
				$1,386.91	**$0.00**	**$1,386.91**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$172.58**	**$0.00**	**$172.58**
Indemnity				**$155,294.12**	**$0.00**	**$155,294.12**
Medical				**$48,015.70**	**$0.00**	**$48,015.70**
				$203,482.40	**$0.00**	**$203,482.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,575.88**	**$0.00**	**$4,575.88**
				$4,575.88	**$0.00**	**$4,575.88**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$54.60**	**$0.00**	**$54.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$54.60	**$0.00**	**$54.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,147.15**	**$0.00**	**$1,147.15**
				$1,147.15	**$0.00**	**$1,147.15**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$21,082.70**	**$0.00**	**$21,082.70**
Medical				**$32,343.34**	**$0.00**	**$32,343.34**
				$53,426.04	**$0.00**	**$53,426.04**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,291.44**	**$0.00**	**$1,291.44**
				$1,291.44	**$0.00**	**$1,291.44**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$89.60**			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,086.27**	**$0.00**	**$5,086.27**
				$5,086.27	**$0.00**	**$5,086.27**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,066.11**	**$0.00**	**$1,066.11**
				$1,066.11	**$0.00**	**$1,066.11**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,796.72**	**$0.00**	**$14,796.72**
				$14,796.72	**$0.00**	**$14,796.72**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,143.72**	**$0.00**	**$5,143.72**
Medical				**$6,654.90**	**$0.00**	**$6,654.90**
				$11,798.62	**$0.00**	**$11,798.62**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,593.12**	**$0.00**	**$17,593.12**
Medical				**$35,600.82**	**$0.00**	**$35,600.82**
				$53,193.94	**$0.00**	**$53,193.94**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,393.92**	**$0.00**	**$1,393.92**
				$1,393.92	**$0.00**	**$1,393.92**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$681.26**	**$0.00**	**$681.26**
				$681.26	**$0.00**	**$681.26**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,522.84**	**$0.00**	**$3,522.84**
				$3,522.84	**$0.00**	**$3,522.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$213.06**	**$0.00**	**$213.06**
Medical				**$2,771.29**	**$0.00**	**$2,771.29**
				$3,008.35	**$0.00**	**$3,008.35**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,317.06**	**$0.00**	**$14,317.06**
				$14,317.06	**$0.00**	**$14,317.06**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$369.24**	**$0.00**	**$369.24**
				$369.24	**$0.00**	**$369.24**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$2,467.12**	**$0.00**	**$2,467.12**
Indemnity				**$260.44**	**$0.00**	**$260.44**
Medical				**$23,701.19**	**$0.00**	**$23,701.19**
				$26,428.75	**$0.00**	**$26,428.75**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,102.29**	**$0.00**	**$1,102.29**
Indemnity				**$9,393.59**	**$0.00**	**$9,393.59**
Medical				**$69,111.75**	**$0.00**	**$69,111.75**
				$79,607.63	**$0.00**	**$79,607.63**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$16,908.55**	**$0.00**	**$16,908.55**
Medical				**$90,583.32**	**$0.00**	**$90,583.32**
				$107,499.87	**$0.00**	**$107,499.87**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$6,929.34**	**$552.00**	**$7,481.34**
Indemnity				**$169,333.30**	**$62,062.28**	**$231,395.58**
Medical				**$191,531.81**	**$174,682.18**	**$366,213.99**
				$367,794.45	**$237,296.46**	**$605,090.91**
# of Claims	**12**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$13,264.01**	**$0.00**	**$13,264.01**
Medical				**$37,262.42**	**$0.00**	**$37,262.42**
				$50,542.43	**$0.00**	**$50,542.43**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$30.57**	**$0.00**	**$30.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,011.99**	**$0.00**	**$5,011.99**
				$5,042.56	**$0.00**	**$5,042.56**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$96.58**	**$0.00**	**$96.58**
Indemnity				**$9,096.65**	**$0.00**	**$9,096.65**
Medical				**$9,256.71**	**$0.00**	**$9,256.71**
				$18,449.94	**$0.00**	**$18,449.94**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$69.00**	**$0.00**	**$69.00**
Indemnity				**$890.69**	**$0.00**	**$890.69**
Medical				**$2,400.01**	**$0.00**	**$2,400.01**
				$3,359.70	**$0.00**	**$3,359.70**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$320.08**	**$0.00**	**$320.08**
Indemnity				**$679.66**	**$0.00**	**$679.66**
Medical				**$8,144.41**	**$0.00**	**$8,144.41**
				$9,144.15	**$0.00**	**$9,144.15**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$49.40**	**$0.00**	**$49.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,432.80**	**$0.00**	**$2,432.80**
				$2,482.20	**$0.00**	**$2,482.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$113.57**	**$706.43**	**$820.00**
Indemnity				**$8,110.46**	**$45,106.57**	**$53,217.03**
Medical				**$5,312.53**	**$62,958.90**	**$68,271.43**
				$13,536.56	**$108,771.90**	**$122,308.46**
# of Claims	**7**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,453.13**	**$1,258.43**	**$12,711.56**
Indemnity				**$429,191.10**	**$107,168.85**	**$536,359.95**
Medical				**$628,349.85**	**$237,641.08**	**$865,990.93**
				$1,068,994.08	**$346,068.36**	**$1,415,062.44**
# of Claims	**247**					
# Open	**7**	**Recovery Amount:**	**-$353.56**			

962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$458.27	$0.00	$458.27
Medical.....	.....			$794.80	$0.00	$794.80
				$1,253.07	$0.00	$1,253.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$507.60	$0.00	$507.60
				$507.60	$0.00	$507.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$27,032.06	$1,000.00	$28,032.06
Indemnity.....	.....			$409,412.54	$0.00	$409,412.54
Medical.....	.....			$149,993.33	$175,480.06	$325,473.39
				$586,437.93	$176,480.06	$762,917.99
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$27,032.06**	**$1,000.00**	**$28,032.06**
Indemnity				**$409,870.81**	**$0.00**	**$409,870.81**
Medical				**$151,295.73**	**$175,480.06**	**$326,775.79**
				$588,198.60	**$176,480.06**	**$764,678.66**
# of Claims	**9**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

966 - VA MARINE PROD COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$50.00**	**$0.00**	**$50.00**
				$50.00	**$0.00**	**$50.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$50.00**	**$0.00**	**$50.00**
				$50.00	**$0.00**	**$50.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

996 - Supplemental Nutrition Assist Prgm

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,470.29**	**$0.00**	**$2,470.29**
				$2,470.29	**$0.00**	**$2,470.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$54.05**	**$0.00**	**$54.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$54.05	**$0.00**	**$54.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$54.05**	**$0.00**	**$54.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,470.29**	**$0.00**	**$2,470.29**
				$2,524.34	**$0.00**	**$2,524.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

997 - TANF/VIEW - CWEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$767.61**	**$0.00**	**$767.61**
				$767.61	**$0.00**	**$767.61**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$767.61**	**$0.00**	**$767.61**
				$767.61	**$0.00**	**$767.61**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,782.20	$0.00	$3,782.20
				$3,782.20	$0.00	$3,782.20
# of Claims	2					
# Open	0	Recovery Amount:	-$2,458.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,857.43	$0.00	$2,857.43
				$2,857.43	$0.00	$2,857.43
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.30	$0.00	$547.30
				$547.30	$0.00	$547.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,776.77	$0.00	$1,776.77
				$1,776.77	$0.00	$1,776.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,970.56	$0.00	$1,970.56
				$1,970.56	$0.00	$1,970.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$949.00**	**$0.00**	**$949.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$72,765.02**	**$0.00**	**$72,765.02**
				$73,714.02	**$0.00**	**$73,714.02**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$51.23**	**$0.00**	**$51.23**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$25,453.75**	**$0.00**	**$25,453.75**
				$25,504.98	**$0.00**	**$25,504.98**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$7,763.16**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,027.75**	**$0.00**	**$3,027.75**
				$3,027.75	**$0.00**	**$3,027.75**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$332.61**	**$0.00**	**$332.61**
				$340.61	**$0.00**	**$340.61**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$296.74**	**$0.00**	**$296.74**
				$296.74	**$0.00**	**$296.74**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,711.11**	**$0.00**	**$5,711.11**
				$5,711.11	**$0.00**	**$5,711.11**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$23.28**	**$0.00**	**$23.28**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$854.83**	**$0.00**	**$854.83**
				$878.11	**$0.00**	**$878.11**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$37.57**	**$0.00**	**$37.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,935.28**	**$0.00**	**$14,935.28**
				$14,972.85	**$0.00**	**$14,972.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$263.59**	**$0.00**	**$263.59**
				$263.59	**$0.00**	**$263.59**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$52.80**	**$0.00**	**$52.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,135.89**	**$0.00**	**$2,135.89**
				$2,188.69	**$0.00**	**$2,188.69**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$47.80**	**$0.00**	**$47.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$780.01**	**$0.00**	**$780.01**
				$827.81	**$0.00**	**$827.81**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$780.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.44**	**$0.00**	**$75.44**
				$100.84	**$0.00**	**$100.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$31.10**	**$100.00**	**$131.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$3,800.00**	**$3,800.00**
				$31.10	**$3,900.00**	**$3,931.10**
# of Claims	**3**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,226.18**	**$100.00**	**$1,326.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$137,566.28**	**$3,800.00**	**$141,366.28**
				$138,792.46	**$3,900.00**	**$142,692.46**
# of Claims	**85**					
# Open	**2**	**Recovery Amount:**	**-$11,001.60**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$15,749.07	$0.00	$15,749.07
Indemnity.....	.....			$241,254.60	$0.00	$241,254.60
Medical.....	.....			$143,195.17	$0.00	$143,195.17
				$400,198.84	$0.00	$400,198.84
# of Claims	144					
# Open	0	Recovery Amount:	-$2,917.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$20,013.46	$0.00	$20,013.46
Indemnity.....	.....			$618,117.59	$0.00	$618,117.59
Medical.....	.....			$147,066.74	$0.00	$147,066.74
				$785,197.79	$0.00	$785,197.79
# of Claims	155					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$147,362.43	$0.00	$147,362.43
Indemnity.....	.....			$438,990.94	$0.00	$438,990.94
Medical.....	.....			$235,170.53	$0.00	$235,170.53
				$821,523.90	$0.00	$821,523.90
# of Claims	132					
# Open	0	Recovery Amount:	-$4,725.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$18,509.50	$0.00	$18,509.50
Indemnity.....	.....			$906,562.82	$0.00	$906,562.82
Medical.....	.....			$361,660.38	$0.00	$361,660.38
				$1,286,732.70	$0.00	$1,286,732.70
# of Claims	178					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$20,638.69	$0.00	$20,638.69
Indemnity.....	.....			$586,269.85	$0.00	$586,269.85
Medical.....	.....			$188,038.48	$0.00	$188,038.48
				$794,947.02	$0.00	$794,947.02
# of Claims	132					
# Open	0	Recovery Amount:	-$3,533.44			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$12,148.17**	**$548.00**	**$12,696.17**
Indemnity				**$585,139.35**	**$0.00**	**$585,139.35**
Medical				**$1,071,730.30**	**$148,461.39**	**$1,220,191.69**
				$1,669,017.82	**$149,009.39**	**$1,818,027.21**
# of Claims	**135**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$6,063.93**	**$0.00**	**$6,063.93**
Indemnity				**$812,464.82**	**$0.00**	**$812,464.82**
Medical				**$415,290.92**	**$0.00**	**$415,290.92**
				$1,233,819.67	**$0.00**	**$1,233,819.67**
# of Claims	**163**					
# Open	**0**	**Recovery Amount:**	**-$1,997.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$3,654.93**	**$0.00**	**$3,654.93**
Indemnity				**$246,481.44**	**$0.00**	**$246,481.44**
Medical				**$305,764.16**	**$0.00**	**$305,764.16**
				$555,900.53	**$0.00**	**$555,900.53**
# of Claims	**139**					
# Open	**0**	**Recovery Amount:**	**-$4,516.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,082.40**	**$176.91**	**$1,259.31**
Indemnity				**$861,614.29**	**$0.00**	**$861,614.29**
Medical				**$546,621.67**	**$102,046.98**	**$648,668.65**
				$1,409,318.36	**$102,223.89**	**$1,511,542.25**
# of Claims	**149**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$740.00**	**$0.00**	**$740.00**
Indemnity				**$61,490.10**	**$0.00**	**$61,490.10**
Medical				**$124,370.16**	**$0.00**	**$124,370.16**
				$186,600.26	**$0.00**	**$186,600.26**
# of Claims	**108**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,606.00**	**$0.00**	**$1,606.00**
Indemnity				**$261,649.28**	**$0.00**	**$261,649.28**
Medical				**$492,224.26**	**$0.00**	**$492,224.26**
				$755,479.54	**$0.00**	**$755,479.54**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**-$1,907.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$6,571.09**	**$0.00**	**$6,571.09**
Indemnity				**$404,998.05**	**$0.00**	**$404,998.05**
Medical				**$185,972.41**	**$0.00**	**$185,972.41**
				$597,541.55	**$0.00**	**$597,541.55**
# of Claims	**132**					
# Open	**0**	**Recovery Amount:**	**-$723.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$94,893.50**	**$0.00**	**$94,893.50**
Medical				**$109,152.17**	**$0.00**	**$109,152.17**
				$204,045.67	**$0.00**	**$204,045.67**
# of Claims	**101**					
# Open	**0**	**Recovery Amount:**	**-$9,802.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$19,336.53**	**$0.00**	**$19,336.53**
Medical				**$46,458.47**	**$0.00**	**$46,458.47**
				$65,803.00	**$0.00**	**$65,803.00**
# of Claims	**108**					
# Open	**0**	**Recovery Amount:**	**-$12,129.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$22,095.09**	**$811.54**	**$22,906.63**
Indemnity				**$699,304.92**	**$0.00**	**$699,304.92**
Medical				**$401,967.51**	**$24,940.36**	**$426,907.87**
				$1,123,367.52	**$25,751.90**	**$1,149,119.42**
# of Claims	**100**					
# Open	**1**	**Recovery Amount:**	**-$485.27**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$2,811.00**	**$0.00**	**$2,811.00**
Indemnity				**$154,009.38**	**$0.00**	**$154,009.38**
Medical				**$190,028.74**	**$0.00**	**$190,028.74**
				$346,849.12	**$0.00**	**$346,849.12**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**-$6,584.26**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$19,936.70**	**$8.00**	**$19,944.70**
Indemnity				**$548,540.89**	**$0.00**	**$548,540.89**
Medical				**$952,649.35**	**$46,555.39**	**$999,204.74**
				$1,521,126.94	**$46,563.39**	**$1,567,690.33**
# of Claims	**154**					
# Open	**1**	**Recovery Amount:**	**-$27,462.71**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$17,603.27**	**$0.00**	**$17,603.27**
Indemnity				**$435,928.77**	**$0.00**	**$435,928.77**
Medical				**$443,363.55**	**$0.00**	**$443,363.55**
				$896,895.59	**$0.00**	**$896,895.59**
# of Claims	**142**					
# Open	**0**	**Recovery Amount:**	**-$67,904.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$64,653.63**	**$0.00**	**$64,653.63**
Indemnity				**$1,271,175.16**	**$0.00**	**$1,271,175.16**
Medical				**$1,440,751.43**	**$640,484.51**	**$2,081,235.94**
				$2,776,580.22	**$640,484.51**	**$3,417,064.73**
# of Claims	**148**					
# Open	**1**	**Recovery Amount:**	**-$32,829.15**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$57,795.66**	**$23,058.90**	**$80,854.56**
Indemnity				**$1,113,881.99**	**$0.00**	**$1,113,881.99**
Medical				**$1,678,027.13**	**$788,208.12**	**$2,466,235.25**
				$2,849,704.78	**$811,267.02**	**$3,660,971.80**
# of Claims	**137**					
# Open	**2**	**Recovery Amount:**	**-$14,630.51**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$21,012.17**	**$0.00**	**$21,012.17**
Indemnity				**$199,824.24**	**$0.00**	**$199,824.24**
Medical				**$206,521.18**	**$0.00**	**$206,521.18**
				$427,357.59	**$0.00**	**$427,357.59**
# of Claims	**129**					
# Open	**0**	**Recovery Amount:**	**-$1,500.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$28,130.53**	**$1,000.00**	**$29,130.53**
Indemnity				**$351,164.43**	**$0.00**	**$351,164.43**
Medical				**$470,412.16**	**$27,498.90**	**$497,911.06**
				$849,707.12	**$28,498.90**	**$878,206.02**
# of Claims	**114**					
# Open	**1**	**Recovery Amount:**	**-$266.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$21,272.04**	**$3,059.90**	**$24,331.94**
Indemnity				**$299,332.05**	**$0.00**	**$299,332.05**
Medical				**$825,168.15**	**$754,005.90**	**$1,579,174.05**
				$1,145,772.24	**$757,065.80**	**$1,902,838.04**
# of Claims	**97**					
# Open	**3**	**Recovery Amount:**	**-$6,626.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$638.04**	**$0.00**	**$638.04**
Indemnity				**$40,693.80**	**$0.00**	**$40,693.80**
Medical				**$243,442.68**	**$0.00**	**$243,442.68**
				$284,774.52	**$0.00**	**$284,774.52**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$35,720.49**	**$0.00**	**$35,720.49**
Indemnity				**$447,824.21**	**$0.00**	**$447,824.21**
Medical				**$361,775.25**	**$0.00**	**$361,775.25**
				$845,319.95	**$0.00**	**$845,319.95**
# of Claims	**89**					
# Open	**0**	**Recovery Amount:**	**-$821.67**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$10,662.49**	**$120.00**	**$10,782.49**
Indemnity				**$217,886.07**	**$0.00**	**$217,886.07**
Medical				**$778,058.11**	**$756,462.72**	**$1,534,520.83**
				$1,006,606.67	**$756,582.72**	**$1,763,189.39**
# of Claims	**99**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$49,936.87**	**$4,256.05**	**$54,192.92**
Indemnity				**$491,083.10**	**$4,747.59**	**$495,830.69**
Medical				**$785,581.72**	**$329,391.15**	**$1,114,972.87**
				$1,326,601.69	**$338,394.79**	**$1,664,996.48**
# of Claims	**113**					
# Open	**2**	**Recovery Amount:**	**-$3,585.19**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$42,893.60**	**$1,144.80**	**$44,038.40**
Indemnity				**$322,258.06**	**$2,070.76**	**$324,328.82**
Medical				**$478,316.75**	**$10,154.90**	**$488,471.65**
				$843,468.41	**$13,370.46**	**$856,838.87**
# of Claims	**111**					
# Open	**1**	**Recovery Amount:**	**-$158,308.52**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$17,844.97**	**$15,538.61**	**$33,383.58**
Indemnity				**$209,239.95**	**$24,504.54**	**$233,744.49**
Medical				**$756,214.99**	**$1,279,194.05**	**$2,035,409.04**
				$983,299.91	**$1,319,237.20**	**$2,302,537.11**
# of Claims	**120**					
# Open	**1**	**Recovery Amount:**	**-$38,577.46**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$7,339.15**	**$0.00**	**$7,339.15**
Indemnity				**$142,382.73**	**$0.00**	**$142,382.73**
Medical				**$374,700.77**	**$0.00**	**$374,700.77**
				$524,422.65	**$0.00**	**$524,422.65**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**-$1,601.30**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8,575.86**	**$2,659.95**	**$11,235.81**
Indemnity				**$416,608.02**	**$97,298.53**	**$513,906.55**
Medical				**$325,741.19**	**$15,719.43**	**$341,460.62**
				$750,925.07	**$115,677.91**	**$866,602.98**
# of Claims	**101**					
# Open	**3**	**Recovery Amount:**	**-$17,420.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$19,363.45**	**$5,509.59**	**$24,873.04**
Indemnity				**$234,641.94**	**$129,129.84**	**$363,771.78**
Medical				**$346,265.66**	**$180,212.93**	**$526,478.59**
				$600,271.05	**$314,852.36**	**$915,123.41**
# of Claims	**106**					
# Open	**3**	**Recovery Amount:**	**-$5,268.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$9,221.18**	**$4,786.40**	**$14,007.58**
Indemnity				**$173,320.11**	**$16,427.73**	**$189,747.84**
Medical				**$224,279.80**	**$124,340.03**	**$348,619.83**
				$406,821.09	**$145,554.16**	**$552,375.25**
# of Claims	**89**					
# Open	**2**	**Recovery Amount:**	**-$26,822.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$11,205.23**	**$723.25**	**$11,928.48**
Indemnity				**$101,382.96**	**$11,656.21**	**$113,039.17**
Medical				**$116,770.74**	**$32,135.77**	**$148,906.51**
				$229,358.93	**$44,515.23**	**$273,874.16**
# of Claims	**102**					
# Open	**3**	**Recovery Amount:**	**-$19,895.78**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$7,388.28**	**$3,204.40**	**$10,592.68**
Indemnity				**$141,028.83**	**$115,744.05**	**$256,772.88**
Medical				**$301,110.42**	**$164,703.11**	**$465,813.53**
				$449,527.53	**$283,651.56**	**$733,179.09**
# of Claims	**123**					
# Open	**3**	**Recovery Amount:**	**-$19,930.00**			

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Policy Cost Summary

As Of: 06/30/2023

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10,443.74**	**$3,237.85**	**$13,681.59**
Indemnity				**$92,262.45**	**$24,038.08**	**$116,300.53**
Medical				**$110,252.08**	**$40,950.87**	**$151,202.95**
				$212,958.27	**$68,226.80**	**$281,185.07**
# of Claims	**115**					
# Open	**4**	**Recovery Amount:**	**-$4,023.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$6,183.50**	**$8,896.87**	**$15,080.37**
Indemnity				**$91,765.80**	**$162,149.18**	**$253,914.98**
Medical				**$142,906.09**	**$333,871.58**	**$476,777.67**
				$240,855.39	**$504,917.63**	**$745,773.02**
# of Claims	**122**					
# Open	**33**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$746,874.61**	**$78,741.02**	**$825,615.63**
Indemnity				**$14,334,803.02**	**$587,766.51**	**$14,922,569.53**
Medical				**$16,327,021.27**	**$5,799,338.09**	**$22,126,359.36**
				$31,408,698.90	**$6,465,845.62**	**$37,874,544.52**
# of Claims	**4,580**					
# Open	**68**	**Recovery Amount:**	**-$496,797.20**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,228.27	$0.00	$15,228.27
Medical.....	.....			$5,409.72	$0.00	$5,409.72
				$20,637.99	$0.00	$20,637.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.50	$0.00	$207.50
				$207.50	$0.00	$207.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.40	$0.00	$263.40
				$263.40	$0.00	$263.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$735.70	$0.00	$735.70
				$735.70	$0.00	$735.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$559.00	$0.00	$559.00
				$559.00	$0.00	$559.00
# of Claims	2					
# Open	0	Recovery Amount:	-$5.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,500.00	$0.00	$5,500.00
Medical.....	.....			$89.84	$0.00	$89.84
				$5,589.84	$0.00	$5,589.84
# of Claims	8					
# Open	0	Recovery Amount:	-$3,499.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,019.00	$0.00	$1,019.00
				$1,019.00	$0.00	$1,019.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$316.00	$0.00	$316.00
				$316.00	$0.00	$316.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$425.80	$0.00	$425.80
				$425.80	$0.00	$425.80
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$278.27	$0.00	$278.27
				$370.77	$0.00	$370.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,294.96	$0.00	$4,294.96
Medical.....	.....			$38,149.66	$0.00	$38,149.66
				$42,444.62	$0.00	$42,444.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$261.26	$0.00	$261.26
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,915.35	$0.00	$6,915.35
				$7,176.61	$0.00	$7,176.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$509.09	$0.00	$509.09
				$509.09	$0.00	$509.09
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$411.00	$0.00	$411.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116,634.99	$0.00	$116,634.99
				$117,045.99	$0.00	$117,045.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$96.06	$0.00	$96.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$318.95	$0.00	$318.95
				$415.01	$0.00	$415.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$71.14	$0.00	$71.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$71.14	$0.00	$71.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

100 - Senate of Virginia

S100 - Senate of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$597.49	$0.00	$597.49
				$597.49	$0.00	$597.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,061.46	$0.00	$1,061.46
Indemnity.....	.....			$25,023.23	$0.00	$25,023.23
Medical.....	.....			$172,429.76	$0.00	$172,429.76
				$198,514.45	$0.00	$198,514.45
# of Claims	98					
# Open	0	Recovery Amount:	-$3,504.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$143.43**	**$0.00**	**$143.43**
				$143.43	**$0.00**	**$143.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$1,030.99**	**$0.00**	**$1,030.99**
Medical				**$1,268.45**	**$0.00**	**$1,268.45**
				$2,682.94	**$0.00**	**$2,682.94**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$558.48**	**$0.00**	**$558.48**
				$558.48	**$0.00**	**$558.48**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$334.89**	**$0.00**	**$334.89**
				$334.89	**$0.00**	**$334.89**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.60	$0.00	$354.60
				$354.60	$0.00	$354.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$471.24	$0.00	$471.24
				$471.24	$0.00	$471.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23.29**	**$0.00**	**$23.29**
				$41.79	**$0.00**	**$41.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$525.65**	**$0.00**	**$525.65**
				$544.15	**$0.00**	**$544.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,767.88	$0.00	$2,767.88
				$2,767.88	$0.00	$2,767.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.67	$0.00	$562.67
				$562.67	$0.00	$562.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$966.26	$0.00	$966.26
				$1,008.26	$0.00	$1,008.26
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,371.34	$0.00	$1,371.34
				$1,371.34	$0.00	$1,371.34
# of Claims	1					
# Open	0	Recovery Amount:	-$1,371.34			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,023.08**	**$0.00**	**$3,023.08**
				$3,023.08	**$0.00**	**$3,023.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$76.63**	**$0.00**	**$76.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$76.63	**$0.00**	**$76.63**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.64**	**$0.00**	**$18.64**
				$18.64	**$0.00**	**$18.64**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$41.91**	**$0.00**	**$41.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,281.61**	**$0.00**	**$3,281.61**
				$3,323.52	**$0.00**	**$3,323.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

101 - HOUSE OF DELEGATES

S101 - HOUSE OF DELEGATES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$489.99**	**$7,110.01**	**$7,600.00**
				$489.99	**$7,160.01**	**$7,650.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$599.54**	**$50.00**	**$649.54**
Indemnity				**$1,030.99**	**$0.00**	**$1,030.99**
Medical				**$16,161.50**	**$7,110.01**	**$23,271.51**
				$17,792.03	**$7,160.01**	**$24,952.04**
# of Claims	**47**					
# Open	**1**	**Recovery Amount:**	**-$1,371.34**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47.54	$0.00	$47.54
				$47.54	$0.00	$47.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,929.97	$0.00	$1,929.97
Medical.....	.....			$29,399.74	$0.00	$29,399.74
				$31,329.71	$0.00	$31,329.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$753.86	$0.00	$753.86
				$753.86	$0.00	$753.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$320.00	$2,080.02	$2,400.02
Indemnity.....	.....			$47,779.78	$0.00	$47,779.78
Medical.....	.....			$38,575.72	$0.00	$38,575.72
				$86,675.50	$2,080.02	$88,755.52
# of Claims	5					
# Open	1	Recovery Amount:	-$4,500.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$315.43	$0.00	$315.43
Medical.....	.....			$3,110.28	$0.00	$3,110.28
				$3,425.71	$0.00	$3,425.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,765.74	$0.00	$1,765.74
Medical.....	.....			$8,816.45	$0.00	$8,816.45
				$10,582.19	$0.00	$10,582.19
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.15	$0.00	$76.15
				$76.15	$0.00	$76.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,306.38	$0.00	$3,306.38
Medical.....	.....			$2,708.14	$0.00	$2,708.14
				$6,033.02	$0.00	$6,033.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$6,764.10	$0.00	$6,764.10
Indemnity.....	.....			$380,621.13	$0.00	$380,621.13
Medical.....	.....			$56,827.00	$0.00	$56,827.00
				$444,212.23	$0.00	$444,212.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$386.48	$0.00	$386.48
Medical.....	.....			$41,945.15	$0.00	$41,945.15
				$42,339.63	$0.00	$42,339.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$439.60	$0.00	$439.60
				$439.60	$0.00	$439.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.54	$0.00	$233.54
				$233.54	$0.00	$233.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$10,562.33	$0.00	$10,562.33
Medical.....	.....			$34,573.00	$0.00	$34,573.00
				$45,151.33	$0.00	$45,151.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.91	$0.00	$157.91
				$157.91	$0.00	$157.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$1,758.59	$0.00	$1,758.59
Medical.....	.....			$12,080.79	$0.00	$12,080.79
				$13,871.38	$0.00	$13,871.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$138.48	$0.00	$138.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,894.52	$0.00	$1,894.52
				$2,033.00	$0.00	$2,033.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$542.08	$0.00	$542.08
				$542.08	$0.00	$542.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$48.10	$0.00	$48.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,861.24	$0.00	$2,861.24
				$2,909.34	$0.00	$2,909.34
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.74	$0.00	$345.74
				$345.74	$0.00	$345.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

103 - MAGISTRATE SYSTEM

S103 - MAGISTRATE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$4,767.79	$0.00	$4,767.79
Indemnity.....	.....			$7,018.41	$0.00	$7,018.41
Medical.....	.....			$8,716.18	$0.00	$8,716.18
				$20,502.38	$0.00	$20,502.38
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,214.14	$0.00	$3,214.14
				$3,214.14	$0.00	$3,214.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$143.03	$286.63	$429.66
Indemnity.....	.....			$4,993.20	$10,310.71	$15,303.91
Medical.....	.....			$5,068.09	$24,481.91	$29,550.00
				$10,204.32	$35,079.25	$45,283.57
# of Claims	9					
# Open	5	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,256.00	$2,366.65	$14,622.65
Indemnity.....	.....			$460,437.44	$10,310.71	$470,748.15
Medical.....	.....			$252,386.86	$24,481.91	$276,868.77
				$725,080.30	$37,159.27	$762,239.57
# of Claims	80					
# Open	7	Recovery Amount:	-$4,500.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

107 - LEGISLATIVE SERVICES

S107 - LEGISLATIVE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.90	$0.00	$300.90
				$300.90	$0.00	$300.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$423.00	$0.00	$423.00
				$423.00	$0.00	$423.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$484.41	$0.00	$484.41
Medical.....	.....			$488.97	$0.00	$488.97
				$973.38	$0.00	$973.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,027.28	$0.00	$7,027.28
Medical.....	.....			$14,453.20	$0.00	$14,453.20
				$21,480.48	$0.00	$21,480.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

107 - LEGISLATIVE SERVICES

S107 - LEGISLATIVE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.45	$0.00	$127.45
				$127.45	$0.00	$127.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,598.35	$0.00	$25,598.35
Medical.....	.....			$15,003.39	$0.00	$15,003.39
				$40,601.74	$0.00	$40,601.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,129.71	$0.00	$5,129.71
Medical.....	.....			$17,513.83	$0.00	$17,513.83
				$22,651.54	$0.00	$22,651.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

107 - LEGISLATIVE SERVICES

S107 - LEGISLATIVE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$89.09**	**$0.00**	**$89.09**
Indemnity				**$3,777.41**	**$0.00**	**$3,777.41**
Medical				**$11,377.74**	**$0.00**	**$11,377.74**
				$15,244.24	**$0.00**	**$15,244.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$104.13**	**$0.00**	**$104.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,582.08**	**$0.00**	**$1,582.08**
				$1,686.21	**$0.00**	**$1,686.21**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$201.22**	**$0.00**	**$201.22**
Indemnity				**$42,017.16**	**$0.00**	**$42,017.16**
Medical				**$61,270.56**	**$0.00**	**$61,270.56**
				$103,488.94	**$0.00**	**$103,488.94**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

108 - VA CODE COMMISSION

S108 - VA CODE COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

109 - LEGISLATIVE AUTOMATED SYSTEMS

S109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$349.29	$0.00	$349.29
				$349.29	$0.00	$349.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$888.74	$0.00	$888.74
Medical.....	.....			$619.30	$0.00	$619.30
				$1,508.04	$0.00	$1,508.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,084.33	$0.00	$13,084.33
Medical.....	.....			$13,871.93	$0.00	$13,871.93
				$26,956.26	$0.00	$26,956.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

109 - LEGISLATIVE AUTOMATED SYSTEMS

S109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$349.50	$0.00	$349.50
				$349.50	$0.00	$349.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

109 - LEGISLATIVE AUTOMATED SYSTEMS

S109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$13,973.07**	**$0.00**	**$13,973.07**
Medical.....	.....			**$15,190.02**	**$0.00**	**$15,190.02**
				$29,163.09	**$0.00**	**$29,163.09**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

110 - JOINT LEGISLATIVE AUDIT & REVIEW

S110 - JOINT LEGISLATIVE AUDIT & REVIEW

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,873.70	$0.00	$8,873.70
Medical.....	.....			$25,436.51	$0.00	$25,436.51
				$34,310.21	$0.00	$34,310.21
# of Claims	5					
# Open	0	Recovery Amount:	-$16,106.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,524.31	$0.00	$2,524.31
Medical.....	.....			$11,898.54	$0.00	$11,898.54
				$14,422.85	$0.00	$14,422.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.33	$0.00	$18.33
				$36.83	$0.00	$36.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

110 - JOINT LEGISLATIVE AUDIT & REVIEW

S110 - JOINT LEGISLATIVE AUDIT & REVIEW

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$11,398.01**	**$0.00**	**$11,398.01**
Medical				**$37,353.38**	**$0.00**	**$37,353.38**
				$48,769.89	**$0.00**	**$48,769.89**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$16,106.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$425.53	$0.00	$425.53
				$425.53	$0.00	$425.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,370.17	$0.00	$5,370.17
Indemnity.....	.....			$122,745.05	$0.00	$122,745.05
Medical.....	.....			$55,993.78	$0.00	$55,993.78
				$184,109.00	$0.00	$184,109.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$892.11	$0.00	$892.11
Medical.....	.....			$5,102.70	$0.00	$5,102.70
				$5,994.81	$0.00	$5,994.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$3,161.59	$0.00	$3,161.59
Indemnity.....	.....			$10,979.01	$0.00	$10,979.01
Medical.....	.....			$37,190.82	$0.00	$37,190.82
				$51,331.42	$0.00	$51,331.42
# of Claims	8					
# Open	0	Recovery Amount:	-$10,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$190.66	$0.00	$190.66
				$190.66	$0.00	$190.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$226,337.58	$0.00	$226,337.58
Medical.....	.....			$17,214.56	$0.00	$17,214.56
				$243,552.14	$0.00	$243,552.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$602.50	$0.00	$602.50
				$602.50	$0.00	$602.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,017.16	$0.00	$17,017.16
Medical.....	.....			$15,860.18	$0.00	$15,860.18
				$32,877.34	$0.00	$32,877.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$6,684.00	$0.00	$6,684.00
Indemnity.....	.....			$228,004.20	$0.00	$228,004.20
Medical.....	.....			$43,911.74	$0.00	$43,911.74
				$278,599.94	$0.00	$278,599.94
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$556.32	$0.00	$556.32
Medical.....	.....			$9,015.44	$0.00	$9,015.44
				$9,571.76	$0.00	$9,571.76
# of Claims	19					
# Open	0	Recovery Amount:	-$382.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,125.75	$0.00	$2,125.75
				$2,125.75	$0.00	$2,125.75
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,907.14	$0.00	$3,907.14
Medical.....	.....			$64,742.88	$0.00	$64,742.88
				$68,650.02	$0.00	$68,650.02
# of Claims	11					
# Open	0	Recovery Amount:	-$25,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$9,027.15	$0.00	$9,027.15
Indemnity.....	.....			$34,033.06	$0.00	$34,033.06
Medical.....	.....			$8,383.58	$0.00	$8,383.58
				$51,443.79	$0.00	$51,443.79
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$222.00	$0.00	$222.00
Indemnity.....	.....			$11,696.16	$0.00	$11,696.16
Medical.....	.....			$44,692.07	$0.00	$44,692.07
				$56,610.23	$0.00	$56,610.23
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$290.22	$0.00	$290.22
Medical.....	.....			$141.25	$0.00	$141.25
				$486.97	$0.00	$486.97
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$330.45	$0.00	$330.45
				$367.45	$0.00	$367.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$215.45	$0.00	$215.45
Indemnity.....	.....			$23,341.12	$0.00	$23,341.12
Medical.....	.....			$21,688.12	$0.00	$21,688.12
				$45,244.69	$0.00	$45,244.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,605.74	$0.00	$7,605.74
				$7,605.74	$0.00	$7,605.74
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,057.01	$0.00	$10,057.01
				$10,057.01	$0.00	$10,057.01
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,188.51	$0.00	$1,188.51
				$1,188.51	$0.00	$1,188.51
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$36.58	$0.00	$36.58
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,269.28	$0.00	$1,269.28
				$1,305.86	$0.00	$1,305.86
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,255.89	$0.00	$3,255.89
				$3,255.89	$0.00	$3,255.89
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,906.30	$0.00	$15,906.30
				$15,914.30	$0.00	$15,914.30
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,074.09	$0.00	$2,074.09
				$2,082.09	$0.00	$2,082.09
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$95.50	$0.00	$95.50
Indemnity.....	.....			$861.00	$0.00	$861.00
Medical.....	.....			$24,824.15	$0.00	$24,824.15
				$25,780.65	$0.00	$25,780.65
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$50.11	$0.00	$50.11
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,499.63	$0.00	$15,499.63
				$15,549.74	$0.00	$15,549.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$48.78	$0.00	$48.78
Indemnity.....	.....			$2,616.96	$0.00	$2,616.96
Medical.....	.....			$15,863.31	$0.00	$15,863.31
				$18,529.05	$0.00	$18,529.05
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$109.79	$0.00	$109.79
Indemnity.....	.....			$1,091.57	$0.00	$1,091.57
Medical.....	.....			$34,224.66	$0.00	$34,224.66
				$35,426.02	$0.00	$35,426.02
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

114 - GENERAL COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,284.76	$0.00	$6,284.76
				$6,284.76	$0.00	$6,284.76
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$30.31	$0.00	$30.31
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$30.31	$0.00	$30.31
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$76.61	$11.02	$87.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$76.61	$1,211.02	$1,287.63
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,236.54	$11.02	$25,247.56
Indemnity.....	.....			$684,368.66	$0.00	$684,368.66
Medical.....	.....			$465,665.34	$1,200.00	$466,865.34
				$1,175,270.54	$1,211.02	$1,176,481.56
# of Claims	339					
# Open	1	Recovery Amount:	-$35,382.50			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,325.25**	**$0.00**	**$2,325.25**
				$2,325.25	**$0.00**	**$2,325.25**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$282.27**	**$0.00**	**$282.27**
				$282.27	**$0.00**	**$282.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$806.27**	**$0.00**	**$806.27**
				$806.27	**$0.00**	**$806.27**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$342.01**	**$0.00**	**$342.01**
				$342.01	**$0.00**	**$342.01**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,000.81	$0.00	$24,000.81
Medical.....	.....			$37,986.41	$0.00	$37,986.41
				$61,987.22	$0.00	$61,987.22
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,315.62	$0.00	$1,315.62
				$1,315.62	$0.00	$1,315.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,247.62	$0.00	$16,247.62
Medical.....	.....			$33,396.68	$0.00	$33,396.68
				$49,644.30	$0.00	$49,644.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,759.00	$0.00	$3,759.00
Indemnity.....	.....			$161,921.75	$0.00	$161,921.75
Medical.....	.....			$67,016.67	$0.00	$67,016.67
				$232,697.42	$0.00	$232,697.42
# of Claims	8					
# Open	0	Recovery Amount:	-$110.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$419.70	$0.00	$419.70
Indemnity.....	.....			$55.13	$0.00	$55.13
Medical.....	.....			$6,556.05	$0.00	$6,556.05
				$7,030.88	$0.00	$7,030.88
# of Claims	7					
# Open	0	Recovery Amount:	-$231.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$434.50	$0.00	$434.50
				$434.50	$0.00	$434.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,877.14	$0.00	$1,877.14
				$1,969.64	$0.00	$1,969.64
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$37,097.39	$0.00	$37,097.39
Medical.....	.....			$27,678.98	$0.00	$27,678.98
				$64,924.37	$0.00	$64,924.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$195.49	$0.00	$195.49
Indemnity.....	.....			$1,159.85	$0.00	$1,159.85
Medical.....	.....			$13,214.41	$0.00	$13,214.41
				$14,569.75	$0.00	$14,569.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$234.00	$0.00	$234.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,160.36	$0.00	$2,160.36
				$2,160.36	$0.00	$2,160.36
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.98	$0.00	$284.98
				$308.98	$0.00	$308.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.48	$0.00	$241.48
				$257.48	$0.00	$257.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$6,407.23	$0.00	$6,407.23
Indemnity.....	.....			$15,379.51	$0.00	$15,379.51
Medical.....	.....			$221,332.22	$207,057.90	$428,390.12
				$243,118.96	$207,057.90	$450,176.86
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$54.58	$0.00	$54.58
Indemnity.....	.....			$340.90	$0.00	$340.90
Medical.....	.....			$2,307.29	$0.00	$2,307.29
				$2,702.77	$0.00	$2,702.77
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$145.38	$0.00	$145.38
Indemnity.....	.....			$20,961.69	$0.00	$20,961.69
Medical.....	.....			$13,662.34	$0.00	$13,662.34
				$34,769.41	$0.00	$34,769.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$287.07	$0.00	$287.07
Medical.....	.....			$5,546.85	$0.00	$5,546.85
				$5,841.92	$0.00	$5,841.92
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$652.60	$0.00	$652.60
				$652.60	$0.00	$652.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,411.57	$0.00	$4,411.57
				$4,419.57	$0.00	$4,419.57
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$182.55	$0.00	$182.55
Indemnity.....	.....			$20,269.92	$0.00	$20,269.92
Medical.....	.....			$21,472.65	$0.00	$21,472.65
				$41,925.12	$0.00	$41,925.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$163.28	$0.00	$163.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,552.41	$0.00	$2,552.41
				$2,715.69	$0.00	$2,715.69
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$246.80	$0.00	$246.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,578.20	$0.00	$2,578.20
				$2,825.00	$0.00	$2,825.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$174.15	$0.00	$174.15
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,553.23	$0.00	$3,553.23
				$3,727.38	$0.00	$3,727.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$447.91	$170.16	$618.07
Indemnity.....	.....			$5,145.33	$10,612.23	$15,757.56
Medical.....	.....			$15,844.13	$11,606.80	$27,450.93
				$21,437.37	$22,389.19	$43,826.56
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

115 - JUVENILE & DOMESTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$12,603.57**	**$170.16**	**$12,773.73**
Indemnity				**$302,866.97**	**$10,612.23**	**$313,479.20**
Medical				**$489,992.57**	**$218,664.70**	**$708,657.27**
				$805,463.11	**$229,447.09**	**$1,034,910.20**
# of Claims	**210**					
# Open	**2**	**Recovery Amount:**	**-$342.20**			

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$129.59**	**$0.00**	**$129.59**
				$129.59	**$0.00**	**$129.59**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.43**	**$0.00**	**$102.43**
				$102.43	**$0.00**	**$102.43**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.77	$0.00	$356.77
				$356.77	$0.00	$356.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,064.31	$0.00	$1,064.31
Medical.....	.....			$445.00	$0.00	$445.00
				$1,509.31	$0.00	$1,509.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,861.70	$0.00	$2,861.70
Medical.....	.....			$5,559.50	$0.00	$5,559.50
				$8,421.20	$0.00	$8,421.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$920.03	$0.00	$920.03
Medical.....	.....			$5,569.28	$0.00	$5,569.28
				$6,489.31	$0.00	$6,489.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$94.91**	**$0.00**	**$94.91**
				$94.91	**$0.00**	**$94.91**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$836.45**	**$0.00**	**$836.45**
				$910.45	**$0.00**	**$910.45**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,988.78**	**$0.00**	**$4,988.78**
				$5,062.78	**$0.00**	**$5,062.78**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$2,015.27**	**$0.00**	**$2,015.27**
Medical				**$4,618.52**	**$0.00**	**$4,618.52**
				$6,670.79	**$0.00**	**$6,670.79**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,785.56	$0.00	$2,785.56
				$2,785.56	$0.00	$2,785.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$266.15	$0.00	$266.15
Medical.....	.....			$3,867.75	$0.00	$3,867.75
				$4,141.90	$0.00	$4,141.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,306.21	$0.00	$9,306.21
				$9,306.21	$0.00	$9,306.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

116 - COMBINED DISTRICT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$792.29	$0.00	$792.29
				$800.29	$0.00	$800.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$219.50	$0.00	$219.50
Indemnity.....	.....			$7,127.46	$0.00	$7,127.46
Medical.....	.....			$39,453.04	$0.00	$39,453.04
				$46,800.00	$0.00	$46,800.00
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

125 - COURT OF APPEAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.69	$0.00	$79.69
				$79.69	$0.00	$79.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

125 - COURT OF APPEAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$78.00**	**$0.00**	**$78.00**
				$78.00	**$0.00**	**$78.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$296.03**	**$0.00**	**$296.03**
				$296.03	**$0.00**	**$296.03**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.72**	**$0.00**	**$453.72**
				$453.72	**$0.00**	**$453.72**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

S111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,180.06	$0.00	$4,180.06
Medical.....	.....			$1,171.34	$0.00	$1,171.34
				$5,351.40	$0.00	$5,351.40
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$675.92	$0.00	$675.92
Medical.....	.....			$5,884.26	$0.00	$5,884.26
				$6,560.18	$0.00	$6,560.18
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$830.83	$0.00	$830.83
Medical.....	.....			$1,520.85	$0.00	$1,520.85
				$2,351.68	$0.00	$2,351.68
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$612.50	$0.00	$612.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,476.83	$0.00	$3,476.83
				$4,089.33	$0.00	$4,089.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$25.00**	**$0.00**	**$25.00**
Indemnity				**$14,707.92**	**$0.00**	**$14,707.92**
Medical				**$24,688.50**	**$0.00**	**$24,688.50**
				$39,421.42	**$0.00**	**$39,421.42**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**-$70.56**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,067.64**	**$0.00**	**$3,067.64**
Medical				**$11,050.51**	**$0.00**	**$11,050.51**
				$14,118.15	**$0.00**	**$14,118.15**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,338.90**	**$0.00**	**$16,338.90**
Medical				**$28,809.26**	**$0.00**	**$28,809.26**
				$45,148.16	**$0.00**	**$45,148.16**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$496.02**	**$0.00**	**$496.02**
Medical				**$12,142.14**	**$0.00**	**$12,142.14**
				$12,638.16	**$0.00**	**$12,638.16**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,818.17**	**$0.00**	**$8,818.17**
Medical				**$19,532.60**	**$0.00**	**$19,532.60**
				$28,350.77	**$0.00**	**$28,350.77**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$2,166.86**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,224.43	$0.00	$8,224.43
Medical.....	.....			$6,055.49	$0.00	$6,055.49
				$14,279.92	$0.00	$14,279.92
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$27.78	$0.00	$27.78
Indemnity.....	.....			$8,246.96	$0.00	$8,246.96
Medical.....	.....			$55,381.82	$0.00	$55,381.82
				$63,656.56	$0.00	$63,656.56
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$33.55	$0.00	$33.55
Indemnity.....	.....			$2,247.83	$0.00	$2,247.83
Medical.....	.....			$12,939.84	$0.00	$12,939.84
				$15,221.22	$0.00	$15,221.22
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,093.20	$0.00	$1,093.20
Medical.....	.....			$20,247.42	$0.00	$20,247.42
				$21,340.62	$0.00	$21,340.62
# of Claims	25					
# Open	0	Recovery Amount:	-$519.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$747.28**	**$0.00**	**$747.28**
				$784.28	**$0.00**	**$784.28**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,220.75**	**$0.00**	**$1,220.75**
				$1,331.75	**$0.00**	**$1,331.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$314.50**	**$0.00**	**$314.50**
Indemnity				**$559.23**	**$0.00**	**$559.23**
Medical				**$6,689.49**	**$0.00**	**$6,689.49**
				$7,563.22	**$0.00**	**$7,563.22**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$1,868.61**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$4,230.40**	**$32.00**	**$4,262.40**
Indemnity				**$205,647.86**	**$0.00**	**$205,647.86**
Medical				**$337,084.57**	**$152,721.95**	**$489,806.52**
				$546,962.83	**$152,753.95**	**$699,716.78**
# of Claims	**25**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$222.00**	**$0.00**	**$222.00**
Indemnity				**$5,930.98**	**$0.00**	**$5,930.98**
Medical				**$44,096.57**	**$0.00**	**$44,096.57**
				$50,249.55	**$0.00**	**$50,249.55**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

S111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$3,515.77**	**$0.00**	**$3,515.77**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,216.71**	**$0.00**	**$6,216.71**
				$9,732.48	**$0.00**	**$9,732.48**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$6,557.92**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,942.08**	**$0.00**	**$6,942.08**
				$6,942.08	**$0.00**	**$6,942.08**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$1,479.27**	**$0.00**	**$1,479.27**
Medical				**$11,002.06**	**$0.00**	**$11,002.06**
				$12,529.33	**$0.00**	**$12,529.33**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$774.04**	**$64.00**	**$838.04**
Indemnity				**$12,161.00**	**$0.00**	**$12,161.00**
Medical				**$121,851.67**	**$20,387.05**	**$142,238.72**
				$134,786.71	**$20,451.05**	**$155,237.76**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**-$45,281.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

S111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$520.00**	**$0.00**	**$520.00**
				$528.00	**$0.00**	**$528.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$28.13**	**$0.00**	**$28.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,052.58**	**$0.00**	**$2,052.58**
				$2,080.71	**$0.00**	**$2,080.71**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$73.11**	**$0.00**	**$73.11**
Indemnity				**$2,727.18**	**$0.00**	**$2,727.18**
Medical				**$7,615.55**	**$0.00**	**$7,615.55**
				$10,415.84	**$0.00**	**$10,415.84**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.85**	**$0.00**	**$40.85**
				$40.85	**$0.00**	**$40.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$255.58**	**$0.00**	**$255.58**
Medical				**$65,642.52**	**$0.00**	**$65,642.52**
				$65,914.10	**$0.00**	**$65,914.10**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$1,534.64**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

S111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$68.86	$0.00	$68.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,045.50	$0.00	$4,045.50
				$4,114.36	$0.00	$4,114.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$799.89	$0.00	$799.89
Medical.....	.....			$1,785.59	$0.00	$1,785.59
				$2,593.48	$0.00	$2,593.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$5,755.72	$744.28	$6,500.00
Indemnity.....	.....			$106,206.12	$23,831.50	$130,037.62
Medical.....	.....			$19,882.67	$15,621.90	$35,504.57
				$131,844.51	$40,197.68	$172,042.19
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$507.89	$0.00	$507.89
				$515.89	$0.00	$515.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$27.98	$0.00	$27.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.98	$0.00	$27.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

111 - SUPREME COURT OF VIRGINIA

S111 - SUPREME COURT OF VIRGINIA

Grand Totals

Expense.....	**$15,963.84**	**$840.28**	**$16,804.12**
Indemnity.....	**$404,694.99**	**$23,831.50**	**$428,526.49**
Medical.....	**$840,845.19**	**$188,730.90**	**$1,029,576.09**
	$1,261,504.02	**$213,402.68**	**$1,474,906.70**

# of Claims	**376**		
# Open	**3**	**Recovery Amount:**	**-$57,999.15**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

112 - JUDICIAL INQUIRY REVIEW COMM.

S112 - JUDICIAL INQUIRY REVIEW COMM.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.00**	**$0.00**	**$36.00**
				$36.00	**$0.00**	**$36.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.00**	**$0.00**	**$36.00**
				$54.50	**$0.00**	**$54.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

113 - CIRCUIT COURTS

S113 - CIRCUIT COURTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$645.00**	**$0.00**	**$645.00**
Medical				**$6,286.02**	**$0.00**	**$6,286.02**
				$6,931.02	**$0.00**	**$6,931.02**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$645.00**	**$0.00**	**$645.00**
Medical				**$6,286.02**	**$0.00**	**$6,286.02**
				$6,931.02	**$0.00**	**$6,931.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

117 - VIRGINIA STATE BAR

S117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.00	$0.00	$85.00
				$85.00	$0.00	$85.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58.00	$0.00	$58.00
				$58.00	$0.00	$58.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

117 - VIRGINIA STATE BAR

S117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$198.89	$0.00	$198.89
Medical.....	.....			$829.92	$0.00	$829.92
				$1,028.81	$0.00	$1,028.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$11,746.48	$0.00	$11,746.48
Indemnity.....	.....			$145,038.06	$0.00	$145,038.06
Medical.....	.....			$568,273.30	$0.00	$568,273.30
				$725,057.84	$0.00	$725,057.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

117 - VIRGINIA STATE BAR

S117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,434.86	$0.00	$16,434.86
				$16,434.86	$0.00	$16,434.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

117 - VIRGINIA STATE BAR

S117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,927.64	$0.00	$2,927.64
				$2,927.64	$0.00	$2,927.64
# of Claims	1					
# Open	0	Recovery Amount:	-$1,932.24			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.20	$0.00	$211.20
				$211.20	$0.00	$211.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

117 - VIRGINIA STATE BAR

S117 - VIRGINIA STATE BAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$11,746.48**	**$0.00**	**$11,746.48**
Indemnity				**$145,236.95**	**$0.00**	**$145,236.95**
Medical				**$588,819.92**	**$0.00**	**$588,819.92**
				$745,803.35	**$0.00**	**$745,803.35**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**-$1,932.24**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

119 - OFFICE OF LIEUTENANT GOVERNOR

S119 - OFFICE OF LIEUTENANT GOVERNOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,518.36**	**$0.00**	**$7,518.36**
Medical				**$5,081.81**	**$0.00**	**$5,081.81**
				$12,600.17	**$0.00**	**$12,600.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.00**	**$0.00**	**$130.00**
				$130.00	**$0.00**	**$130.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,518.36**	**$0.00**	**$7,518.36**
Medical				**$5,211.81**	**$0.00**	**$5,211.81**
				$12,730.17	**$0.00**	**$12,730.17**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

121 - GOVERNOR'S OFFICE

S121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.88	$0.00	$303.88
				$303.88	$0.00	$303.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.43	$0.00	$74.43
				$74.43	$0.00	$74.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.00	$0.00	$52.00
				$52.00	$0.00	$52.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

121 - GOVERNOR'S OFFICE

S121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.00	$0.00	$268.00
				$268.00	$0.00	$268.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.60	$0.00	$193.60
				$193.60	$0.00	$193.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.00	$0.00	$117.00
				$117.00	$0.00	$117.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$620.45	$0.00	$620.45
				$620.45	$0.00	$620.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

121 - GOVERNOR'S OFFICE

S121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.50	$0.00	$254.50
				$254.50	$0.00	$254.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,587.73	$0.00	$1,587.73
				$1,587.73	$0.00	$1,587.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

121 - GOVERNOR'S OFFICE

S121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$15,771.44	$11,106.75	$26,878.19
Indemnity.....	.....			$6,455.82	$0.00	$6,455.82
Medical.....	.....			$441,959.76	$513,253.39	$955,213.15
				$464,187.02	$524,360.14	$988,547.16
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,944.35	$0.00	$3,944.35
				$3,944.35	$0.00	$3,944.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

121 - GOVERNOR'S OFFICE

S121 - GOVERNOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.92	$0.00	$253.92
				$253.92	$0.00	$253.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$63.70	$0.00	$63.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$4,200.00	$4,200.00
				$63.70	$4,200.00	$4,263.70
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$15,835.14	$11,106.75	$26,941.89
Indemnity.....	.....			$6,455.82	$0.00	$6,455.82
Medical.....	.....			$449,667.62	$517,453.39	$967,121.01
				$471,958.58	$528,560.14	$1,000,518.72
# of Claims	26					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37.58	$0.00	$37.58
				$37.58	$0.00	$37.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.15	$0.00	$79.15
				$79.15	$0.00	$79.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$87.00	$0.00	$87.00
				$87.00	$0.00	$87.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.00	$0.00	$189.00
				$189.00	$0.00	$189.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.00	$0.00	$100.00
				$100.00	$0.00	$100.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$190.82	$0.00	$190.82
				$190.82	$0.00	$190.82
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37.58	$0.00	$37.58
				$37.58	$0.00	$37.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$357.60	$0.00	$357.60
				$357.60	$0.00	$357.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$25.50	$0.00	$25.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,103.86	$0.00	$1,103.86
				$1,129.36	$0.00	$1,129.36
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.00	$0.00	$60.00
				$60.00	$0.00	$60.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.80	$0.00	$121.80
				$121.80	$0.00	$121.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$569.05	$0.00	$569.05
				$569.05	$0.00	$569.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$162.40	$0.00	$162.40
				$162.40	$0.00	$162.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.71	$0.00	$319.71
				$319.71	$0.00	$319.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$710.21	$0.00	$710.21
Medical.....	.....			$8,454.67	$0.00	$8,454.67
				$9,164.88	$0.00	$9,164.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$568.55	$0.00	$568.55
				$568.55	$0.00	$568.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

S122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,194.47	$0.00	$1,194.47
				$1,194.47	$0.00	$1,194.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25.50	$0.00	$25.50
Indemnity.....	.....			$710.21	$0.00	$710.21
Medical.....	.....			$13,688.24	$0.00	$13,688.24
				$14,423.95	$0.00	$14,423.95
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

122 - PLANNING & BUDGET, DEPARTMENT OF

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,479.57	$0.00	$2,479.57
Medical.....	.....			$5,721.38	$0.00	$5,721.38
				$8,200.95	$0.00	$8,200.95
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$345.80	$0.00	$345.80
Indemnity.....	.....			$1,154.42	$0.00	$1,154.42
Medical.....	.....			$2,136.76	$0.00	$2,136.76
				$3,636.98	$0.00	$3,636.98
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,304.30	$0.00	$2,304.30
Indemnity.....	.....			$279,789.33	$0.00	$279,789.33
Medical.....	.....			$51,129.90	$0.00	$51,129.90
				$333,223.53	$0.00	$333,223.53
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$625.00	$0.00	$625.00
Indemnity.....	.....			$6,685.00	$0.00	$6,685.00
Medical.....	.....			$3,553.37	$0.00	$3,553.37
				$10,863.37	$0.00	$10,863.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,574.01	$0.00	$17,574.01
Medical.....	.....			$2,816.31	$0.00	$2,816.31
				$20,390.32	$0.00	$20,390.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,746.86	$0.00	$2,746.86
Medical.....	.....			$1,662.94	$0.00	$1,662.94
				$4,409.80	$0.00	$4,409.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$42,825.81	$0.00	$42,825.81
Medical.....	.....			$66,156.25	$0.00	$66,156.25
				$108,982.06	$0.00	$108,982.06
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$117.00	$0.00	$117.00
Indemnity.....	.....			$662.83	$0.00	$662.83
Medical.....	.....			$17,025.57	$0.00	$17,025.57
				$17,805.40	$0.00	$17,805.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$593.04	$0.00	$593.04
Medical.....	.....			$5,143.74	$0.00	$5,143.74
				$5,736.78	$0.00	$5,736.78
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$754.29	$0.00	$754.29
Medical.....	.....			$10,079.31	$0.00	$10,079.31
				$10,833.60	$0.00	$10,833.60
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$62.00	$0.00	$62.00
Indemnity.....	.....			$392.95	$0.00	$392.95
Medical.....	.....			$2,846.69	$0.00	$2,846.69
				$3,301.64	$0.00	$3,301.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,166.93	$0.00	$12,166.93
				$12,166.93	$0.00	$12,166.93
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,550.86	$0.00	$9,550.86
Medical.....	.....			$32,469.03	$0.00	$32,469.03
				$42,019.89	$0.00	$42,019.89
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$932.00	$0.00	$932.00
Indemnity.....	.....			$84,475.45	$0.00	$84,475.45
Medical.....	.....			$178,068.42	$0.00	$178,068.42
				$263,475.87	$0.00	$263,475.87
# of Claims	32					
# Open	0	Recovery Amount:	-$4,504.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$36,064.81	$72.00	$36,136.81
Indemnity.....	.....			$2,566,888.21	$0.00	$2,566,888.21
Medical.....	.....			$256,080.90	$140,416.13	$396,497.03
				$2,859,033.92	$140,488.13	$2,999,522.05
# of Claims	51					
# Open	1	Recovery Amount:	-$418,004.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$829.30	$0.00	$829.30
Medical.....	.....			$27,950.61	$0.00	$27,950.61
				$28,779.91	$0.00	$28,779.91
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$49.50	$0.00	$49.50
Indemnity.....	.....			$11,007.49	$0.00	$11,007.49
Medical.....	.....			$26,934.03	$0.00	$26,934.03
				$37,991.02	$0.00	$37,991.02
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,315.63	$0.00	$1,315.63
Medical.....	.....			$48,305.20	$0.00	$48,305.20
				$49,620.83	$0.00	$49,620.83
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,736.53	$0.00	$8,736.53
Medical.....	.....			$18,203.29	$0.00	$18,203.29
				$26,939.82	$0.00	$26,939.82
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$5,958.50	$0.00	$5,958.50
Indemnity.....	.....			$319,830.39	$0.00	$319,830.39
Medical.....	.....			$512,910.31	$0.00	$512,910.31
				$838,699.20	$0.00	$838,699.20
# of Claims	40					
# Open	0	Recovery Amount:	-$46,639.53			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$97.94	$0.00	$97.94
Indemnity.....	.....			$21,261.42	$0.00	$21,261.42
Medical.....	.....			$92,430.69	$0.00	$92,430.69
				$113,790.05	$0.00	$113,790.05
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$269.10	$0.00	$269.10
Indemnity.....	.....			$9,183.02	$0.00	$9,183.02
Medical.....	.....			$118,414.53	$0.00	$118,414.53
				$127,866.65	$0.00	$127,866.65
# of Claims	40					
# Open	0	Recovery Amount:	-$762.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,248.60	$0.00	$5,248.60
Medical.....	.....			$138,055.68	$0.00	$138,055.68
				$143,304.28	$0.00	$143,304.28
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$122.00	$0.00	$122.00
Indemnity.....	.....			$684.40	$0.00	$684.40
Medical.....	.....			$48,828.67	$0.00	$48,828.67
				$49,635.07	$0.00	$49,635.07
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$15,312.66	$0.00	$15,312.66
Indemnity.....	.....			$399,105.11	$0.00	$399,105.11
Medical.....	.....			$248,417.49	$0.00	$248,417.49
				$662,835.26	$0.00	$662,835.26
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$209.80	$0.00	$209.80
Indemnity.....	.....			$8,524.72	$0.00	$8,524.72
Medical.....	.....			$29,313.41	$0.00	$29,313.41
				$38,047.93	$0.00	$38,047.93
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$546.85	$0.00	$546.85
Indemnity.....	.....			$48,004.64	$0.00	$48,004.64
Medical.....	.....			$167,802.63	$60,290.50	$228,093.13
				$216,354.12	$60,290.50	$276,644.62
# of Claims	35					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$46.25	$0.00	$46.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34,520.93	$0.00	$34,520.93
				$34,567.18	$0.00	$34,567.18
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$4,319.40	$0.00	$4,319.40
Indemnity.....	.....			$71,966.39	$0.00	$71,966.39
Medical.....	.....			$274,658.02	$0.00	$274,658.02
				$350,943.81	$0.00	$350,943.81
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8,888.10	$0.00	$8,888.10
Indemnity.....	.....			$12,248.80	$0.00	$12,248.80
Medical.....	.....			$84,112.46	$0.00	$84,112.46
				$105,249.36	$0.00	$105,249.36
# of Claims	48					
# Open	0	Recovery Amount:	-$824.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$165.79	$0.00	$165.79
Indemnity.....	.....			$13,021.90	$0.00	$13,021.90
Medical.....	.....			$63,979.84	$0.00	$63,979.84
				$77,167.53	$0.00	$77,167.53
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$20,411.42	$4,332.74	$24,744.16
Indemnity.....	.....			$173,851.38	$65,864.81	$239,716.19
Medical.....	.....			$67,412.18	$30,895.34	$98,307.52
				$261,674.98	$101,092.89	$362,767.87
# of Claims	387					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$920.14	$0.00	$920.14
Indemnity.....	.....			$18,058.83	$0.00	$18,058.83
Medical.....	.....			$68,241.03	$0.00	$68,241.03
				$87,220.00	$0.00	$87,220.00
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$1,178.93	$3,193.15	$4,372.08
Indemnity.....	.....			$82,247.19	$35,388.27	$117,635.46
Medical.....	.....			$230,220.18	$28,673.30	$258,893.48
				$313,646.30	$67,254.72	$380,901.02
# of Claims	749					
# Open	3	Recovery Amount:	-$92.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$265.13	$0.00	$265.13
Indemnity.....	.....			$10,443.11	$0.00	$10,443.11
Medical.....	.....			$16,296.57	$0.00	$16,296.57
				$27,004.81	$0.00	$27,004.81
# of Claims	65					
# Open	1	Recovery Amount:	-$6,016.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$226.85	$3,933.50	$4,160.35
Indemnity.....	.....			$3,416.51	$6,000.00	$9,416.51
Medical.....	.....			$11,856.46	$13,050.00	$24,906.46
				$15,499.82	$22,983.50	$38,483.32
# of Claims	459					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

123 - MILITARY AFFAIRS, DEPARTMENT OF

S123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$546.54**	**$702.36**	**$1,248.90**
Indemnity				**$3,547.50**	**$13,297.50**	**$16,845.00**
Medical				**$9,320.38**	**$28,923.06**	**$38,243.44**
				$13,414.42	**$42,922.92**	**$56,337.34**
# of Claims	**59**					
# Open	**6**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$99,985.81**	**$12,233.75**	**$112,219.56**
Indemnity				**$4,239,105.49**	**$120,550.58**	**$4,359,656.07**
Medical				**$2,985,242.09**	**$302,248.33**	**$3,287,490.42**
				$7,324,333.39	**$435,032.66**	**$7,759,366.05**
# of Claims	**2,592**					
# Open	**15**	**Recovery Amount:**	**-$476,844.24**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

911 - SPECIAL CONTRACT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,358.59	$0.00	$1,358.59
Medical.....	.....			$3,706.98	$0.00	$3,706.98
				$5,449.07	$0.00	$5,449.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19.56	$0.00	$19.56
				$19.56	$0.00	$19.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,443.20	$0.00	$13,443.20
Medical.....	.....			$14,878.35	$0.00	$14,878.35
				$28,321.55	$0.00	$28,321.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

127 - EMERGENCY MANAGEMENT, DEPT OF

911 - SPECIAL CONTRACT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,235.93	$0.00	$2,235.93
				$2,235.93	$0.00	$2,235.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,002.83	$0.00	$14,002.83
				$14,002.83	$0.00	$14,002.83
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$14,801.79	$0.00	$14,801.79
Medical.....	.....			$34,843.65	$0.00	$34,843.65
				$50,028.94	$0.00	$50,028.94
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$571.18**	**$0.00**	**$571.18**
				$571.18	**$0.00**	**$571.18**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$157.75**	**$0.00**	**$157.75**
		$157.75	**$0.00**	**$157.75**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$297.88**	**$0.00**	**$297.88**
		$297.88	**$0.00**	**$297.88**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$2,892.28**	**$0.00**	**$2,892.28**
Medical		**$3,535.00**	**$0.00**	**$3,535.00**
		$6,810.78	**$0.00**	**$6,810.78**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,667.59**	**$0.00**	**$1,667.59**
Medical		**$23,261.51**	**$0.00**	**$23,261.51**
		$24,929.10	**$0.00**	**$24,929.10**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,285.47	$0.00	$4,285.47
Medical.....	.....			$8,511.85	$0.00	$8,511.85
				$12,797.32	$0.00	$12,797.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,896.94	$0.00	$28,896.94
Medical.....	.....			$23,642.40	$0.00	$23,642.40
				$52,539.34	$0.00	$52,539.34
# of Claims	4					
# Open	0	Recovery Amount:	-$29.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,379.25	$0.00	$4,379.25
				$4,379.25	$0.00	$4,379.25
# of Claims	12					
# Open	0	Recovery Amount:	-$308.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.42	$0.00	$86.42
				$86.42	$0.00	$86.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,154.29	$0.00	$6,154.29
				$6,154.29	$0.00	$6,154.29
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$4.00	$0.00	$4.00
Indemnity.....	.....			$1,268.33	$0.00	$1,268.33
Medical.....	.....			$1,073.23	$0.00	$1,073.23
				$2,345.56	$0.00	$2,345.56
# of Claims	4					
# Open	0	Recovery Amount:	-$464.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$454.51	$0.00	$454.51
				$454.51	$0.00	$454.51
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$113.70	$0.00	$113.70
Medical.....	.....			$582.70	$0.00	$582.70
				$696.40	$0.00	$696.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,552.32	$0.00	$2,552.32
				$2,552.32	$0.00	$2,552.32
# of Claims	5					
# Open	0	Recovery Amount:	-$2,552.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,336.01	$0.00	$1,336.01
				$1,336.01	$0.00	$1,336.01
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,635.07	$0.00	$1,635.07
				$1,635.07	$0.00	$1,635.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,794.82	$0.00	$3,794.82
				$3,831.82	$0.00	$3,831.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$747.22	$0.00	$747.22
Indemnity.....	.....			$1,595.97	$0.00	$1,595.97
Medical.....	.....			$24,199.03	$0.00	$24,199.03
				$26,542.22	$0.00	$26,542.22
# of Claims	5					
# Open	0	Recovery Amount:	-$233.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.48	$0.00	$156.48
				$156.48	$0.00	$156.48
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,036.50	$0.00	$1,036.50
				$1,068.50	$0.00	$1,068.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$42.00	$0.00	$42.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$744.50	$0.00	$744.50
Indemnity.....	.....			$424.82	$0.00	$424.82
Medical.....	.....			$25,253.59	$0.00	$25,253.59
				$26,422.91	$0.00	$26,422.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310,762.84	$202,451.63	$513,214.47
				$310,794.84	$202,451.63	$513,246.47
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,439.03	$0.00	$4,439.03
				$4,439.03	$0.00	$4,439.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$70.09	$0.00	$70.09
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,098.15	$0.00	$11,098.15
				$11,168.24	$0.00	$11,168.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$57.95	$0.00	$57.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,025.25	$0.00	$9,025.25
				$9,083.20	$0.00	$9,083.20
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$10.68	$0.00	$10.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,614.61	$0.00	$2,614.61
				$2,625.29	$0.00	$2,625.29
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

S127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$78.40	$0.00	$78.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,877.49	$0.00	$7,877.49
				$7,955.89	$0.00	$7,955.89
# of Claims	10					
# Open	0	Recovery Amount:	-$4,089.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.18	$0.00	$304.18
				$304.18	$0.00	$304.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,564.68	$0.00	$2,564.68
				$2,564.68	$0.00	$2,564.68
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$23.71	$2,676.29	$2,700.00
Indemnity.....	.....			$0.00	$47,144.50	$47,144.50
Medical.....	.....			$8,197.10	$66,866.58	$75,063.68
				$8,220.81	$116,687.37	$124,908.18
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,263.05	$2,676.29	$4,939.34
Indemnity.....	.....			$41,145.10	$47,144.50	$88,289.60
Medical.....	.....			$489,555.12	$269,318.21	$758,873.33
				$532,963.27	$319,139.00	$852,102.27
# of Claims	161					
# Open	2	Recovery Amount:	-$7,676.45			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

127 - EMERGENCY MANAGEMENT, DEPT OF

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$762.50	$0.00	$762.50
				$762.50	$0.00	$762.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.00	$0.00	$52.00
				$52.00	$0.00	$52.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,041.33	$0.00	$1,041.33
				$1,041.33	$0.00	$1,041.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,611.30	$0.00	$6,611.30
Medical.....	.....			$9,041.49	$0.00	$9,041.49
				$15,652.79	$0.00	$15,652.79
# of Claims	5					
# Open	0	Recovery Amount:	-$10,138.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$372.72	$0.00	$372.72
				$372.72	$0.00	$372.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$13.55	$0.00	$13.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.50	$0.00	$118.50
				$132.05	$0.00	$132.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.00	$0.00	$226.00
				$226.00	$0.00	$226.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,473.12	$0.00	$6,473.12
Medical.....	.....			$14,341.14	$0.00	$14,341.14
				$20,814.26	$0.00	$20,814.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,662.91	$0.00	$28,662.91
Medical.....	.....			$39,320.04	$0.00	$39,320.04
				$67,982.95	$0.00	$67,982.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.17	$0.00	$78.17
				$115.17	$0.00	$115.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,879.48	$0.00	$18,879.48
Medical.....	.....			$8,602.24	$0.00	$8,602.24
				$27,481.72	$0.00	$27,481.72
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.38	$0.00	$270.38
				$270.38	$0.00	$270.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,517.55	$0.00	$2,517.55
				$2,517.55	$0.00	$2,517.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,437.56	$0.00	$17,437.56
Medical.....	.....			$76,333.39	$0.00	$76,333.39
				$93,770.95	$0.00	$93,770.95
# of Claims	5					
# Open	0	Recovery Amount:	-$63,483.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.03	$0.00	$257.03
				$257.03	$0.00	$257.03
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.10	$0.00	$192.10
				$192.10	$0.00	$192.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,909.90	$0.00	$1,909.90
				$1,909.90	$0.00	$1,909.90
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

129 - Human Resource Management, Dept of

S129 - Human Resource Mgmt, Dept of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$130.05**	**$0.00**	**$130.05**
Indemnity				**$19,363.72**	**$0.00**	**$19,363.72**
Medical				**$41,990.05**	**$0.00**	**$41,990.05**
				$61,483.82	**$0.00**	**$61,483.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$25,000.00**			

Grand Totals						
Expense				**$180.60**	**$0.00**	**$180.60**
Indemnity				**$97,428.09**	**$0.00**	**$97,428.09**
Medical				**$197,476.53**	**$0.00**	**$197,476.53**
				$295,085.22	**$0.00**	**$295,085.22**
# of Claims	**94**					
# Open	**0**	**Recovery Amount:**	**-$98,622.10**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

130 - ECONOMIC DEVELOPMENT, DEPT OF

4 - TOURISM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$863.86	$0.00	$863.86
				$863.86	$0.00	$863.86
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.57	$0.00	$178.57
				$178.57	$0.00	$178.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,411.48	$0.00	$2,411.48
				$2,411.48	$0.00	$2,411.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,453.91	$0.00	$3,453.91
				$3,453.91	$0.00	$3,453.91
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

5 - INDUSTRIAL DEVELOPMENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

130 - ECONOMIC DEVELOPMENT, DEPT OF

5 - INDUSTRIAL DEVELOPMENT

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$65.60**	**$0.00**	**$65.60**
Medical				**$216.33**	**$0.00**	**$216.33**
				$281.93	**$0.00**	**$281.93**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$192.50**	**$0.00**	**$192.50**
				$192.50	**$0.00**	**$192.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$65.60**	**$0.00**	**$65.60**
Medical				**$408.83**	**$0.00**	**$408.83**
				$474.43	**$0.00**	**$474.43**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

S130 - ECONOMIC DEVELOPMENT, DEPT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

130 - ECONOMIC DEVELOPMENT, DEPT OF

S130 - ECONOMIC DEVELOPMENT, DEPT OF

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$328.72**	**$0.00**	**$328.72**
Medical				**$1,792.73**	**$0.00**	**$1,792.73**
				$2,121.45	**$0.00**	**$2,121.45**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$49.15**	**$0.00**	**$49.15**
Medical		**$9,877.08**	**$0.00**	**$9,877.08**
		$9,926.23	**$0.00**	**$9,926.23**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**-$6,340.44**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$18,880.28**	**$0.00**	**$18,880.28**
Medical		**$22,168.20**	**$0.00**	**$22,168.20**
		$41,048.48	**$0.00**	**$41,048.48**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$255.73**	**$0.00**	**$255.73**
		$255.73	**$0.00**	**$255.73**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

130 - ECONOMIC DEVELOPMENT, DEPT OF

S130 - ECONOMIC DEVELOPMENT, DEPT OF

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$19,258.15**	**$0.00**	**$19,258.15**
Medical.....	**$34,093.74**	**$0.00**	**$34,093.74**
	$53,351.89	**$0.00**	**$53,351.89**

# of Claims **16**

 # Open **0** **Recovery Amount:** **-$6,340.44**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

131 - VETERAN'S AFFAIRS, DEPARTMENT OF

S131 - VETERAN'S AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.60	$0.00	$200.60
				$200.60	$0.00	$200.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

131 - VETERAN'S AFFAIRS, DEPARTMENT OF

S131 - VETERAN'S AFFAIRS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.32	$0.00	$141.32
				$141.32	$0.00	$141.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$379.92	$0.00	$379.92
				$379.92	$0.00	$379.92
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

132 - STATE BOARD OF ELECTIONS

S132 - STATE BOARD OF ELECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$669.15	$0.00	$669.15
				$669.15	$0.00	$669.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$131.04	$0.00	$131.04
Medical.....	.....			$447.45	$0.00	$447.45
				$578.49	$0.00	$578.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.25	$0.00	$211.25
				$211.25	$0.00	$211.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

132 - STATE BOARD OF ELECTIONS

S132 - STATE BOARD OF ELECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$810.97	$0.00	$810.97
				$810.97	$0.00	$810.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

132 - STATE BOARD OF ELECTIONS

S132 - STATE BOARD OF ELECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,432.27	$0.00	$1,432.27
				$1,450.77	$0.00	$1,450.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,111.30	$0.00	$1,111.30
				$1,111.30	$0.00	$1,111.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

132 - STATE BOARD OF ELECTIONS

S132 - STATE BOARD OF ELECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.00	$0.00	$28.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$97.87	$0.00	$97.87
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$97.87	$0.00	$97.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$115.31	$0.00	$115.31
Indemnity.....	.....			$9,919.42	$0.00	$9,919.42
Medical.....	.....			$79,426.96	$0.00	$79,426.96
				$89,461.69	$0.00	$89,461.69
# of Claims	2					
# Open	0	Recovery Amount:	-$59,801.78			

Grand Totals						
Expense.....	.....			$259.68	$0.00	$259.68
Indemnity.....	.....			$10,050.46	$0.00	$10,050.46
Medical.....	.....			$84,219.35	$0.00	$84,219.35
				$94,529.49	$0.00	$94,529.49
# of Claims	29					
# Open	0	Recovery Amount:	-$59,801.78			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$834.26	$0.00	$834.26
Medical.....	.....			$2,069.65	$0.00	$2,069.65
				$2,903.91	$0.00	$2,903.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.00	$0.00	$195.00
				$195.00	$0.00	$195.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,009.04	$0.00	$1,009.04
				$1,009.04	$0.00	$1,009.04
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,932.59	$0.00	$1,932.59
				$1,932.59	$0.00	$1,932.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,218.62	$0.00	$18,218.62
Medical.....	.....			$4,057.50	$0.00	$4,057.50
				$22,276.12	$0.00	$22,276.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,962.34	$0.00	$1,962.34
				$1,962.34	$0.00	$1,962.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$591.84	$0.00	$591.84
Medical.....	.....			$960.28	$0.00	$960.28
				$1,552.12	$0.00	$1,552.12
# of Claims	5					
# Open	0	Recovery Amount:	-$1,552.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.64	$0.00	$135.64
				$135.64	$0.00	$135.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35.52	$0.00	$35.52
Medical.....	.....			$279.93	$0.00	$279.93
				$315.45	$0.00	$315.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.00	$0.00	$224.00
				$224.00	$0.00	$224.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$657.04	$0.00	$657.04
Medical.....	.....			$3,984.15	$0.00	$3,984.15
				$4,641.19	$0.00	$4,641.19
# of Claims	2					
# Open	0	Recovery Amount:	-$2,350.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,897.40	$0.00	$12,897.40
Medical.....	.....			$3,542.72	$0.00	$3,542.72
				$16,440.12	$0.00	$16,440.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,842.37	$0.00	$6,842.37
				$7,192.37	$0.00	$7,192.37
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.60	$0.00	$153.60
				$153.60	$0.00	$153.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,899.15	$0.00	$2,899.15
				$2,899.15	$0.00	$2,899.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$523.65	$0.00	$523.65
				$523.65	$0.00	$523.65
# of Claims	1					
# Open	0	Recovery Amount:	-$156.24			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

133 - AUDITOR OF PUBLIC ACCOUNTS

S133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$209.64	$0.00	$209.64
				$209.64	$0.00	$209.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,651.46	$0.00	$5,651.46
Medical.....	.....			$13,019.76	$0.00	$13,019.76
				$18,671.22	$0.00	$18,671.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$35.40	$0.00	$35.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$35.40	$0.00	$35.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$55.00	$0.00	$55.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,236.51	$0.00	$2,236.51
				$2,291.51	$0.00	$2,291.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$440.40	$0.00	$440.40
Indemnity.....	.....			$38,886.14	$0.00	$38,886.14
Medical.....	.....			$46,237.52	$0.00	$46,237.52
				$85,564.06	$0.00	$85,564.06
# of Claims	63					
# Open	0	Recovery Amount:	-$4,058.51			

133 - AUDITOR OF PUBLIC ACCOUNTS

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

136 - VA Information Technologies Agency

S136 - VA Information Technologies Agncy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.50	$0.00	$303.50
				$303.50	$0.00	$303.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$788.66	$0.00	$788.66
Medical.....	.....			$8,937.60	$0.00	$8,937.60
				$9,726.26	$0.00	$9,726.26
# of Claims	19					
# Open	0	Recovery Amount:	-$230.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,961.02	$0.00	$4,961.02
Medical.....	.....			$34,156.72	$0.00	$34,156.72
				$39,117.74	$0.00	$39,117.74
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$57.95	$0.00	$57.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,675.89	$0.00	$6,675.89
				$6,733.84	$0.00	$6,733.84
# of Claims	4					
# Open	0	Recovery Amount:	-$6,508.24			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

136 - VA Information Technologies Agency

S136 - VA Information Technologies Agncy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$19.00	$0.00	$19.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$19.00	$0.00	$19.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$372.06	$0.00	$372.06
				$372.06	$0.00	$372.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.83	$0.00	$129.83
				$129.83	$0.00	$129.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

136 - VA Information Technologies Agency

S136 - VA Information Technologies Agncy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.25	$0.00	$83.25
				$83.25	$0.00	$83.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$25.42	$0.00	$25.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$25.42	$0.00	$25.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$35.00	$0.00	$35.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.47	$0.00	$11.47
				$46.47	$0.00	$46.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.31	$0.00	$22.31
				$22.31	$0.00	$22.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

136 - VA Information Technologies Agency

S136 - VA Information Technologies Agncy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.62	$0.00	$148.62
				$148.62	$0.00	$148.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,391.14	$0.00	$1,391.14
Medical.....	.....			$64,764.20	$0.00	$64,764.20
				$66,171.34	$0.00	$66,171.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.09	$0.00	$174.09
				$174.09	$0.00	$174.09
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$153.37	$0.00	$153.37
Indemnity.....	.....			$7,140.82	$0.00	$7,140.82
Medical.....	.....			$115,779.54	$0.00	$115,779.54
				$123,073.73	$0.00	$123,073.73
# of Claims	64					
# Open	0	Recovery Amount:	-$6,739.18			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

2 - DIVISION OF COMPUTER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109,569.28	$0.00	$109,569.28
Medical.....	.....			$14,916.29	$0.00	$14,916.29
				$124,485.57	$0.00	$124,485.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,992.65	$0.00	$1,992.65
				$1,992.65	$0.00	$1,992.65
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$105.91	$0.00	$105.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,325.48	$0.00	$2,325.48
				$2,431.39	$0.00	$2,431.39
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$274.09	$0.00	$274.09
Medical.....	.....			$4,269.48	$0.00	$4,269.48
				$4,543.57	$0.00	$4,543.57
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

2 - DIVISION OF COMPUTER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$294.32	$0.00	$294.32
				$294.32	$0.00	$294.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$105.91	$0.00	$105.91
Indemnity.....	.....			$109,843.37	$0.00	$109,843.37
Medical.....	.....			$23,798.22	$0.00	$23,798.22
				$133,747.50	$0.00	$133,747.50
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

3 - DIVISION OF TELECOMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.83	$0.00	$18.83
				$18.83	$0.00	$18.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.83	$0.00	$18.83
				$18.83	$0.00	$18.83

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

3 - DIVISION OF TELECOMMUNICATION

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

S138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$1,145.67	$0.00	$1,145.67
Medical.....	.....		$4,210.32	$0.00	$4,210.32
			$5,355.99	$0.00	$5,355.99
# of Claims	14				
# Open	0	Recovery Amount: -$2,068.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$572.65	$0.00	$572.65
Medical.....	.....		$1,714.65	$0.00	$1,714.65
			$2,287.30	$0.00	$2,287.30
# of Claims	25				
# Open	0	Recovery Amount: -$251.74			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$87.60	$0.00	$87.60
Medical.....	.....		$1,394.15	$0.00	$1,394.15
			$1,481.75	$0.00	$1,481.75
# of Claims	14				
# Open	0	Recovery Amount: $0.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$353.45	$0.00	$353.45
			$353.45	$0.00	$353.45
# of Claims	6				
# Open	0	Recovery Amount: $0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

S138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$807.34	$0.00	$807.34
Medical.....	.....			$2,184.93	$0.00	$2,184.93
				$2,992.27	$0.00	$2,992.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$358.29	$0.00	$358.29
Medical.....	.....			$4,566.06	$0.00	$4,566.06
				$4,924.35	$0.00	$4,924.35
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,335.21	$0.00	$7,335.21
Medical.....	.....			$8,892.11	$0.00	$8,892.11
				$16,227.32	$0.00	$16,227.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$38.50	$0.00	$38.50
Indemnity.....	.....			$7,283.45	$0.00	$7,283.45
Medical.....	.....			$5,035.69	$0.00	$5,035.69
				$12,357.64	$0.00	$12,357.64
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

S138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$162,811.11	$0.00	$162,811.11
Medical.....	.....			$30,627.26	$0.00	$30,627.26
				$193,438.37	$0.00	$193,438.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$69.75	$0.00	$69.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,131.45	$0.00	$1,131.45
				$1,201.20	$0.00	$1,201.20
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,206.40	$0.00	$29,206.40
Medical.....	.....			$19,296.72	$0.00	$19,296.72
				$48,503.12	$0.00	$48,503.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

138 - DEPT. OF INFORMATION TECHNOLOGY

S138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$25.01**	**$0.00**	**$25.01**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,782.28**	**$0.00**	**$2,782.28**
				$2,807.29	**$0.00**	**$2,807.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$362.00**	**$0.00**	**$362.00**
				$362.00	**$0.00**	**$362.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$133.26**	**$0.00**	**$133.26**
Indemnity				**$209,607.72**	**$0.00**	**$209,607.72**
Medical				**$82,551.07**	**$0.00**	**$82,551.07**
				$292,292.05	**$0.00**	**$292,292.05**
# of Claims	**115**					
# Open	**0**	**Recovery Amount:**	**-$2,319.74**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.00	$0.00	$466.00
				$466.00	$0.00	$466.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$781.00	$0.00	$781.00
				$781.00	$0.00	$781.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$211,222.88	$0.00	$211,222.88
Medical.....	.....			$10,689.53	$0.00	$10,689.53
				$221,912.41	$0.00	$221,912.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,537.50	$0.00	$3,537.50
				$3,537.50	$0.00	$3,537.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$765.34	$0.00	$765.34
				$765.34	$0.00	$765.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,566.19	$0.00	$1,566.19
				$1,566.19	$0.00	$1,566.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$740.28	$0.00	$740.28
Medical.....	.....			$1,125.50	$0.00	$1,125.50
				$1,865.78	$0.00	$1,865.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$264.21	$0.00	$264.21
				$264.21	$0.00	$264.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,735.61	$0.00	$1,735.61
				$1,735.61	$0.00	$1,735.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,057.57	$0.00	$1,057.57
				$1,057.57	$0.00	$1,057.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,491.40	$0.00	$1,491.40
Medical.....	.....			$5,219.23	$0.00	$5,219.23
				$6,710.63	$0.00	$6,710.63
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$10,833.50	$0.00	$10,833.50
Indemnity.....	.....			$68,035.86	$0.00	$68,035.86
Medical.....	.....			$69,732.94	$0.00	$69,732.94
				$148,602.30	$0.00	$148,602.30
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,129.18	$0.00	$8,129.18
Medical.....	.....			$35,532.41	$0.00	$35,532.41
				$43,661.59	$0.00	$43,661.59
# of Claims	24					
# Open	0	Recovery Amount:	-$6,335.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$70,002.87	$0.00	$70,002.87
Medical.....	.....			$26,469.37	$0.00	$26,469.37
				$96,472.24	$0.00	$96,472.24
# of Claims	17					
# Open	0	Recovery Amount:	-$1,069.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,693.70	$0.00	$3,693.70
				$3,693.70	$0.00	$3,693.70
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.24	$0.00	$466.24
				$466.24	$0.00	$466.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,702.18	$0.00	$3,702.18
				$3,831.68	$0.00	$3,831.68
# of Claims	8					
# Open	0	Recovery Amount:	-$2,842.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$166.50	$0.00	$166.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.08	$0.00	$172.08
				$338.58	$0.00	$338.58
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,940.09	$0.00	$4,940.09
				$5,032.59	$0.00	$5,032.59
# of Claims	7					
# Open	0	Recovery Amount:	-$3,111.36			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$278.65	$0.00	$278.65
				$371.15	$0.00	$371.15
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$552.09	$0.00	$552.09
				$552.09	$0.00	$552.09
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.45	$0.00	$150.45
				$150.45	$0.00	$150.45
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,740.39	$0.00	$1,740.39
Medical.....	.....			$19,282.69	$0.00	$19,282.69
				$21,023.08	$0.00	$21,023.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.34	$0.00	$348.34
				$348.34	$0.00	$348.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,355.40	$0.00	$1,355.40
				$1,355.40	$0.00	$1,355.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$10.68	$0.00	$10.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.68	$0.00	$10.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$54.00	$0.00	$54.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.28	$0.00	$260.28
				$314.28	$0.00	$314.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,743.85	$0.00	$7,743.85
Medical.....	.....			$32,899.46	$0.00	$32,899.46
				$40,651.31	$0.00	$40,651.31
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

140 - CRIMINAL JUSTICE SERVICES

S140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$355.80**	**$0.00**	**$355.80**
				$355.80	**$0.00**	**$355.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,407.18**	**$0.00**	**$11,407.18**
Indemnity				**$369,106.71**	**$0.00**	**$369,106.71**
Medical				**$227,399.85**	**$0.00**	**$227,399.85**
				$607,913.74	**$0.00**	**$607,913.74**
# of Claims	**189**					
# Open	**0**	**Recovery Amount:**	**-$13,359.68**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$707.87	$0.00	$707.87
				$707.87	$0.00	$707.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.49	$0.00	$153.49
				$153.49	$0.00	$153.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$403.50	$0.00	$403.50
				$403.50	$0.00	$403.50
# of Claims	8					
# Open	0	Recovery Amount:	-$188.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.87	$0.00	$547.87
				$547.87	$0.00	$547.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.02	$0.00	$213.02
				$213.02	$0.00	$213.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$885.70	$0.00	$885.70
				$885.70	$0.00	$885.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,543.13	$0.00	$7,543.13
Medical.....	.....			$5,437.27	$0.00	$5,437.27
				$12,980.40	$0.00	$12,980.40
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,020.07	$0.00	$1,020.07
				$1,020.07	$0.00	$1,020.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,457.84	$0.00	$1,457.84
Medical.....	.....			$7,291.22	$0.00	$7,291.22
				$8,749.06	$0.00	$8,749.06
# of Claims	11					
# Open	0	Recovery Amount:	-$2,854.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,597.63	$0.00	$3,597.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.00	$0.00	$116.00
				$3,713.63	$0.00	$3,713.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.59	$0.00	$104.59
				$104.59	$0.00	$104.59
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$450.42	$0.00	$450.42
Medical.....	.....			$733.27	$0.00	$733.27
				$1,183.69	$0.00	$1,183.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.80	$0.00	$216.80
				$216.80	$0.00	$216.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.90	$0.00	$117.90
				$117.90	$0.00	$117.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,996.57	$0.00	$1,996.57
				$1,996.57	$0.00	$1,996.57
# of Claims	5					
# Open	0	Recovery Amount:	-$290.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,837.76	$0.00	$2,837.76
				$2,837.76	$0.00	$2,837.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,059.00	$0.00	$4,059.00
				$4,059.00	$0.00	$4,059.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,496.95	$0.00	$2,496.95
				$2,496.95	$0.00	$2,496.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.60	$0.00	$83.60
				$83.60	$0.00	$83.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,103.87	$0.00	$1,103.87
				$1,103.87	$0.00	$1,103.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,713.03	$0.00	$29,713.03
Medical.....	.....			$61,852.26	$0.00	$61,852.26
				$91,565.29	$0.00	$91,565.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.24	$0.00	$214.24
				$242.24	$0.00	$242.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,479.00	$0.00	$3,479.00
Indemnity.....	.....			$1,895.00	$0.00	$1,895.00
Medical.....	.....			$208.12	$0.00	$208.12
				$5,582.12	$0.00	$5,582.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$48.57	$0.00	$48.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,584.51	$0.00	$7,584.51
				$7,633.08	$0.00	$7,633.08
# of Claims	7					
# Open	0	Recovery Amount:	-$939.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$227.72	$0.00	$227.72
				$235.72	$0.00	$235.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$31.18	$0.00	$31.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$942.09	$0.00	$942.09
				$973.27	$0.00	$973.27
# of Claims	7					
# Open	0	Recovery Amount:	-$592.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$60.93	$0.00	$60.93
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,799.80	$0.00	$3,799.80
				$3,860.73	$0.00	$3,860.73
# of Claims	4					
# Open	0	Recovery Amount:	-$3,203.01			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

141 - ATTORNEY GENERAL'S OFFICE

S141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$5,665.87**	**$0.00**	**$5,665.87**
Indemnity				**$14,659.33**	**$0.00**	**$14,659.33**
Medical				**$190.21**	**$0.00**	**$190.21**
				$20,515.41	**$0.00**	**$20,515.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10.70**	**$0.00**	**$10.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,249.71**	**$0.00**	**$1,249.71**
				$1,260.41	**$0.00**	**$1,260.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$12,937.88**	**$0.00**	**$12,937.88**
Indemnity				**$55,718.75**	**$0.00**	**$55,718.75**
Medical				**$106,794.98**	**$0.00**	**$106,794.98**
				$175,451.61	**$0.00**	**$175,451.61**
# of Claims	**165**					
# Open	**0**	**Recovery Amount:**	**-$8,068.31**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

142 - VA STATE CRIME COMMISSION

S142 - VA STATE CRIME COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$30.65**	**$0.00**	**$30.65**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$30.65	**$0.00**	**$30.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$30.65**	**$0.00**	**$30.65**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$95.65	**$0.00**	**$95.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

144 - VETERANS CLAIMS, DIVISION OF

S144 - VETERANS CLAIMS, DIVISION OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.05	$0.00	$182.05
				$182.05	$0.00	$182.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.05	$0.00	$247.05
				$247.05	$0.00	$247.05
# of Claims	5					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

144 - VETERANS CLAIMS, DIVISION OF

S144 - VETERANS CLAIMS, DIVISION OF

# Open	**0**	**Recovery Amount:**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,089.63	$0.00	$1,089.63
				$1,089.63	$0.00	$1,089.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$75.96	$0.00	$75.96
Medical.....	.....			$1,469.05	$0.00	$1,469.05
				$1,545.01	$0.00	$1,545.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.98	$0.00	$464.98
Medical.....	.....			$925.09	$0.00	$925.09
				$1,390.07	$0.00	$1,390.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$411.36	$0.00	$411.36
Medical.....	.....			$5,150.39	$0.00	$5,150.39
				$5,561.75	$0.00	$5,561.75
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$308.99	$0.00	$308.99
Medical.....	.....			$4,248.41	$0.00	$4,248.41
				$4,557.40	$0.00	$4,557.40
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.20	$0.00	$853.20
				$853.20	$0.00	$853.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$526.67	$0.00	$526.67
				$526.67	$0.00	$526.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,207.12	$0.00	$1,207.12
				$1,207.12	$0.00	$1,207.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,333.58	$0.00	$2,333.58
				$2,333.58	$0.00	$2,333.58
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,613.01	$0.00	$1,613.01
				$1,613.01	$0.00	$1,613.01
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$397.18	$0.00	$397.18
				$397.18	$0.00	$397.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$73.29	$0.00	$73.29
Medical.....	.....			$593.72	$0.00	$593.72
				$667.01	$0.00	$667.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,048.30	$0.00	$1,048.30
				$1,048.30	$0.00	$1,048.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,157.68	$0.00	$9,157.68
Medical.....	.....			$42,845.95	$0.00	$42,845.95
				$52,003.63	$0.00	$52,003.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,784.10	$0.00	$1,784.10
				$1,784.10	$0.00	$1,784.10
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,274.44	$0.00	$7,274.44
Medical.....	.....			$21,261.78	$0.00	$21,261.78
				$28,536.22	$0.00	$28,536.22
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,052.49	$0.00	$1,052.49
				$1,070.99	$0.00	$1,070.99
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45.18	$0.00	$45.18
Medical.....	.....			$4,499.70	$0.00	$4,499.70
				$4,544.88	$0.00	$4,544.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,812.79	$0.00	$11,812.79
Medical.....	.....			$30,452.48	$0.00	$30,452.48
				$42,265.27	$0.00	$42,265.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$692.35	$0.00	$692.35
				$692.35	$0.00	$692.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,417.83	$0.00	$7,417.83
				$7,417.83	$0.00	$7,417.83
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,047.05	$0.00	$6,047.05
Medical.....	.....			$54,444.09	$0.00	$54,444.09
				$60,499.14	$0.00	$60,499.14
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,078.40	$0.00	$2,078.40
				$2,102.40	$0.00	$2,102.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,715.21	$0.00	$4,715.21
				$4,781.21	$0.00	$4,781.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,922.10	$0.00	$4,922.10
Medical.....	.....			$64,219.70	$0.00	$64,219.70
				$69,149.80	$0.00	$69,149.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,403.52	$0.00	$3,403.52
				$3,403.52	$0.00	$3,403.52
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$937.63	$0.00	$937.63
				$965.63	$0.00	$965.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,326.93	$0.00	$3,326.93
				$3,326.93	$0.00	$3,326.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$340.75	$0.00	$340.75
				$340.75	$0.00	$340.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$307.74	$0.00	$307.74
				$307.74	$0.00	$307.74
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,551.22	$0.00	$3,551.22
				$3,551.22	$0.00	$3,551.22
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

S146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$557.27**	**$0.00**	**$557.27**
				$565.27	**$0.00**	**$565.27**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$287.39**	**$0.00**	**$287.39**
				$287.39	**$0.00**	**$287.39**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$76.20**	**$0.00**	**$76.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,819.20**	**$0.00**	**$5,819.20**
				$5,895.40	**$0.00**	**$5,895.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$505.04**	**$1,200.00**	**$1,705.04**
				$505.04	**$1,250.00**	**$1,755.04**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$236.70**	**$50.00**	**$286.70**
Indemnity				**$40,593.82**	**$0.00**	**$40,593.82**
Medical				**$275,956.12**	**$1,200.00**	**$277,156.12**
				$316,786.64	**$1,250.00**	**$318,036.64**
# of Claims	**226**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

146 - SCIENCE MUSEUM OF VIRGINIA

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

147 - Office of the State Inspector Gen.

S147 - Office of the State Inspector Gen

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.00**	**$0.00**	**$90.00**
				$90.00	**$0.00**	**$90.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$32.63**	**$0.00**	**$32.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$32.63	**$0.00**	**$32.63**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$32.63**	**$0.00**	**$32.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.00**	**$0.00**	**$90.00**
				$122.63	**$0.00**	**$122.63**
# of Claims	**6**					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

147 - Office of the State Inspector Gen.

S147 - Office of the State Inspector Gen

# Open	**0**	**Recovery Amount:**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

148 - VA COMMISSION FOR THE ARTS

S148 - VA COMMISSION FOR THE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,605.28**	**$0.00**	**$9,605.28**
Medical				**$850.50**	**$0.00**	**$850.50**
				$10,455.78	**$0.00**	**$10,455.78**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$214.21**	**$0.00**	**$214.21**
Medical				**$883.60**	**$0.00**	**$883.60**
				$1,160.31	**$0.00**	**$1,160.31**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.32**	**$0.00**	**$195.32**
				$195.32	**$0.00**	**$195.32**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$9,819.49**	**$0.00**	**$9,819.49**
Medical				**$1,929.42**	**$0.00**	**$1,929.42**
				$11,811.41	**$0.00**	**$11,811.41**
# of Claims	**5**					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

148 - VA COMMISSION FOR THE ARTS

S148 - VA COMMISSION FOR THE ARTS

# Open	**0**	**Recovery Amount:**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

150 - STATE INTERNAL AUDITORS, DEPT. OF

S150 - STATE INTERNAL AUDITORS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$807.37	$0.00	$807.37
				$807.37	$0.00	$807.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$290.46	$0.00	$290.46
Medical.....	.....			$569.70	$0.00	$569.70
				$860.16	$0.00	$860.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,197.37	$0.00	$2,197.37
Medical.....	.....			$15,837.10	$0.00	$15,837.10
				$18,034.47	$0.00	$18,034.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.23	$0.00	$168.23
				$168.23	$0.00	$168.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.00	$0.00	$45.00
				$45.00	$0.00	$45.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.40	$0.00	$90.40
				$90.40	$0.00	$90.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$46.72	$0.00	$46.72
				$46.72	$0.00	$46.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.20	$0.00	$16.20
				$16.20	$0.00	$16.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.66	$0.00	$65.66
				$65.66	$0.00	$65.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$205.00	$0.00	$205.00
				$205.00	$0.00	$205.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,092.08**	**$0.00**	**$6,092.08**
Medical				**$1,710.78**	**$0.00**	**$1,710.78**
				$7,802.86	**$0.00**	**$7,802.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$41.09**	**$0.00**	**$41.09**
Indemnity				**$6,235.29**	**$0.00**	**$6,235.29**
Medical				**$42,989.16**	**$0.00**	**$42,989.16**
				$49,265.54	**$0.00**	**$49,265.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$62.57	$0.00	$62.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.40	$0.00	$118.40
				$180.97	$0.00	$180.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,642.83	$0.00	$2,642.83
				$2,642.83	$0.00	$2,642.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,600.55	$0.00	$1,600.55
				$1,600.55	$0.00	$1,600.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,086.96	$0.00	$1,086.96
				$1,086.96	$0.00	$1,086.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

151 - ACCOUNTS, DEPARTMENT OF

S151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4.72**	**$0.00**	**$4.72**
				$4.72	**$0.00**	**$4.72**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$103.66**	**$0.00**	**$103.66**
Indemnity				**$14,815.20**	**$0.00**	**$14,815.20**
Medical				**$68,004.78**	**$0.00**	**$68,004.78**
				$82,923.64	**$0.00**	**$82,923.64**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.00	$0.00	$235.00
				$235.00	$0.00	$235.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.00	$0.00	$266.00
				$266.00	$0.00	$266.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,960.20	$0.00	$1,960.20
Indemnity.....	.....			$171,542.03	$0.00	$171,542.03
Medical.....	.....			$40,104.70	$0.00	$40,104.70
				$213,606.93	$0.00	$213,606.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,168.45	$0.00	$2,168.45
Medical.....	.....			$964.11	$0.00	$964.11
				$3,132.56	$0.00	$3,132.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,196.85	$0.00	$1,196.85
Medical.....	.....			$2,548.45	$0.00	$2,548.45
				$3,745.30	$0.00	$3,745.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.14	$0.00	$472.14
				$472.14	$0.00	$472.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$364.80	$0.00	$364.80
				$364.80	$0.00	$364.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$709.48	$0.00	$709.48
				$709.48	$0.00	$709.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,869.74	$0.00	$1,869.74
				$1,869.74	$0.00	$1,869.74
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.67	$0.00	$311.67
				$311.67	$0.00	$311.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,591.65	$0.00	$1,591.65
				$1,591.65	$0.00	$1,591.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$888.98	$0.00	$888.98
Medical.....	.....			$15,402.01	$0.00	$15,402.01
				$16,290.99	$0.00	$16,290.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,151.10	$0.00	$5,151.10
Indemnity.....	.....			$256,106.96	$0.00	$256,106.96
Medical.....	.....			$378,001.83	$0.00	$378,001.83
				$639,259.89	$0.00	$639,259.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$698.60	$0.00	$698.60
				$698.60	$0.00	$698.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$389.60	$0.00	$389.60
Medical.....	.....			$422.01	$0.00	$422.01
				$811.61	$0.00	$811.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$325.42	$0.00	$325.42
				$325.42	$0.00	$325.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.98	$0.00	$354.98
				$373.48	$0.00	$373.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$299.98	$0.00	$299.98
				$299.98	$0.00	$299.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,088.88	$72.00	$1,160.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$175,196.48	$29,935.38	$205,131.86
				$176,285.36	$30,007.38	$206,292.74
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.40	$0.00	$24.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,401.62	$0.00	$3,401.62
				$3,426.02	$0.00	$3,426.02
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$923.65	$0.00	$923.65
				$923.65	$0.00	$923.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$20,412.30	$11,087.70	$31,500.00
Indemnity.....	.....			$345,504.86	$34,974.86	$380,479.72
Medical.....	.....			$60,589.82	$26,594.52	$87,184.34
				$426,506.98	$72,657.08	$499,164.06
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,368.00	$25,059.00	$45,427.00
				$20,368.00	$25,109.00	$45,477.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

152 - TREASURY, DEPARTMENT OF

S152 - TREASURY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$709.96**	**$0.00**	**$709.96**
				$709.96	**$0.00**	**$709.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$28,655.38**	**$11,209.70**	**$39,865.08**
Indemnity.....	.....			**$777,797.73**	**$34,974.86**	**$812,772.59**
Medical.....	.....			**$706,132.10**	**$81,588.90**	**$787,721.00**
				$1,512,585.21	**$127,773.46**	**$1,640,358.67**
# of Claims	**97**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

003 - DMV Albemarle

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$764.17**	**$0.00**	**$764.17**
				$764.17	**$0.00**	**$764.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$33.16**	**$0.00**	**$33.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$949.04**	**$0.00**	**$949.04**
				$982.20	**$0.00**	**$982.20**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$33.16**	**$0.00**	**$33.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,713.21**	**$0.00**	**$1,713.21**
				$1,746.37	**$0.00**	**$1,746.37**
# of Claims	**4**					

154 - MOTOR VEHICLES, DEPT. OF

003 - DMV Albemarle

# Open	**1**	**Recovery Amount:**	**$0.00**

005 - DMV Alleghany

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10,366.25**	**$8,283.75**	**$18,650.00**
Indemnity				**$39,369.95**	**$36,134.05**	**$75,504.00**
Medical				**$62,671.95**	**$13,424.56**	**$76,096.51**
				$112,408.15	**$57,842.36**	**$170,250.51**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$10,366.25**	**$8,283.75**	**$18,650.00**
Indemnity				**$39,369.95**	**$36,134.05**	**$75,504.00**
Medical				**$62,671.95**	**$13,424.56**	**$76,096.51**
				$112,408.15	**$57,842.36**	**$170,250.51**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

009 - DMV Amherst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

013 - DMV Arlington

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

013 - DMV Arlington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.98	$0.00	$131.98
				$131.98	$0.00	$131.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.98	$0.00	$131.98
				$131.98	$0.00	$131.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

019 - DMV Bedford County

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

019 - DMV Bedford County

WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense.....	**.....**		**$40.14**	**$84.86**	**$125.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,217.15**	**$5,007.85**	**$6,225.00**
			$1,257.29	**$5,092.71**	**$6,350.00**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$40.14**	**$84.86**	**$125.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,217.15**	**$5,007.85**	**$6,225.00**
			$1,257.29	**$5,092.71**	**$6,350.00**
# of Claims	**4**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

021 - DMV Bland

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$141.00**	**$0.00**	**$141.00**
			$141.00	**$0.00**	**$141.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$141.00**	**$0.00**	**$141.00**
			$141.00	**$0.00**	**$141.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

021 - DMV Bland

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$141.00**	**$0.00**	**$141.00**
				$141.00	**$0.00**	**$141.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$141.00**	**$0.00**	**$141.00**
				$141.00	**$0.00**	**$141.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

023 - DMV Botetourt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

025 - DMV Brunswick

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

025 - DMV Brunswick

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

035 - DMV Carroll

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$9,460.11**	**$1,100.89**	**$10,561.00**
Indemnity				**$206,538.39**	**$2,508.73**	**$209,047.12**
Medical				**$31,943.02**	**$620,683.54**	**$652,626.56**
				$247,941.52	**$624,293.16**	**$872,234.68**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$9,460.11**	**$1,100.89**	**$10,561.00**
Indemnity				**$206,538.39**	**$2,508.73**	**$209,047.12**
Medical				**$31,943.02**	**$620,683.54**	**$652,626.56**
				$247,941.52	**$624,293.16**	**$872,234.68**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

041 - DMV Chesterfield

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

041 - DMV Chesterfield

WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$5,217.76**	**$0.00**	**$5,217.76**
Medical		**$22,495.27**	**$0.00**	**$22,495.27**
		$27,721.03	**$0.00**	**$27,721.03**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**-$18,041.19**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$75.50**	**$0.00**	**$75.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5,694.43**	**$0.00**	**$5,694.43**
		$5,769.93	**$0.00**	**$5,769.93**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$471.47**	**$0.00**	**$471.47**
		$479.47	**$0.00**	**$479.47**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$91.50**	**$0.00**	**$91.50**
Indemnity		**$5,217.76**	**$0.00**	**$5,217.76**
Medical		**$28,661.17**	**$0.00**	**$28,661.17**
		$33,970.43	**$0.00**	**$33,970.43**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**-$18,041.19**	

051 - DMV Dickenson

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

051 - DMV Dickenson

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

059 - DMV Fairfax County

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$851.93**	**$0.00**	**$851.93**
Medical				**$36,612.45**	**$0.00**	**$36,612.45**
				$37,480.38	**$0.00**	**$37,480.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$16,446.57**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$45.10**	**$0.00**	**$45.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.10	**$0.00**	**$45.10**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

059 - DMV Fairfax County

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,810.49	$0.00	$1,810.49
				$1,810.49	$0.00	$1,810.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$75.00	$93.82
Indemnity.....	.....			$0.00	$9,600.00	$9,600.00
Medical.....	.....			$2,469.35	$22,429.10	$24,898.45
				$2,488.17	$32,104.10	$34,592.27
# of Claims	4					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$79.92	$75.00	$154.92
Indemnity.....	.....			$851.93	$9,600.00	$10,451.93
Medical.....	.....			$40,892.29	$22,429.10	$63,321.39
				$41,824.14	$32,104.10	$73,928.24
# of Claims	14					
# Open	2	Recovery Amount:	-$16,446.57			

061 - DMV Fauquier

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$65.60	$0.00	$65.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$65.60	$0.00	$65.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

061 - DMV Fauquier

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.51	$0.00	$463.51
				$463.51	$0.00	$463.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$65.60	$0.00	$65.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.51	$0.00	$463.51
				$529.11	$0.00	$529.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

067 - DMV Franklin County

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

067 - DMV Franklin County

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

069 - DMV Frederick

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$50.00**	**$50.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$194.44**	**$1,705.56**	**$1,900.00**
			$194.44	**$1,755.56**	**$1,950.00**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$50.00**	**$50.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$194.44**	**$1,705.56**	**$1,900.00**
			$194.44	**$1,755.56**	**$1,950.00**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

073 - DMV Gloucester

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

083 - DMV Halifax

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

083 - DMV Halifax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$30.10**	**$0.00**	**$30.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,317.78**	**$0.00**	**$1,317.78**
				$1,347.88	**$0.00**	**$1,347.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$91.35**	**$0.00**	**$91.35**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,600.17**	**$0.00**	**$11,600.17**
				$11,691.52	**$0.00**	**$11,691.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$11,600.17**			

Grand Totals						
Expense				**$121.45**	**$0.00**	**$121.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,917.95**	**$0.00**	**$12,917.95**
				$13,039.40	**$0.00**	**$13,039.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$11,600.17**			

087 - DMV Henrico

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

087 - DMV Henrico

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,917.67	$0.00	$4,917.67
Medical.....	.....			$33,723.55	$0.00	$33,723.55
				$38,649.22	$0.00	$38,649.22
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$47.30	$0.00	$47.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.16	$0.00	$320.16
				$367.46	$0.00	$367.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,291.29	$0.00	$1,291.29
				$1,299.29	$0.00	$1,299.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$691.48	$0.00	$691.48
				$699.48	$0.00	$699.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$71.30	$0.00	$71.30
Indemnity.....	.....			$4,917.67	$0.00	$4,917.67
Medical.....	.....			$36,026.48	$0.00	$36,026.48
				$41,015.45	$0.00	$41,015.45
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

099 - DMV King George

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$45.13**	**$0.00**	**$45.13**
Indemnity				**$5,954.13**	**$0.00**	**$5,954.13**
Medical				**$0.00**	**$0.00**	**$0.00**
				$5,999.26	**$0.00**	**$5,999.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$53.13**	**$0.00**	**$53.13**
Indemnity				**$5,954.13**	**$0.00**	**$5,954.13**
Medical				**$0.00**	**$0.00**	**$0.00**
				$6,007.26	**$0.00**	**$6,007.26**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

105 - DMV Lee

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

105 - DMV Lee

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,088.65**	**$261.35**	**$1,350.00**
			$1,107.47	**$261.35**	**$1,368.82**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,088.65**	**$261.35**	**$1,350.00**
			$1,107.47	**$261.35**	**$1,368.82**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

107 - DMV Loudoun

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

107 - DMV Loudoun

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

147 - DMV Prince Edward

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

147 - DMV Prince Edward

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

149 - DMV Prince George

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.12	$0.00	$192.12
				$192.12	$0.00	$192.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.12	$0.00	$192.12
				$192.12	$0.00	$192.12

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

149 - DMV Prince George

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

153 - DMV Prince William

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$163.25**	**$0.00**	**$163.25**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$163.25	**$0.00**	**$163.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$163.25**	**$0.00**	**$163.25**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$163.25	**$0.00**	**$163.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

161 - DMV Roanoke County

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$223.29**	**$0.00**	**$223.29**
			$223.29	**$0.00**	**$223.29**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

161 - DMV Roanoke County

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$1,146.52**	**$3,606.50**	**$4,753.02**
Indemnity				**$16,560.66**	**$1,675.34**	**$18,236.00**
Medical				**$104,001.56**	**$7,064.68**	**$111,066.24**
				$121,708.74	**$12,346.52**	**$134,055.26**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,146.52**	**$3,606.50**	**$4,753.02**
Indemnity				**$16,560.66**	**$1,675.34**	**$18,236.00**
Medical				**$104,224.85**	**$7,064.68**	**$111,289.53**
				$121,932.03	**$12,346.52**	**$134,278.55**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

169 - DMV Scott

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

169 - DMV Scott

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

173 - DMV Smyth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

177 - DMV Spotsylvania

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$187.60**	**$0.00**	**$187.60**
			$187.60	**$0.00**	**$187.60**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

177 - DMV Spotsylvania

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.70	$0.00	$10.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.60	$0.00	$187.60
				$198.30	$0.00	$198.30
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

179 - DMV Stafford

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

179 - DMV Stafford

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

185 - DMV Tazewell

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,468.98	$0.00	$3,468.98
Medical.....	.....			$9,392.89	$0.00	$9,392.89
				$12,869.87	$0.00	$12,869.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

185 - DMV Tazewell

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,468.98	$0.00	$3,468.98
Medical.....	.....			$9,392.89	$0.00	$9,392.89
				$12,869.87	$0.00	$12,869.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

187 - DMV Warren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

191 - DMV Washington

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

191 - DMV Washington

WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$49.60**	**$0.00**	**$49.60**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$9,331.12**	**$0.00**	**$9,331.12**
			$9,380.72	**$0.00**	**$9,380.72**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**-$5,281.63**		

Grand Totals					
Expense			**$49.60**	**$0.00**	**$49.60**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$9,331.12**	**$0.00**	**$9,331.12**
			$9,380.72	**$0.00**	**$9,380.72**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**-$5,281.63**		

510 - DMV Alexandria

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$52.00**	**$0.00**	**$52.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$52.00	**$0.00**	**$52.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

510 - DMV Alexandria

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$74.54	$0.00	$74.54
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$74.54	$0.00	$74.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$126.54	$0.00	$126.54
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$126.54	$0.00	$126.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

550 - DMV Chesapeake

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$806.00	$0.00	$806.00
				$806.00	$0.00	$806.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$806.00	$0.00	$806.00
				$806.00	$0.00	$806.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

550 - DMV Chesapeake

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

590 - DMV Danville

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

650 - DMV Hampton

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**				
Expense			**$21.15**	**$0.00**	**$21.15**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$646.87**	**$0.00**	**$646.87**
			$668.02	**$0.00**	**$668.02**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$37.13**	**$0.00**	**$37.13**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$37.13	**$0.00**	**$37.13**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

650 - DMV Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$61.00	$0.00	$61.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$61.00	$0.00	$61.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$48.00	$0.00	$48.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$167.28	$0.00	$167.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$646.87	$0.00	$646.87
				$814.15	$0.00	$814.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

660 - DMV Harrisonburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred

154 - MOTOR VEHICLES, DEPT. OF

660 - DMV Harrisonburg

WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$569.76**	**$0.00**	**$569.76**
Medical				**$10,186.35**	**$0.00**	**$10,186.35**
				$10,764.11	**$0.00**	**$10,764.11**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$569.76**	**$0.00**	**$569.76**
Medical				**$10,186.35**	**$0.00**	**$10,186.35**
				$10,764.11	**$0.00**	**$10,764.11**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

680 - DMV Lynchburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

683 - DMV Manassas

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

683 - DMV Manassas

WC2009	**7/1/2008 - 6/30/2009**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$319.31**	**$0.00**	**$319.31**
			$319.31	**$0.00**	**$319.31**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$319.31**	**$0.00**	**$319.31**
			$319.31	**$0.00**	**$319.31**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

700 - DMV Newport News

Policy	Policy Period		Paid to Date	Outstanding	Incurred

154 - MOTOR VEHICLES, DEPT. OF

700 - DMV Newport News

WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$18.82**	**$18.82**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$896.53**	**$2,553.47**	**$3,450.00**
		$896.53	**$2,572.29**	**$3,468.82**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$18.82**	**$18.82**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$896.53**	**$2,553.47**	**$3,450.00**
		$896.53	**$2,572.29**	**$3,468.82**
# of Claims	**6**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

710 - DMV Norfolk

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

710 - DMV Norfolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$30.02**	**$100.00**	**$130.02**
Indemnity				**$197.51**	**$0.00**	**$197.51**
Medical				**$3,166.39**	**$6,323.61**	**$9,490.00**
				$3,393.92	**$6,423.61**	**$9,817.53**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$38.02**	**$100.00**	**$138.02**
Indemnity				**$197.51**	**$0.00**	**$197.51**
Medical				**$3,166.39**	**$6,323.61**	**$9,490.00**
				$3,401.92	**$6,423.61**	**$9,825.53**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

730 - DMV Petersburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,927.60**	**$0.00**	**$1,927.60**
				$1,927.60	**$0.00**	**$1,927.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

730 - DMV Petersburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.98**	**$0.00**	**$453.98**
				$453.98	**$0.00**	**$453.98**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,381.58**	**$0.00**	**$2,381.58**
				$2,381.58	**$0.00**	**$2,381.58**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

740 - DMV Portsmouth

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.43**	**$0.00**	**$295.43**
				$295.43	**$0.00**	**$295.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

740 - DMV Portsmouth

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$295.43	$0.00	$295.43
				$295.43	$0.00	$295.43
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

760 - DMV Richmond (City)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$63.40	$0.00	$63.40
Indemnity.....	.....			$2,487.65	$0.00	$2,487.65
Medical.....	.....			$6,082.81	$0.00	$6,082.81
				$8,633.86	$0.00	$8,633.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$574.80	$0.00	$574.80
				$574.80	$0.00	$574.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

760 - DMV Richmond (City)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,423.29	$0.00	$1,423.29
				$1,423.29	$0.00	$1,423.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$4,698.43	$0.00	$4,698.43
Indemnity.....	.....			$9,625.86	$0.00	$9,625.86
Medical.....	.....			$8,906.41	$0.00	$8,906.41
				$23,230.70	$0.00	$23,230.70
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$137.04	$3,678.18	$3,815.22
Indemnity.....	.....			$11,443.50	$34,529.46	$45,972.96
Medical.....	.....			$30,998.66	$78,654.71	$109,653.37
				$42,579.20	$116,862.35	$159,441.55
# of Claims	9					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,898.87	$3,678.18	$8,577.05
Indemnity.....	.....			$23,557.01	$34,529.46	$58,086.47
Medical.....	.....			$47,985.97	$78,654.71	$126,640.68
				$76,441.85	$116,862.35	$193,304.20
# of Claims	28					
# Open	5	Recovery Amount:	$0.00			

770 - DMV Roanoke (City)

Policy	Policy Period			Paid to Date	Outstanding	Incurred

154 - MOTOR VEHICLES, DEPT. OF

770 - DMV Roanoke (City)

WC2019	**7/1/2018 - 6/30/2019**				
Expense			**$23.15**	**$0.00**	**$23.15**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$23.15	**$0.00**	**$23.15**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$6,205.76**	**$8,902.24**	**$15,108.00**
Indemnity		**$24,203.51**	**$72,944.98**	**$97,148.49**
Medical		**$17,719.55**	**$31,458.96**	**$49,178.51**
		$48,128.82	**$113,306.18**	**$161,435.00**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$18.81**	**$42.00**	**$60.81**
Indemnity		**$5,816.77**	**$1,586.39**	**$7,403.16**
Medical		**$12,738.91**	**$44,475.33**	**$57,214.24**
		$18,574.49	**$46,103.72**	**$64,678.21**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

770 - DMV Roanoke (City)

Grand Totals					
Expense			**$6,247.72**	**$8,944.24**	**$15,191.96**
Indemnity			**$30,020.28**	**$74,531.37**	**$104,551.65**
Medical			**$30,458.46**	**$75,934.29**	**$106,392.75**
			$66,726.46	**$159,409.90**	**$226,136.36**
# of Claims	**9**				
# Open	**2**	**Recovery Amount:**	**$0.00**		

800 - DMV Suffolk

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$107.46**	**$0.00**	**$107.46**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,071.57**	**$0.00**	**$1,071.57**
				$1,179.03	**$0.00**	**$1,179.03**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$107.46**	**$0.00**	**$107.46**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,071.57**	**$0.00**	**$1,071.57**
			$1,179.03	**$0.00**	**$1,179.03**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

800 - DMV Suffolk

# of Claims 5

 # Open 1 **Recovery Amount:** $0.00

810 - DMV Virginia Beach

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$153.47	$0.00	$153.47
			$153.47	$0.00	$153.47
# of Claims	1				
# Open	0	Recovery Amount:	-$153.47		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$75.44	$0.00	$75.44
			$75.44	$0.00	$75.44
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022				
Expense.....	.....		$304.26	$3,403.74	$3,708.00
Indemnity.....	.....		$0.00	$6,441.16	$6,441.16
Medical.....	.....		$10,809.89	$10,841.04	$21,650.93
			$11,114.15	$20,685.94	$31,800.09
# of Claims	3				
# Open	1	Recovery Amount:	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

810 - DMV Virginia Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$57.30	$3,517.70	$3,575.00
Indemnity.....	.....			$0.00	$2,600.00	$2,600.00
Medical.....	.....			$920.21	$13,329.79	$14,250.00
				$977.51	$19,447.49	$20,425.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$361.56	$6,921.44	$7,283.00
Indemnity.....	.....			$0.00	$9,041.16	$9,041.16
Medical.....	.....			$11,959.01	$24,170.83	$36,129.84
				$12,320.57	$40,133.43	$52,454.00
# of Claims	9					
# Open	2	Recovery Amount:	-$153.47			

820 - DMV Waynesboro

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

830 - DMV Williamsburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

830 - DMV Williamsburg

WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$314.82**	**$0.00**	**$314.82**
			$314.82	**$0.00**	**$314.82**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$8.00	**$0.00**	**$8.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$314.82**	**$0.00**	**$314.82**
			$322.82	**$0.00**	**$322.82**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**			
Expense		**$2,440.23**	**$0.00**	**$2,440.23**
Indemnity		**$316,465.19**	**$0.00**	**$316,465.19**
Medical		**$236,483.46**	**$0.00**	**$236,483.46**
		$555,388.88	**$0.00**	**$555,388.88**
# of Claims	**61**			
# Open	**0**	**Recovery Amount:**	**-$22,502.33**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$14,908.14	$0.00	$14,908.14
Indemnity.....	.....			$135,735.08	$0.00	$135,735.08
Medical.....	.....			$797,638.89	$0.00	$797,638.89
				$948,282.11	$0.00	$948,282.11
# of Claims	69					
# Open	0	Recovery Amount:	-$18,885.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$726.85	$0.00	$726.85
Indemnity.....	.....			$182,512.39	$0.00	$182,512.39
Medical.....	.....			$72,134.96	$0.00	$72,134.96
				$255,374.20	$0.00	$255,374.20
# of Claims	73					
# Open	0	Recovery Amount:	-$4,637.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$6,996.20	$0.00	$6,996.20
Indemnity.....	.....			$85,906.47	$0.00	$85,906.47
Medical.....	.....			$70,702.60	$0.00	$70,702.60
				$163,605.27	$0.00	$163,605.27
# of Claims	89					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,144.11	$0.00	$26,144.11
Medical.....	.....			$67,853.47	$0.00	$67,853.47
				$93,997.58	$0.00	$93,997.58
# of Claims	101					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$70,569.26	$0.00	$70,569.26
Medical.....	.....			$182,870.72	$0.00	$182,870.72
				$253,439.98	$0.00	$253,439.98
# of Claims	100					
# Open	0	Recovery Amount:	-$7,246.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$88.00	$0.00	$88.00
Indemnity.....	.....			$154,905.33	$0.00	$154,905.33
Medical.....	.....			$208,832.04	$0.00	$208,832.04
				$363,825.37	$0.00	$363,825.37
# of Claims	83					
# Open	0	Recovery Amount:	-$16,448.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$361.92	$0.00	$361.92
Indemnity.....	.....			$215,806.87	$0.00	$215,806.87
Medical.....	.....			$185,632.38	$0.00	$185,632.38
				$401,801.17	$0.00	$401,801.17
# of Claims	102					
# Open	0	Recovery Amount:	-$15,581.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$5,991.83	$16.00	$6,007.83
Indemnity.....	.....			$399,605.95	$0.00	$399,605.95
Medical.....	.....			$614,389.26	$162,453.57	$776,842.83
				$1,019,987.04	$162,469.57	$1,182,456.61
# of Claims	112					
# Open	1	Recovery Amount:	-$19,310.22			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$7,105.67	$0.00	$7,105.67
Indemnity.....	.....			$213,565.90	$0.00	$213,565.90
Medical.....	.....			$441,318.35	$106,584.47	$547,902.82
				$661,989.92	$106,584.47	$768,574.39
# of Claims	79					
# Open	1	Recovery Amount:	-$19,738.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,161.87	$0.00	$1,161.87
Indemnity.....	.....			$222,812.31	$0.00	$222,812.31
Medical.....	.....			$348,678.49	$0.00	$348,678.49
				$572,652.67	$0.00	$572,652.67
# of Claims	61					
# Open	0	Recovery Amount:	-$58,880.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$67.95	$0.00	$67.95
Indemnity.....	.....			$18,844.38	$0.00	$18,844.38
Medical.....	.....			$57,915.77	$0.00	$57,915.77
				$76,828.10	$0.00	$76,828.10
# of Claims	75					
# Open	0	Recovery Amount:	-$3,319.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$13,494.11	$0.00	$13,494.11
Indemnity.....	.....			$652,183.31	$0.00	$652,183.31
Medical.....	.....			$801,876.08	$0.00	$801,876.08
				$1,467,553.50	$0.00	$1,467,553.50
# of Claims	105					
# Open	0	Recovery Amount:	-$37,794.80			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$7,547.63	$0.00	$7,547.63
Indemnity.....	.....			$497,929.09	$0.00	$497,929.09
Medical.....	.....			$426,628.71	$0.00	$426,628.71
				$932,105.43	$0.00	$932,105.43
# of Claims	122					
# Open	0	Recovery Amount:	-$39,303.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$2,392.23	$652.00	$3,044.23
Indemnity.....	.....			$17,451.68	$0.00	$17,451.68
Medical.....	.....			$365,534.32	$203,895.85	$569,430.17
				$385,378.23	$204,547.85	$589,926.08
# of Claims	98					
# Open	1	Recovery Amount:	-$15,269.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,476.45	$3,523.55	$5,000.00
Indemnity.....	.....			$20,147.84	$0.00	$20,147.84
Medical.....	.....			$332,108.10	$30,083.18	$362,191.28
				$353,732.39	$33,606.73	$387,339.12
# of Claims	119					
# Open	1	Recovery Amount:	-$1,039.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$12,300.70	$0.00	$12,300.70
Indemnity.....	.....			$359,262.86	$0.00	$359,262.86
Medical.....	.....			$230,354.29	$0.00	$230,354.29
				$601,917.85	$0.00	$601,917.85
# of Claims	122					
# Open	0	Recovery Amount:	-$16,043.20			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,439.32	$7,915.96	$13,355.28
Indemnity.....	.....			$25,548.09	$0.00	$25,548.09
Medical.....	.....			$268,677.34	$37,880.04	$306,557.38
				$299,664.75	$45,796.00	$345,460.75
# of Claims	111					
# Open	2	Recovery Amount:	-$6,089.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$22,929.02	$0.00	$22,929.02
Indemnity.....	.....			$127,075.70	$0.00	$127,075.70
Medical.....	.....			$154,520.28	$0.00	$154,520.28
				$304,525.00	$0.00	$304,525.00
# of Claims	103					
# Open	0	Recovery Amount:	-$26,416.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$15,766.50	$0.00	$15,766.50
Indemnity.....	.....			$289,278.88	$0.00	$289,278.88
Medical.....	.....			$288,951.13	$0.00	$288,951.13
				$593,996.51	$0.00	$593,996.51
# of Claims	130					
# Open	0	Recovery Amount:	-$38,285.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,200.00	$0.00	$1,200.00
Indemnity.....	.....			$40,784.99	$0.00	$40,784.99
Medical.....	.....			$121,871.16	$0.00	$121,871.16
				$163,856.15	$0.00	$163,856.15
# of Claims	129					
# Open	1	Recovery Amount:	-$69,275.74			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$6,635.60	$0.00	$6,635.60
Indemnity.....	.....			$18,161.99	$0.00	$18,161.99
Medical.....	.....			$122,145.90	$0.00	$122,145.90
				$146,943.49	$0.00	$146,943.49
# of Claims	111					
# Open	0	Recovery Amount:	-$43,426.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$3,502.00	$0.00	$3,502.00
Indemnity.....	.....			$49,181.74	$0.00	$49,181.74
Medical.....	.....			$233,881.31	$0.00	$233,881.31
				$286,565.05	$0.00	$286,565.05
# of Claims	124					
# Open	1	Recovery Amount:	-$47,725.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$294.60	$0.00	$294.60
Indemnity.....	.....			$7,037.20	$0.00	$7,037.20
Medical.....	.....			$55,811.17	$0.00	$55,811.17
				$63,142.97	$0.00	$63,142.97
# of Claims	127					
# Open	0	Recovery Amount:	-$26,494.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,142.47	$0.00	$2,142.47
Indemnity.....	.....			$180,364.65	$0.00	$180,364.65
Medical.....	.....			$476,861.63	$0.00	$476,861.63
				$659,368.75	$0.00	$659,368.75
# of Claims	165					
# Open	0	Recovery Amount:	-$39,799.67			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$22,992.61	$0.00	$22,992.61
Indemnity.....	.....			$187,952.48	$0.00	$187,952.48
Medical.....	.....			$187,762.19	$0.00	$187,762.19
				$398,707.28	$0.00	$398,707.28
# of Claims	151					
# Open	0	Recovery Amount:	-$57,552.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$15,826.81	$3,576.95	$19,403.76
Indemnity.....	.....			$220,954.55	$0.00	$220,954.55
Medical.....	.....			$546,380.77	$213,727.14	$760,107.91
				$783,162.13	$217,304.09	$1,000,466.22
# of Claims	124					
# Open	1	Recovery Amount:	-$80,672.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$4,218.33	$0.00	$4,218.33
Indemnity.....	.....			$48,025.35	$0.00	$48,025.35
Medical.....	.....			$183,505.73	$0.00	$183,505.73
				$235,749.41	$0.00	$235,749.41
# of Claims	102					
# Open	1	Recovery Amount:	-$29,714.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$17,604.41	$0.00	$17,604.41
Indemnity.....	.....			$208,726.96	$0.00	$208,726.96
Medical.....	.....			$518,960.65	$0.00	$518,960.65
				$745,292.02	$0.00	$745,292.02
# of Claims	80					
# Open	0	Recovery Amount:	-$58,215.77			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$7,786.93	$0.00	$7,786.93
Indemnity.....	.....			$55,042.46	$0.00	$55,042.46
Medical.....	.....			$233,506.48	$0.00	$233,506.48
				$296,335.87	$0.00	$296,335.87
# of Claims	98					
# Open	0	Recovery Amount:	-$25,149.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,151.82	$0.00	$1,151.82
Indemnity.....	.....			$49,423.56	$0.00	$49,423.56
Medical.....	.....			$270,508.42	$0.00	$270,508.42
				$321,083.80	$0.00	$321,083.80
# of Claims	96					
# Open	1	Recovery Amount:	-$47,558.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$9,822.75	$0.00	$9,822.75
Indemnity.....	.....			$91,063.57	$0.00	$91,063.57
Medical.....	.....			$60,045.33	$0.00	$60,045.33
				$160,931.65	$0.00	$160,931.65
# of Claims	88					
# Open	0	Recovery Amount:	-$15,563.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,288.60	$0.00	$2,288.60
Indemnity.....	.....			$13,397.24	$0.00	$13,397.24
Medical.....	.....			$142,239.53	$0.00	$142,239.53
				$157,925.37	$0.00	$157,925.37
# of Claims	26					
# Open	0	Recovery Amount:	-$2,673.63			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

154 - MOTOR VEHICLES, DEPT. OF

S154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,136.64	$0.00	$3,136.64
Indemnity.....	.....			$18,691.10	$0.00	$18,691.10
Medical.....	.....			$36,841.69	$0.00	$36,841.69
				$58,669.43	$0.00	$58,669.43
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$110.28	$7,086.04	$7,196.32
Indemnity.....	.....			$17,498.48	$20,510.60	$38,009.08
Medical.....	.....			$11,119.35	$199,013.87	$210,133.22
				$28,728.11	$226,610.51	$255,338.62
# of Claims	13					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$219,908.47	$22,770.50	$242,678.97
Indemnity.....	.....			$5,238,057.01	$20,510.60	$5,258,567.61
Medical.....	.....			$9,354,541.95	$953,638.12	$10,308,180.07
				$14,812,507.43	$996,919.22	$15,809,426.65
# of Claims	3,361					
# Open	15	Recovery Amount:	-$910,614.28			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

00 - VSP Headquarters

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$4,595.45	$6,887.52	$11,482.97
Indemnity.....	.....			$252,547.60	$38,918.01	$291,465.61
Medical.....	.....			$250,337.17	$24,909.13	$275,246.30
				$507,480.22	$70,714.66	$578,194.88
# of Claims	11					
# Open	2	Recovery Amount:	-$16,271.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$48.75	$0.00	$48.75
Indemnity.....	.....			$2,291.57	$0.00	$2,291.57
Medical.....	.....			$9,521.09	$0.00	$9,521.09
				$11,861.41	$0.00	$11,861.41
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$107.00	$0.00	$107.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,490.50	$0.00	$10,490.50
				$10,597.50	$0.00	$10,597.50
# of Claims	20					
# Open	0	Recovery Amount:	-$212.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

00 - VSP Headquarters

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$115.35	$0.00	$115.35
Indemnity.....	.....			$4,208.40	$0.00	$4,208.40
Medical.....	.....			$14,422.20	$0.00	$14,422.20
				$18,745.95	$0.00	$18,745.95
# of Claims	9					
# Open	0	Recovery Amount:	-$14,067.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$357.85	$176.30	$534.15
Indemnity.....	.....			$10,413.58	$0.00	$10,413.58
Medical.....	.....			$136,830.07	$6,824.88	$143,654.95
				$147,601.50	$7,001.18	$154,602.68
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$153.78	$783.86	$937.64
Indemnity.....	.....			$6,956.82	$9,223.18	$16,180.00
Medical.....	.....			$152,896.76	$52,861.97	$205,758.73
				$160,007.36	$62,869.01	$222,876.37
# of Claims	13					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,378.18	$7,847.68	$13,225.86
Indemnity.....	.....			$276,417.97	$48,141.19	$324,559.16
Medical.....	.....			$574,497.79	$84,595.98	$659,093.77
				$856,293.94	$140,584.85	$996,878.79
# of Claims	81					
# Open	10	Recovery Amount:	-$30,550.62			

05 - VSP Safety

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

05 - VSP Safety

WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$180.88**	**$0.00**	**$180.88**
Indemnity				**$32,976.54**	**$0.00**	**$32,976.54**
Medical				**$130,393.36**	**$87,894.32**	**$218,287.68**
				$163,550.78	**$87,894.32**	**$251,445.10**
# of Claims	**15**					
# Open	**1**	**Recovery Amount:**	**-$911.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$11,455.06**	**$92.00**	**$11,547.06**
Indemnity				**$376,451.99**	**$0.00**	**$376,451.99**
Medical				**$84,655.10**	**$19,853.74**	**$104,508.84**
				$472,562.15	**$19,945.74**	**$492,507.89**
# of Claims	**9**					
# Open	**1**	**Recovery Amount:**	**-$6,411.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$275.97**	**$0.00**	**$275.97**
Indemnity				**$19,363.72**	**$0.00**	**$19,363.72**
Medical				**$4,388.01**	**$0.00**	**$4,388.01**
				$24,027.70	**$0.00**	**$24,027.70**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$15,745.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$310.68**	**$6,622.56**	**$6,933.24**
Indemnity				**$205,737.29**	**$389,999.79**	**$595,737.08**
Medical				**$11,931.44**	**$86,389.80**	**$98,321.24**
				$217,979.41	**$483,012.15**	**$700,991.56**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,305.49**	**$0.00**	**$1,305.49**
				$1,305.49	**$0.00**	**$1,305.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

05 - VSP Safety

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$81.13	$294.22	$375.35
Indemnity.....	.....			$0.00	$1,800.00	$1,800.00
Medical.....	.....			$5,727.94	$6,400.00	$12,127.94
				$5,809.07	$8,494.22	$14,303.29
# of Claims	9					
# Open	5	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$12,303.72	$7,008.78	$19,312.50
Indemnity.....	.....			$634,529.54	$391,799.79	$1,026,329.33
Medical.....	.....			$238,401.34	$200,537.86	$438,939.20
				$885,234.60	$599,346.43	$1,484,581.03
# of Claims	48					
# Open	8	Recovery Amount:	-$23,068.72			

06 - VSP Training

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$78.90	$0.00	$78.90
Indemnity.....	.....			$11,633.36	$0.00	$11,633.36
Medical.....	.....			$354,129.69	$0.00	$354,129.69
				$365,841.95	$0.00	$365,841.95
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$567.62	$0.00	$567.62
Indemnity.....	.....			$24,820.85	$0.00	$24,820.85
Medical.....	.....			$77,385.68	$0.00	$77,385.68
				$102,774.15	$0.00	$102,774.15
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

06 - VSP Training

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$84.23	$0.00	$84.23
Indemnity.....	.....			$648.54	$0.00	$648.54
Medical.....	.....			$26,916.44	$0.00	$26,916.44
				$27,649.21	$0.00	$27,649.21
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$2,330.24	$353.85	$2,684.09
Indemnity.....	.....			$95,269.67	$0.00	$95,269.67
Medical.....	.....			$131,025.21	$37,723.52	$168,748.73
				$228,625.12	$38,077.37	$266,702.49
# of Claims	67					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$229.60	$192.00	$421.60
Indemnity.....	.....			$22,078.01	$12,712.71	$34,790.72
Medical.....	.....			$158,847.04	$13,478.02	$172,325.06
				$181,154.65	$26,382.73	$207,537.38
# of Claims	57					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$181.18	$200.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,395.12	$5,059.09	$11,454.21
				$6,413.94	$5,240.27	$11,654.21
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,309.41	$727.03	$4,036.44
Indemnity.....	.....			$154,450.43	$12,712.71	$167,163.14
Medical.....	.....			$754,699.18	$56,260.63	$810,959.81
				$912,459.02	$69,700.37	$982,159.39
# of Claims	301					
# Open	4	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

10 - VSP Bureau of Field Operations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,415.81	$0.00	$5,415.81
				$5,423.81	$0.00	$5,423.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$5,316.99	$8,962.56	$14,279.55
Indemnity.....	.....			$105,301.42	$75,253.58	$180,555.00
Medical.....	.....			$62,655.90	$204,958.69	$267,614.59
				$173,274.31	$289,174.83	$462,449.14
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$20.00	$0.00	$20.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

10 - VSP Bureau of Field Operations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,442.49**	**$0.00**	**$2,442.49**
				$2,442.49	**$0.00**	**$2,442.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24.94**	**$0.00**	**$24.94**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$486.53**	**$0.00**	**$486.53**
				$511.47	**$0.00**	**$511.47**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$5,369.93**	**$8,962.56**	**$14,332.49**
Indemnity				**$105,301.42**	**$75,253.58**	**$180,555.00**
Medical				**$71,000.73**	**$204,958.69**	**$275,959.42**
				$181,672.08	**$289,174.83**	**$470,846.91**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

20 - VSP Aviation

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

20 - VSP Aviation

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$6,814.56	$6,822.56
Indemnity.....	.....			$84,531.53	$171,808.47	$256,340.00
Medical.....	.....			$23,960.46	$46,114.34	$70,074.80
				$108,499.99	$224,737.37	$333,237.36
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$46.12	$0.00	$46.12
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,390.91	$0.00	$1,390.91
				$1,437.03	$0.00	$1,437.03
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$54.12	$6,814.56	$6,868.68
Indemnity.....	.....			$84,531.53	$171,808.47	$256,340.00
Medical.....	.....			$25,351.37	$46,114.34	$71,465.71
				$109,937.02	$224,737.37	$334,674.39
# of Claims	7					
# Open	2	Recovery Amount:	$0.00			

21 - VSP BFO- Div. 1 - Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,514.84	$2,069.61	$3,584.45
Indemnity.....	.....			$7,906.39	$0.00	$7,906.39
Medical.....	.....			$169,176.59	$0.00	$169,176.59
				$178,597.82	$2,069.61	$180,667.43
# of Claims	35					
# Open	1	Recovery Amount:	-$1,390.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

21 - VSP BFO- Div. 1 - Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$616.36	$0.00	$616.36
Indemnity.....	.....			$2,182.27	$0.00	$2,182.27
Medical.....	.....			$34,717.16	$0.00	$34,717.16
				$37,515.79	$0.00	$37,515.79
# of Claims	48					
# Open	1	Recovery Amount:	-$4,131.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$610.45	$0.00	$610.45
Indemnity.....	.....			$1,282.41	$0.00	$1,282.41
Medical.....	.....			$91,864.80	$0.00	$91,864.80
				$93,757.66	$0.00	$93,757.66
# of Claims	33					
# Open	3	Recovery Amount:	-$9,569.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$17,756.82	$65.10	$17,821.92
Indemnity.....	.....			$51,822.55	$0.00	$51,822.55
Medical.....	.....			$116,215.02	$5,252.11	$121,467.13
				$185,794.39	$5,317.21	$191,111.60
# of Claims	35					
# Open	1	Recovery Amount:	-$15,392.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$403.84	$174.10	$577.94
Indemnity.....	.....			$50,367.59	$6,716.34	$57,083.93
Medical.....	.....			$129,196.53	$102,070.63	$231,267.16
				$179,967.96	$108,961.07	$288,929.03
# of Claims	26					
# Open	4	Recovery Amount:	-$3,321.63			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

21 - VSP BFO- Div. 1 - Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$249.53	$1,131.26	$1,380.79
Indemnity.....	.....			$10,624.43	$52,359.98	$62,984.41
Medical.....	.....			$107,730.35	$178,666.07	$286,396.42
				$118,604.31	$232,157.31	$350,761.62
# of Claims	31					
# Open	11	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$21,151.84	$3,440.07	$24,591.91
Indemnity.....	.....			$124,185.64	$59,076.32	$183,261.96
Medical.....	.....			$648,900.45	$285,988.81	$934,889.26
				$794,237.93	$348,505.20	$1,142,743.13
# of Claims	208					
# Open	21	Recovery Amount:	-$33,806.13			

22 - VSP BFO-Div. 2 - Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$85.88	$20.00	$105.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,732.82	$18,907.42	$31,640.24
				$12,818.70	$18,927.42	$31,746.12
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$174.69	$0.00	$174.69
Indemnity.....	.....			$17,214.08	$0.00	$17,214.08
Medical.....	.....			$65,343.73	$0.00	$65,343.73
				$82,732.50	$0.00	$82,732.50
# of Claims	22					
# Open	0	Recovery Amount:	-$11,119.98			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

22 - VSP BFO-Div. 2 - Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$546.63	$0.00	$546.63
Indemnity.....	.....			$8,124.41	$0.00	$8,124.41
Medical.....	.....			$27,981.42	$0.00	$27,981.42
				$36,652.46	$0.00	$36,652.46
# of Claims	19					
# Open	1	Recovery Amount:	-$6,744.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$260.42	$2,326.34	$2,586.76
Indemnity.....	.....			$127,720.35	$34,505.41	$162,225.76
Medical.....	.....			$257,562.03	$77,273.39	$334,835.42
				$385,542.80	$114,105.14	$499,647.94
# of Claims	17					
# Open	3	Recovery Amount:	-$9,065.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$96.45	$200.00	$296.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,782.95	$6,030.52	$21,813.47
				$15,879.40	$6,230.52	$22,109.92
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$129.54	$383.57	$513.11
Indemnity.....	.....			$8,167.81	$24,419.55	$32,587.36
Medical.....	.....			$32,977.83	$70,943.03	$103,920.86
				$41,275.18	$95,746.15	$137,021.33
# of Claims	19					
# Open	6	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,293.61	$2,929.91	$4,223.52
Indemnity.....	.....			$161,226.65	$58,924.96	$220,151.61
Medical.....	.....			$412,380.78	$173,154.36	$585,535.14
				$574,901.04	$235,009.23	$809,910.27
# of Claims	110					
# Open	12	Recovery Amount:	-$26,930.55			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

23 - VSP BFO-Div. 3 - Appomattox

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$92.33	$0.00	$92.33
Indemnity.....	.....			$21,650.86	$0.00	$21,650.86
Medical.....	.....			$38,001.28	$0.00	$38,001.28
				$59,744.47	$0.00	$59,744.47
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$123.99	$0.00	$123.99
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,699.29	$0.00	$31,699.29
				$31,823.28	$0.00	$31,823.28
# of Claims	25					
# Open	0	Recovery Amount:	-$1,085.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$467.98	$28.00	$495.98
Indemnity.....	.....			$20,268.82	$0.00	$20,268.82
Medical.....	.....			$106,618.48	$143,984.44	$250,602.92
				$127,355.28	$144,012.44	$271,367.72
# of Claims	21					
# Open	1	Recovery Amount:	-$651.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$252.75	$198.75	$451.50
Indemnity.....	.....			$107,639.93	$50,806.21	$158,446.14
Medical.....	.....			$598,091.83	$21,030.17	$619,122.00
				$705,984.51	$72,035.13	$778,019.64
# of Claims	25					
# Open	1	Recovery Amount:	-$1,421.92			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

23 - VSP BFO-Div. 3 - Appomattox

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$256.83**	**$173.10**	**$429.93**
Indemnity				**$10,248.97**	**$0.00**	**$10,248.97**
Medical				**$46,500.61**	**$9,183.99**	**$55,684.60**
				$57,006.41	**$9,357.09**	**$66,363.50**
# of Claims	**30**					
# Open	**5**	**Recovery Amount:**	**-$1,501.85**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$390.04**	**$460.34**	**$850.38**
Indemnity				**$0.00**	**$8,800.00**	**$8,800.00**
Medical				**$39,613.96**	**$26,385.60**	**$65,999.56**
				$40,004.00	**$35,645.94**	**$75,649.94**
# of Claims	**25**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,583.92**	**$860.19**	**$2,444.11**
Indemnity				**$159,808.58**	**$59,606.21**	**$219,414.79**
Medical				**$860,525.45**	**$200,584.20**	**$1,061,109.65**
				$1,021,917.95	**$261,050.60**	**$1,282,968.55**
# of Claims	**144**					
# Open	**11**	**Recovery Amount:**	**-$4,661.11**			

24 - VSP BFO-Div. 4 - Wytheville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$163.20**	**$92.00**	**$255.20**
Indemnity				**$40,682.85**	**$0.00**	**$40,682.85**
Medical				**$133,606.87**	**$101,294.50**	**$234,901.37**
				$174,452.92	**$101,386.50**	**$275,839.42**
# of Claims	**23**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

24 - VSP BFO-Div. 4 - Wytheville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,251.33	$2,407.52	$5,658.85
Indemnity.....	.....			$56,317.78	$0.00	$56,317.78
Medical.....	.....			$128,140.75	$205,279.86	$333,420.61
				$187,709.86	$207,687.38	$395,397.24
# of Claims	18					
# Open	3	Recovery Amount:	-$4,193.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$14,864.86	$1,000.00	$15,864.86
Indemnity.....	.....			$209,261.28	$0.00	$209,261.28
Medical.....	.....			$73,548.80	$216,735.52	$290,284.32
				$297,674.94	$217,735.52	$515,410.46
# of Claims	17					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$346.53	$0.00	$346.53
Indemnity.....	.....			$33,306.51	$0.00	$33,306.51
Medical.....	.....			$54,250.99	$0.00	$54,250.99
				$87,904.03	$0.00	$87,904.03
# of Claims	22					
# Open	2	Recovery Amount:	-$5,900.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$231.05	$0.00	$231.05
Indemnity.....	.....			$57,637.64	$0.00	$57,637.64
Medical.....	.....			$132,128.84	$0.00	$132,128.84
				$189,997.53	$0.00	$189,997.53
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

24 - VSP BFO-Div. 4 - Wytheville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$214.04	$513.60	$727.64
Indemnity.....	.....			$9,192.10	$19,838.57	$29,030.67
Medical.....	.....			$59,827.40	$116,967.56	$176,794.96
				$69,233.54	$137,319.73	$206,553.27
# of Claims	16					
# Open	6	Recovery Amount:	-$5,419.98			
Grand Totals						
Expense.....	.....			$19,071.01	$4,013.12	$23,084.13
Indemnity.....	.....			$406,398.16	$19,838.57	$426,236.73
Medical.....	.....			$581,503.65	$640,277.44	$1,221,781.09
				$1,006,972.82	$664,129.13	$1,671,101.95
# of Claims	112					
# Open	15	Recovery Amount:	-$15,513.62			

25 - VSP BFO-Div. 5 - Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

25 - VSP BFO-Div. 5 - Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$247.96	$0.00	$247.96
Indemnity.....	.....			$29,389.63	$0.00	$29,389.63
Medical.....	.....			$64,022.94	$0.00	$64,022.94
				$93,660.53	$0.00	$93,660.53
# of Claims	50					
# Open	1	Recovery Amount:	-$26,831.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$622.11	$0.00	$622.11
Indemnity.....	.....			$18,445.85	$0.00	$18,445.85
Medical.....	.....			$50,759.29	$0.00	$50,759.29
				$69,827.25	$0.00	$69,827.25
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$1,028.72	$316.95	$1,345.67
Indemnity.....	.....			$59,337.16	$0.00	$59,337.16
Medical.....	.....			$131,096.48	$107,944.83	$239,041.31
				$191,462.36	$108,261.78	$299,724.14
# of Claims	46					
# Open	3	Recovery Amount:	-$30,771.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$90.10	$0.00	$90.10
Indemnity.....	.....			$504.79	$0.00	$504.79
Medical.....	.....			$21,954.91	$0.00	$21,954.91
				$22,549.80	$0.00	$22,549.80
# of Claims	39					
# Open	1	Recovery Amount:	-$2,219.92			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

25 - VSP BFO-Div. 5 - Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$961.42	$81.18	$1,042.60
Indemnity.....	.....			$22,128.44	$15,980.00	$38,108.44
Medical.....	.....			$69,753.59	$30,296.95	$100,050.54
				$92,843.45	$46,358.13	$139,201.58
# of Claims	31					
# Open	5	Recovery Amount:	-$4,749.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$304.62	$835.55	$1,140.17
Indemnity.....	.....			$10,712.12	$23,185.43	$33,897.55
Medical.....	.....			$50,759.24	$49,279.52	$100,038.76
				$61,775.98	$73,300.50	$135,076.48
# of Claims	29					
# Open	9	Recovery Amount:	-$300.07			

Grand Totals						
Expense.....	.....			$3,262.93	$1,233.68	$4,496.61
Indemnity.....	.....			$140,517.99	$39,165.43	$179,683.42
Medical.....	.....			$388,346.45	$187,521.30	$575,867.75
				$532,127.37	$227,920.41	$760,047.78
# of Claims	234					
# Open	19	Recovery Amount:	-$64,872.14			

26 - VSP BFO-Div. 6 - Salem

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

26 - VSP BFO-Div. 6 - Salem

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,770.43	$13,345.12	$22,115.55
Indemnity.....	.....			$168,916.97	$196,155.73	$365,072.70
Medical.....	.....			$226,405.86	$68,527.13	$294,932.99
				$404,093.26	$278,027.98	$682,121.24
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$4,502.27	$29,274.16	$33,776.43
Indemnity.....	.....			$66,580.76	$0.00	$66,580.76
Medical.....	.....			$128,890.34	$58,791.80	$187,682.14
				$199,973.37	$88,065.96	$288,039.33
# of Claims	27					
# Open	3	Recovery Amount:	-$42,242.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$400.15	$0.00	$400.15
Indemnity.....	.....			$34,933.29	$0.00	$34,933.29
Medical.....	.....			$65,044.82	$0.00	$65,044.82
				$100,378.26	$0.00	$100,378.26
# of Claims	26					
# Open	0	Recovery Amount:	-$10,212.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$151.75	$92.00	$243.75
Indemnity.....	.....			$26,319.91	$0.00	$26,319.91
Medical.....	.....			$69,286.25	$15,610.62	$84,896.87
				$95,757.91	$15,702.62	$111,460.53
# of Claims	26					
# Open	1	Recovery Amount:	-$50.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

26 - VSP BFO-Div. 6 - Salem

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$441.10	$864.84	$1,305.94
Indemnity.....	.....			$70,983.21	$189,408.74	$260,391.95
Medical.....	.....			$114,966.56	$128,576.81	$243,543.37
				$186,390.87	$318,850.39	$505,241.26
# of Claims	28					
# Open	7	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$198.80	$180.00	$378.80
Indemnity.....	.....			$11,315.48	$15,757.65	$27,073.13
Medical.....	.....			$39,359.83	$50,814.72	$90,174.55
				$50,874.11	$66,752.37	$117,626.48
# of Claims	18					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,472.50	$43,756.12	$58,228.62
Indemnity.....	.....			$379,049.62	$401,322.12	$780,371.74
Medical.....	.....			$643,953.66	$322,321.08	$966,274.74
				$1,037,475.78	$767,399.32	$1,804,875.10
# of Claims	150					
# Open	14	Recovery Amount:	-$52,505.70			

27 - VSP BFO-Div. 7 - Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$15,322.55	$42,579.82	$57,902.37
Indemnity.....	.....			$558,408.75	$414,272.55	$972,681.30
Medical.....	.....			$247,313.55	$683,426.29	$930,739.84
				$821,044.85	$1,140,278.66	$1,961,323.51
# of Claims	23					
# Open	2	Recovery Amount:	-$70,864.53			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

27 - VSP BFO-Div. 7 - Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$356.91	$0.00	$356.91
Indemnity.....	.....			$30,992.68	$0.00	$30,992.68
Medical.....	.....			$132,374.13	$0.00	$132,374.13
				$163,723.72	$0.00	$163,723.72
# of Claims	37					
# Open	0	Recovery Amount:	-$12,454.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$204.65	$100.00	$304.65
Indemnity.....	.....			$41,310.12	$0.00	$41,310.12
Medical.....	.....			$133,512.11	$2,731.19	$136,243.30
				$175,026.88	$2,831.19	$177,858.07
# of Claims	53					
# Open	1	Recovery Amount:	-$3,455.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$170.00	$100.00	$270.00
Indemnity.....	.....			$22,136.78	$2,620.14	$24,756.92
Medical.....	.....			$41,461.54	$15,000.00	$56,461.54
				$63,768.32	$17,720.14	$81,488.46
# of Claims	43					
# Open	3	Recovery Amount:	-$1,617.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$439.86	$553.77	$993.63
Indemnity.....	.....			$24,277.46	$4,190.00	$28,467.46
Medical.....	.....			$141,869.98	$31,865.80	$173,735.78
				$166,587.30	$36,609.57	$203,196.87
# of Claims	40					
# Open	7	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

27 - VSP BFO-Div. 7 - Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$281.85	$1,540.13	$1,821.98
Indemnity.....	.....			$7,064.83	$43,982.86	$51,047.69
Medical.....	.....			$18,011.02	$100,629.96	$118,640.98
				$25,357.70	$146,152.95	$171,510.65
# of Claims	38					
# Open	17	Recovery Amount:	-$823.40			
Grand Totals						
Expense.....	.....			$16,775.82	$44,873.72	$61,649.54
Indemnity.....	.....			$684,190.62	$465,065.55	$1,149,256.17
Medical.....	.....			$714,542.33	$833,653.24	$1,548,195.57
				$1,415,508.77	$1,343,592.51	$2,759,101.28
# of Claims	234					
# Open	30	Recovery Amount:	-$89,214.57			

80 - VSP Bureau of Criminal Investigatio

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$27.42	$0.00	$27.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.42	$0.00	$27.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$67.55	$0.00	$67.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$680.58	$0.00	$680.58
				$748.13	$0.00	$748.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

80 - VSP Bureau of Criminal Investigatio

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$188.61	$219.39	$408.00
Indemnity.....	.....			$6,172.28	$0.00	$6,172.28
Medical.....	.....			$1,872.61	$27,308.65	$29,181.26
				$8,233.50	$27,528.04	$35,761.54
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$70.50	$2,226.34	$2,296.84
Indemnity.....	.....			$88,429.98	$37,850.02	$126,280.00
Medical.....	.....			$231,800.55	$9,931.47	$241,732.02
				$320,301.03	$50,007.83	$370,308.86
# of Claims	3					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$50.00	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$632.06	$3,867.94	$4,500.00
				$650.88	$3,917.94	$4,568.82
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$372.90	$2,495.73	$2,868.63
Indemnity.....	.....			$94,602.26	$37,850.02	$132,452.28
Medical.....	.....			$234,985.80	$41,108.06	$276,093.86
				$329,960.96	$81,453.81	$411,414.77
# of Claims	12					
# Open	5	Recovery Amount:	$0.00			

81 - VSP BCI-Div. 1 - Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

81 - VSP BCI-Div. 1 - Richmond

WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$52.77**	**$0.00**	**$52.77**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$52.77	**$0.00**	**$52.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$39.31**	**$0.00**	**$39.31**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,094.58**	**$0.00**	**$4,094.58**
				$4,133.89	**$0.00**	**$4,133.89**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$4,094.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$111.90**	**$0.00**	**$111.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.00**	**$0.00**	**$202.00**
				$313.90	**$0.00**	**$313.90**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$202.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$50.71**	**$0.00**	**$50.71**
Indemnity				**$16,646.08**	**$0.00**	**$16,646.08**
Medical				**$84,249.06**	**$0.00**	**$84,249.06**
				$100,945.85	**$0.00**	**$100,945.85**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$4,896.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$2,813.61**	**$6,000.00**	**$8,813.61**
Indemnity				**$0.00**	**$568,500.00**	**$568,500.00**
Medical				**$1,096.41**	**$2,000,000.00**	**$2,001,096.41**
				$3,910.02	**$2,574,500.00**	**$2,578,410.02**
# of Claims	**16**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

81 - VSP BCI-Div. 1 - Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$442.51	$0.00	$442.51
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,404.31	$0.00	$2,404.31
				$2,846.82	$0.00	$2,846.82
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,510.81	$6,000.00	$9,510.81
Indemnity.....	.....			$16,646.08	$568,500.00	$585,146.08
Medical.....	.....			$92,046.36	$2,000,000.00	$2,092,046.36
				$112,203.25	$2,574,500.00	$2,686,703.25
# of Claims	113					
# Open	2	Recovery Amount:	-$9,192.98			

82 - VSP BCI-Div. 2 - Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

82 - VSP BCI-Div. 2 - Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$81.89	$0.00	$81.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,077.54	$0.00	$9,077.54
				$9,159.43	$0.00	$9,159.43
# of Claims	6					
# Open	0	Recovery Amount:	-$3,869.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

82 - VSP BCI-Div. 2 - Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.28	$0.00	$547.28
				$547.28	$0.00	$547.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$89.89	$0.00	$89.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,624.82	$0.00	$9,624.82
				$9,714.71	$0.00	$9,714.71
# of Claims	18					
# Open	0	Recovery Amount:	-$3,869.32			

83 - VSP BCI-Div. 3 - Appomattox

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$59.97	$0.00	$59.97
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,258.51	$0.00	$4,258.51
				$4,318.48	$0.00	$4,318.48
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

83 - VSP BCI-Div. 3 - Appomattox

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$112.00**	**$100.00**	**$212.00**
Indemnity				**$38,488.29**	**$0.00**	**$38,488.29**
Medical				**$46,090.18**	**$16,497.52**	**$62,587.70**
				$84,690.47	**$16,597.52**	**$101,287.99**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$85.05**	**$47.30**	**$132.35**
Indemnity				**$42,681.96**	**$36,829.80**	**$79,511.76**
Medical				**$42,625.37**	**$123,125.33**	**$165,750.70**
				$85,392.38	**$160,002.43**	**$245,394.81**
# of Claims	**15**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$83.65**	**$0.00**	**$83.65**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,346.49**	**$0.00**	**$5,346.49**
				$5,430.14	**$0.00**	**$5,430.14**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$5,762.66**	**$0.00**	**$5,762.66**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,674.95**	**$287,736.26**	**$298,411.21**
				$16,437.61	**$287,736.26**	**$304,173.87**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

83 - VSP BCI-Div. 3 - Appomattox

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$807.40**	**$392.60**	**$1,200.00**
				$807.40	**$442.60**	**$1,250.00**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$6,103.33**	**$197.30**	**$6,300.63**
Indemnity				**$81,170.25**	**$36,829.80**	**$118,000.05**
Medical				**$109,802.90**	**$427,751.71**	**$537,554.61**
				$197,076.48	**$464,778.81**	**$661,855.29**
# of Claims	**60**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

84 - VSP BCI-Div. 4 - Wytheville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$262.38**	**$0.00**	**$262.38**
				$262.38	**$0.00**	**$262.38**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$28.82**	**$0.00**	**$28.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,511.30**	**$0.00**	**$1,511.30**
				$1,540.12	**$0.00**	**$1,540.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

84 - VSP BCI-Div. 4 - Wytheville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$48.00	$6,590.56	$6,638.56
Indemnity.....	.....			$87,643.00	$60,748.19	$148,391.19
Medical.....	.....			$69,528.46	$49,445.21	$118,973.67
				$157,219.46	$116,783.96	$274,003.42
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$93.80	$0.00	$93.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,454.18	$0.00	$1,454.18
				$1,547.98	$0.00	$1,547.98
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$31.23	$0.00	$31.23
Indemnity.....	.....			$23,597.62	$0.00	$23,597.62
Medical.....	.....			$4,570.56	$0.00	$4,570.56
				$28,199.41	$0.00	$28,199.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$201.85	$6,590.56	$6,792.41
Indemnity.....	.....			$111,240.62	$60,748.19	$171,988.81
Medical.....	.....			$77,326.88	$49,445.21	$126,772.09
				$188,769.35	$116,783.96	$305,553.31
# of Claims	21					
# Open	2	Recovery Amount:	$0.00			

85 - VSP BCI-Div. 5 - Chesapeake

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

85 - VSP BCI-Div. 5 - Chesapeake

WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$743.85**	**$0.00**	**$743.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,008.04**	**$24,250.37**	**$37,258.41**
				$13,751.89	**$24,250.37**	**$38,002.26**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

85 - VSP BCI-Div. 5 - Chesapeake

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,400.48	$0.00	$1,400.48
				$1,400.48	$0.00	$1,400.48
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$768.12	$0.00	$768.12
				$776.12	$0.00	$776.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$273.87	$0.00	$273.87
				$273.87	$0.00	$273.87
# of Claims	9					
# Open	0	Recovery Amount:	-$273.87			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

85 - VSP BCI-Div. 5 - Chesapeake

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$50.88	$0.00	$50.88
Indemnity.....	.....			$14,576.70	$0.00	$14,576.70
Medical.....	.....			$7,372.60	$0.00	$7,372.60
				$22,000.18	$0.00	$22,000.18
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$826.73	$0.00	$826.73
Indemnity.....	.....			$14,576.70	$0.00	$14,576.70
Medical.....	.....			$22,823.11	$24,250.37	$47,073.48
				$38,226.54	$24,250.37	$62,476.91
# of Claims	107					
# Open	1	Recovery Amount:	-$273.87			

86 - VSP BCI-Div. 6 - Salem

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,646.00	$0.00	$1,646.00
				$1,646.00	$0.00	$1,646.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$116.68	$0.00	$116.68
Indemnity.....	.....			$12,442.98	$0.00	$12,442.98
Medical.....	.....			$26,546.35	$0.00	$26,546.35
				$39,106.01	$0.00	$39,106.01
# of Claims	10					
# Open	0	Recovery Amount:	-$34,288.11			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

86 - VSP BCI-Div. 6 - Salem

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$225.07**	**$0.00**	**$225.07**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,266.57**	**$0.00**	**$4,266.57**
				$4,491.64	**$0.00**	**$4,491.64**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$230.56**	**$49.10**	**$279.66**
Indemnity				**$11,267.14**	**$0.00**	**$11,267.14**
Medical				**$57,731.73**	**$4,823.01**	**$62,554.74**
				$69,229.43	**$4,872.11**	**$74,101.54**
# of Claims	**17**					
# Open	**1**	**Recovery Amount:**	**-$4,576.50**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$52.50**	**$94.32**	**$146.82**
Indemnity				**$129.46**	**$22,000.00**	**$22,129.46**
Medical				**$20,999.21**	**$93,030.97**	**$114,030.18**
				$21,181.17	**$115,125.29**	**$136,306.46**
# of Claims	**7**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$624.81**	**$143.42**	**$768.23**
Indemnity				**$23,839.58**	**$22,000.00**	**$45,839.58**
Medical				**$111,189.86**	**$97,853.98**	**$209,043.84**
				$135,654.25	**$119,997.40**	**$255,651.65**
# of Claims	**46**					
# Open	**5**	**Recovery Amount:**	**-$38,864.61**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

87 - VSP BCI-Div. 7 - Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,649.91	$0.00	$12,649.91
				$12,649.91	$0.00	$12,649.91
# of Claims	11					
# Open	0	Recovery Amount:	-$4,314.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$134.78	$76.00	$210.78
Indemnity.....	.....			$268,391.81	$299,389.72	$567,781.53
Medical.....	.....			$12,310.96	$8,514.02	$20,824.98
				$280,837.55	$307,979.74	$588,817.29
# of Claims	9					
# Open	2	Recovery Amount:	-$1,498.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

87 - VSP BCI-Div. 7 - Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$1,775.77**	**$0.00**	**$1,775.77**
Medical				**$4,725.89**	**$0.00**	**$4,725.89**
				$6,517.66	**$0.00**	**$6,517.66**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**-$4,296.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.82	**$0.00**	**$18.82**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$177.60**	**$76.00**	**$253.60**
Indemnity				**$270,167.58**	**$299,389.72**	**$569,557.30**
Medical				**$29,686.76**	**$8,514.02**	**$38,200.78**
				$300,031.94	**$307,979.74**	**$608,011.68**
# of Claims	**35**					
# Open	**3**	**Recovery Amount:**	**-$10,109.10**			

88 - VSP BCI-Criminal Intelligence Div.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$50.47**	**$0.00**	**$50.47**
Indemnity				**$15,009.13**	**$0.00**	**$15,009.13**
Medical				**$133,745.35**	**$0.00**	**$133,745.35**
				$148,804.95	**$0.00**	**$148,804.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

88 - VSP BCI-Criminal Intelligence Div.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$50.47	$0.00	$50.47
Indemnity.....	.....			$15,009.13	$0.00	$15,009.13
Medical.....	.....			$133,745.35	$0.00	$133,745.35
				$148,804.95	$0.00	$148,804.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

89 - VSP BCI-High Tech Crimes Division

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

89 - VSP BCI-High Tech Crimes Division

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$644.98**	**$0.00**	**$644.98**
				$652.98	**$0.00**	**$652.98**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$31.87**	**$0.00**	**$31.87**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,609.01**	**$0.00**	**$1,609.01**
				$1,640.88	**$0.00**	**$1,640.88**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$39.87**	**$0.00**	**$39.87**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,253.99**	**$0.00**	**$2,253.99**
				$2,293.86	**$0.00**	**$2,293.86**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

92 - VSP BCI-Counter Ter. & Crim. Inter.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$71.10	$0.00	$71.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,775.13	$0.00	$1,775.13
				$1,846.23	$0.00	$1,846.23
# of Claims	3					
# Open	0	Recovery Amount:	-$1,775.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$154.06	$4,591.68	$4,745.74
Indemnity.....	.....			$91,658.22	$238,841.89	$330,500.11
Medical.....	.....			$205,424.34	$392,653.83	$598,078.17
				$297,236.62	$636,087.40	$933,324.02
# of Claims	9					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$59.75	$0.00	$59.75
Indemnity.....	.....			$11,409.01	$0.00	$11,409.01
Medical.....	.....			$33,353.53	$0.00	$33,353.53
				$44,822.29	$0.00	$44,822.29
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$259.98	$141.50	$401.48
Indemnity.....	.....			$51,230.58	$55,816.46	$107,047.04
Medical.....	.....			$82,125.06	$35,724.17	$117,849.23
				$133,615.62	$91,682.13	$225,297.75
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

92 - VSP BCI-Counter Ter. & Crim. Inter.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,303.61	$0.00	$2,303.61
Medical.....	.....			$13,113.36	$641.73	$13,755.09
				$15,424.97	$641.73	$16,066.70
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$552.89	$4,733.18	$5,286.07
Indemnity.....	.....			$156,601.42	$294,658.35	$451,259.77
Medical.....	.....			$335,791.42	$429,019.73	$764,811.15
				$492,945.73	$728,411.26	$1,221,356.99
# of Claims	28					
# Open	4	Recovery Amount:	-$1,775.13			

93 - VSP BCI-HEAT/Arson-Bomb

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.94	$0.00	$159.94
				$159.94	$0.00	$159.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.94	$0.00	$159.94
				$159.94	$0.00	$159.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

S156 - STATE POLICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$31,623.40**	**$18,875.35**	**$50,498.75**
Indemnity				**$920,692.73**	**$0.00**	**$920,692.73**
Medical				**$950,575.60**	**$160,688.71**	**$1,111,264.31**
				$1,902,891.73	**$179,564.06**	**$2,082,455.79**
# of Claims	**297**					
# Open	**2**	**Recovery Amount:**	**-$93,455.26**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$23,285.12**	**$0.00**	**$23,285.12**
Indemnity				**$939,542.73**	**$0.00**	**$939,542.73**
Medical				**$917,620.79**	**$0.00**	**$917,620.79**
				$1,880,448.64	**$0.00**	**$1,880,448.64**
# of Claims	**319**					
# Open	**0**	**Recovery Amount:**	**-$126,193.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$90,335.32**	**$410.23**	**$90,745.55**
Indemnity				**$1,952,505.21**	**$0.00**	**$1,952,505.21**
Medical				**$3,276,330.83**	**$622,426.24**	**$3,898,757.07**
				$5,319,171.36	**$622,836.47**	**$5,942,007.83**
# of Claims	**301**					
# Open	**3**	**Recovery Amount:**	**-$114,119.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$15,936.96**	**$236.10**	**$16,173.06**
Indemnity				**$600,020.58**	**$0.00**	**$600,020.58**
Medical				**$1,313,490.84**	**$200,019.65**	**$1,513,510.49**
				$1,929,448.38	**$200,255.75**	**$2,129,704.13**
# of Claims	**513**					
# Open	**2**	**Recovery Amount:**	**-$6,843.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$41,592.82**	**$35,274.96**	**$76,867.78**
Indemnity				**$1,939,357.72**	**$0.00**	**$1,939,357.72**
Medical				**$2,775,514.20**	**$572,657.88**	**$3,348,172.08**
				$4,756,464.74	**$607,932.84**	**$5,364,397.58**
# of Claims	**434**					
# Open	**9**	**Recovery Amount:**	**-$23,338.43**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$37,546.58	$11,996.34	$49,542.92
Indemnity.....	.....			$1,894,977.01	$0.00	$1,894,977.01
Medical.....	.....			$3,849,986.68	$255,636.88	$4,105,623.56
				$5,782,510.27	$267,633.22	$6,050,143.49
# of Claims	515					
# Open	3	Recovery Amount:	-$37,936.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$10,507.53	$332.73	$10,840.26
Indemnity.....	.....			$1,789,827.14	$0.00	$1,789,827.14
Medical.....	.....			$5,632,233.17	$1,297,510.11	$6,929,743.28
				$7,432,567.84	$1,297,842.84	$8,730,410.68
# of Claims	508					
# Open	6	Recovery Amount:	-$90,694.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$23,558.21	$30,865.60	$54,423.81
Indemnity.....	.....			$3,308,502.66	$390,677.46	$3,699,180.12
Medical.....	.....			$7,630,937.35	$4,082,270.14	$11,713,207.49
				$10,962,998.22	$4,503,813.20	$15,466,811.42
# of Claims	565					
# Open	9	Recovery Amount:	-$120,374.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$10,566.70	$24,338.69	$34,905.39
Indemnity.....	.....			$1,451,944.54	$0.00	$1,451,944.54
Medical.....	.....			$2,880,554.14	$609,001.89	$3,489,556.03
				$4,343,065.38	$633,340.58	$4,976,405.96
# of Claims	496					
# Open	6	Recovery Amount:	-$127,266.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$22,552.20	$22,629.38	$45,181.58
Indemnity.....	.....			$1,622,514.02	$0.00	$1,622,514.02
Medical.....	.....			$3,518,941.43	$1,502,183.48	$5,021,124.91
				$5,164,007.65	$1,524,812.86	$6,688,820.51
# of Claims	480					
# Open	12	Recovery Amount:	-$80,621.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,268.06	$1,981.18	$3,249.24
Indemnity.....	.....			$687,892.42	$0.00	$687,892.42
Medical.....	.....			$660,156.43	$13,053.14	$673,209.57
				$1,349,316.91	$15,034.32	$1,364,351.23
# of Claims	432					
# Open	1	Recovery Amount:	-$41,062.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$25,712.09	$80,931.13	$106,643.22
Indemnity.....	.....			$917,057.05	$0.00	$917,057.05
Medical.....	.....			$1,714,922.69	$460,565.15	$2,175,487.84
				$2,657,691.83	$541,496.28	$3,199,188.11
# of Claims	453					
# Open	4	Recovery Amount:	-$155,035.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$5,525.55	$31,671.12	$37,196.67
Indemnity.....	.....			$363,906.43	$0.00	$363,906.43
Medical.....	.....			$1,091,233.91	$350,106.70	$1,441,340.61
				$1,460,665.89	$381,777.82	$1,842,443.71
# of Claims	432					
# Open	5	Recovery Amount:	-$195,061.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$23,210.35	$5,136.98	$28,347.33
Indemnity.....	.....			$1,844,163.03	$0.00	$1,844,163.03
Medical.....	.....			$1,390,780.39	$321,197.43	$1,711,977.82
				$3,258,153.77	$326,334.41	$3,584,488.18
# of Claims	433					
# Open	3	Recovery Amount:	-$116,545.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$43,101.22	$7,594.82	$50,696.04
Indemnity.....	.....			$2,290,375.20	$0.00	$2,290,375.20
Medical.....	.....			$2,835,301.49	$623,074.63	$3,458,376.12
				$5,168,777.91	$630,669.45	$5,799,447.36
# of Claims	439					
# Open	5	Recovery Amount:	-$580,669.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$63,374.80	$57,968.00	$121,342.80
Indemnity.....	.....			$2,122,896.93	$694,962.33	$2,817,859.26
Medical.....	.....			$2,626,460.41	$998,278.21	$3,624,738.62
				$4,812,732.14	$1,751,208.54	$6,563,940.68
# of Claims	392					
# Open	10	Recovery Amount:	-$57,931.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$56,800.97	$8,185.45	$64,986.42
Indemnity.....	.....			$2,760,724.69	$0.00	$2,760,724.69
Medical.....	.....			$2,600,582.34	$1,700,871.85	$4,301,454.19
				$5,418,108.00	$1,709,057.30	$7,127,165.30
# of Claims	442					
# Open	7	Recovery Amount:	-$204,287.45			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37,478.59	$10,870.26	$48,348.85
Indemnity.....	.....			$1,980,649.23	$0.06	$1,980,649.29
Medical.....	.....			$2,060,538.78	$421,935.58	$2,482,474.36
				$4,078,666.60	$432,805.90	$4,511,472.50
# of Claims	446					
# Open	7	Recovery Amount:	-$128,086.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$31,545.27	$3,291.02	$34,836.29
Indemnity.....	.....			$606,743.03	$0.00	$606,743.03
Medical.....	.....			$1,761,696.14	$580,307.25	$2,342,003.39
				$2,399,984.44	$583,598.27	$2,983,582.71
# of Claims	407					
# Open	5	Recovery Amount:	-$127,817.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$60,699.73	$5,368.58	$66,068.31
Indemnity.....	.....			$1,801,077.71	$0.00	$1,801,077.71
Medical.....	.....			$2,296,885.57	$902,256.42	$3,199,141.99
				$4,158,663.01	$907,625.00	$5,066,288.01
# of Claims	492					
# Open	11	Recovery Amount:	-$119,960.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$165,721.27	$35,464.40	$201,185.67
Indemnity.....	.....			$2,006,046.10	$0.03	$2,006,046.13
Medical.....	.....			$2,104,536.38	$1,293,015.45	$3,397,551.83
				$4,276,303.75	$1,328,479.88	$5,604,783.63
# of Claims	464					
# Open	4	Recovery Amount:	-$328,661.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$102,151.98	$111,254.84	$213,406.82
Indemnity.....	.....			$1,537,853.41	$0.00	$1,537,853.41
Medical.....	.....			$2,747,195.70	$1,173,256.05	$3,920,451.75
				$4,387,201.09	$1,284,510.89	$5,671,711.98
# of Claims	346					
# Open	11	Recovery Amount:	-$260,949.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$69,031.31	$8,919.65	$77,950.96
Indemnity.....	.....			$1,168,838.04	$0.41	$1,168,838.45
Medical.....	.....			$996,764.44	$177,570.58	$1,174,335.02
				$2,234,633.79	$186,490.64	$2,421,124.43
# of Claims	407					
# Open	6	Recovery Amount:	-$82,805.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$56,545.00	$2,798.29	$59,343.29
Indemnity.....	.....			$1,710,879.63	$0.00	$1,710,879.63
Medical.....	.....			$3,838,914.64	$1,652,577.86	$5,491,492.50
				$5,606,339.27	$1,655,376.15	$7,261,715.42
# of Claims	446					
# Open	8	Recovery Amount:	-$148,280.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$56,989.99	$33,875.68	$90,865.67
Indemnity.....	.....			$1,030,493.92	$0.00	$1,030,493.92
Medical.....	.....			$2,561,559.87	$560,115.06	$3,121,674.93
				$3,649,043.78	$593,990.74	$4,243,034.52
# of Claims	528					
# Open	11	Recovery Amount:	-$422,968.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$70,892.23	$48,411.07	$119,303.30
Indemnity.....	.....			$2,732,166.06	$0.00	$2,732,166.06
Medical.....	.....			$2,738,863.50	$3,028,373.72	$5,767,237.22
				$5,541,921.79	$3,076,784.79	$8,618,706.58
# of Claims	938					
# Open	11	Recovery Amount:	-$169,758.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$69,336.68	$25,885.58	$95,222.26
Indemnity.....	.....			$3,078,101.25	$85,438.86	$3,163,540.11
Medical.....	.....			$2,197,807.85	$633,919.91	$2,831,727.76
				$5,345,245.78	$745,244.35	$6,090,490.13
# of Claims	930					
# Open	5	Recovery Amount:	-$236,540.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$43,083.55	$4,502.11	$47,585.66
Indemnity.....	.....			$1,476,834.84	$19,704.74	$1,496,539.58
Medical.....	.....			$2,225,733.06	$1,379,237.80	$3,604,970.86
				$3,745,651.45	$1,403,444.65	$5,149,096.10
# of Claims	925					
# Open	8	Recovery Amount:	-$557,428.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$30,395.56	$36,793.23	$67,188.79
Indemnity.....	.....			$1,175,307.65	$98,520.78	$1,273,828.43
Medical.....	.....			$2,006,632.20	$651,898.98	$2,658,531.18
				$3,212,335.41	$787,212.99	$3,999,548.40
# of Claims	673					
# Open	10	Recovery Amount:	-$410,613.58			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$40,942.71**	**$50,714.47**	**$91,657.18**
Indemnity				**$1,058,401.78**	**$262,586.87**	**$1,320,988.65**
Medical				**$1,642,357.15**	**$323,019.93**	**$1,965,377.08**
				$2,741,701.64	**$636,321.27**	**$3,378,022.91**
# of Claims	**700**					
# Open	**12**	**Recovery Amount:**	**-$113,309.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$40,402.73**	**$92,857.08**	**$133,259.81**
Indemnity				**$1,092,505.39**	**$688,647.18**	**$1,781,152.57**
Medical				**$1,554,416.53**	**$599,011.58**	**$2,153,428.11**
				$2,687,324.65	**$1,380,515.84**	**$4,067,840.49**
# of Claims	**505**					
# Open	**9**	**Recovery Amount:**	**-$87,683.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$23,340.33**	**$0.00**	**$23,340.33**
Indemnity				**$1,028,203.74**	**$356,284.40**	**$1,384,488.14**
Medical				**$272,893.90**	**$0.00**	**$272,893.90**
				$1,324,437.97	**$356,284.40**	**$1,680,722.37**
# of Claims	**91**					
# Open	**2**	**Recovery Amount:**	**-$3,073.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$208.75**	**$0.00**	**$208.75**
Indemnity				**$29,714.34**	**$0.00**	**$29,714.34**
Medical				**$132,648.73**	**$0.00**	**$132,648.73**
				$162,571.82	**$0.00**	**$162,571.82**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

S156 - STATE POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$61.99**	**$0.00**	**$61.99**
Indemnity				**$17,360.72**	**$0.00**	**$17,360.72**
Medical				**$47,183.03**	**$0.00**	**$47,183.03**
				$64,605.74	**$0.00**	**$64,605.74**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$11,426.59**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$80.30**	**$0.00**	**$80.30**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,105.98**	**$0.00**	**$6,105.98**
				$6,186.28	**$0.00**	**$6,186.28**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$6,105.98**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$81.35**	**$192.00**	**$273.35**
Indemnity				**$68.04**	**$655.93**	**$723.97**
Medical				**$4,842.53**	**$2,623.97**	**$7,466.50**
				$4,991.92	**$3,471.90**	**$8,463.82**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**-$644.57**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$278.07**	**$365.61**	**$643.68**
Indemnity				**$1,105.71**	**$3,132.86**	**$4,238.57**
Medical				**$65,086.44**	**$45,445.18**	**$110,531.62**
				$66,470.22	**$48,943.65**	**$115,413.87**
# of Claims	**19**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$1,425,765.27**	**$809,991.93**	**$2,235,757.20**
Indemnity				**$50,939,250.68**	**$2,600,611.91**	**$53,539,862.59**
Medical				**$76,928,285.11**	**$27,194,107.41**	**$104,122,392.52**
				$129,293,301.06	**$30,604,711.25**	**$159,898,012.31**
# of Claims	**15,796**					
# Open	**212**	**Recovery Amount:**	**-$5,387,553.01**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

156 - STATE POLICE

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

157 - COMPENSATION BOARD

S157 - COMPENSATION BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$269.34**	**$0.00**	**$269.34**
				$269.34	**$0.00**	**$269.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$97.15**	**$0.00**	**$97.15**
				$97.15	**$0.00**	**$97.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,481.61**	**$0.00**	**$3,481.61**
				$3,481.61	**$0.00**	**$3,481.61**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

157 - COMPENSATION BOARD

S157 - COMPENSATION BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14.60**	**$0.00**	**$14.60**
				$14.60	**$0.00**	**$14.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$356.00**	**$0.00**	**$356.00**
				$356.00	**$0.00**	**$356.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

157 - COMPENSATION BOARD

S157 - COMPENSATION BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.30**	**$0.00**	**$64.30**
				$64.30	**$0.00**	**$64.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,457.00**	**$0.00**	**$4,457.00**
				$4,457.00	**$0.00**	**$4,457.00**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,831.11	$0.00	$1,831.11
				$1,831.11	$0.00	$1,831.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.39	$0.00	$202.39
				$202.39	$0.00	$202.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$670.00	$0.00	$670.00
				$670.00	$0.00	$670.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.38	$0.00	$236.38
				$236.38	$0.00	$236.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$734.71	$0.00	$734.71
Medical.....	.....			$31,837.66	$0.00	$31,837.66
				$32,572.37	$0.00	$32,572.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,080.51	$0.00	$1,080.51
				$1,080.51	$0.00	$1,080.51
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$538.86	$0.00	$538.86
Medical.....	.....			$219.53	$0.00	$219.53
				$758.39	$0.00	$758.39
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.00	$0.00	$102.00
				$102.00	$0.00	$102.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,247.53	$0.00	$1,247.53
				$1,247.53	$0.00	$1,247.53
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$135.77	$0.00	$135.77
Medical.....	.....			$6,392.68	$0.00	$6,392.68
				$6,528.45	$0.00	$6,528.45
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$307.40	$0.00	$307.40
Medical.....	.....			$3,446.26	$0.00	$3,446.26
				$3,753.66	$0.00	$3,753.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,635.41	$0.00	$2,635.41
				$2,635.41	$0.00	$2,635.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,799.52	$0.00	$10,799.52
Medical.....	.....			$4,195.73	$0.00	$4,195.73
				$14,995.25	$0.00	$14,995.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,369.40	$0.00	$3,369.40
Medical.....	.....			$14,032.69	$0.00	$14,032.69
				$17,402.09	$0.00	$17,402.09
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,822.64	$0.00	$2,822.64
Medical.....	.....			$3,523.30	$0.00	$3,523.30
				$6,345.94	$0.00	$6,345.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$341.76	$0.00	$341.76
Medical.....	.....			$1,329.96	$0.00	$1,329.96
				$1,671.72	$0.00	$1,671.72
# of Claims	9					
# Open	0	Recovery Amount:	-$696.80			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$428.54	$0.00	$428.54
Medical.....	.....			$1,575.80	$0.00	$1,575.80
				$2,004.34	$0.00	$2,004.34
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$6,018.28	$1,295.46	$7,313.74
Indemnity.....	.....			$404,926.53	$4,869.67	$409,796.20
Medical.....	.....			$352,011.09	$68,294.40	$420,305.49
				$762,955.90	$74,459.53	$837,415.43
# of Claims	5					
# Open	1	Recovery Amount:	-$32,785.17			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$967.23	$0.00	$967.23
				$967.23	$0.00	$967.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$29.25	$0.00	$29.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$586.52	$0.00	$586.52
				$615.77	$0.00	$615.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,538.00	$0.00	$2,538.00
				$2,538.00	$0.00	$2,538.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$374.89	$0.00	$374.89
				$382.89	$0.00	$382.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$37.13	$0.00	$37.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,005.17	$0.00	$5,005.17
				$5,042.30	$0.00	$5,042.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$86.38	$0.00	$86.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,188.12	$0.00	$3,188.12
				$3,274.50	$0.00	$3,274.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,664.73	$0.00	$1,664.73
				$1,664.73	$0.00	$1,664.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

158 - VA RETIREMENT SYSTEM

S158 - VA RETIREMENT SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$459.28**	**$0.00**	**$459.28**
				$459.28	**$0.00**	**$459.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$6,179.04**	**$1,295.46**	**$7,474.50**
Indemnity.....	.....			**$424,405.13**	**$4,869.67**	**$429,274.80**
Medical.....	.....			**$441,401.97**	**$68,294.40**	**$509,696.37**
				$871,986.14	**$74,459.53**	**$946,445.67**
# of Claims	**126**					
# Open	**1**	**Recovery Amount:**	**-$33,481.97**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

160 - VA Criminal Sentencing Commission

S160 - VA Criminal Sentencing Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$4,599.91**	**$0.00**	**$4,599.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$56.27**	**$0.00**	**$56.27**
				$4,656.18	**$0.00**	**$4,656.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$4,599.91**	**$0.00**	**$4,599.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$56.27**	**$0.00**	**$56.27**
				$4,656.18	**$0.00**	**$4,656.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,553.34	$0.00	$2,553.34
Medical.....	.....			$6,033.40	$0.00	$6,033.40
				$8,586.74	$0.00	$8,586.74
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,979.28	$0.00	$2,979.28
Indemnity.....	.....			$21,366.58	$0.00	$21,366.58
Medical.....	.....			$51,290.36	$0.00	$51,290.36
				$75,636.22	$0.00	$75,636.22
# of Claims	20					
# Open	0	Recovery Amount:	-$1,047.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$4,793.88	$0.00	$4,793.88
Indemnity.....	.....			$186,443.01	$0.00	$186,443.01
Medical.....	.....			$75,291.78	$0.00	$75,291.78
				$266,528.67	$0.00	$266,528.67
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$655.25	$0.00	$655.25
Indemnity.....	.....			$6,084.26	$0.00	$6,084.26
Medical.....	.....			$21,837.00	$0.00	$21,837.00
				$28,576.51	$0.00	$28,576.51
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$4,737.80	$0.00	$4,737.80
Indemnity.....	.....			$433,893.41	$0.00	$433,893.41
Medical.....	.....			$40,518.94	$0.00	$40,518.94
				$479,150.15	$0.00	$479,150.15
# of Claims	19					
# Open	0	Recovery Amount:	-$50,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$81.50	$0.00	$81.50
Indemnity.....	.....			$514.19	$0.00	$514.19
Medical.....	.....			$11,729.73	$0.00	$11,729.73
				$12,325.42	$0.00	$12,325.42
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,071.09	$0.00	$7,071.09
Medical.....	.....			$16,268.73	$0.00	$16,268.73
				$23,339.82	$0.00	$23,339.82
# of Claims	28					
# Open	0	Recovery Amount:	-$6,729.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$705.90	$0.00	$705.90
Medical.....	.....			$9,138.89	$0.00	$9,138.89
				$9,844.79	$0.00	$9,844.79
# of Claims	26					
# Open	0	Recovery Amount:	-$1,551.14			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$770.67	$0.00	$770.67
Medical.....	.....			$2,729.25	$0.00	$2,729.25
				$3,499.92	$0.00	$3,499.92
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$765.80	$0.00	$765.80
Indemnity.....	.....			$51,441.63	$0.00	$51,441.63
Medical.....	.....			$30,632.11	$0.00	$30,632.11
				$82,839.54	$0.00	$82,839.54
# of Claims	12					
# Open	0	Recovery Amount:	-$33,489.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$58.62	$0.00	$58.62
Medical.....	.....			$4,092.75	$0.00	$4,092.75
				$4,151.37	$0.00	$4,151.37
# of Claims	16					
# Open	0	Recovery Amount:	-$381.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$167.66	$0.00	$167.66
Medical.....	.....			$2,636.73	$0.00	$2,636.73
				$2,804.39	$0.00	$2,804.39
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,272.70	$0.00	$2,272.70
Medical.....	.....			$2,552.57	$0.00	$2,552.57
				$4,825.27	$0.00	$4,825.27
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,838.23	$0.00	$1,838.23
				$1,838.23	$0.00	$1,838.23
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,466.30	$0.00	$8,466.30
Medical.....	.....			$33,970.85	$0.00	$33,970.85
				$42,437.15	$0.00	$42,437.15
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,150.00	$0.00	$5,150.00
Medical.....	.....			$10,557.04	$0.00	$10,557.04
				$15,707.04	$0.00	$15,707.04
# of Claims	18					
# Open	0	Recovery Amount:	-$1,524.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$89.25	$0.00	$89.25
Indemnity.....	.....			$1,249.35	$0.00	$1,249.35
Medical.....	.....			$18,601.16	$0.00	$18,601.16
				$19,939.76	$0.00	$19,939.76
# of Claims	26					
# Open	0	Recovery Amount:	-$531.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,071.95	$0.00	$3,071.95
Medical.....	.....			$14,103.40	$0.00	$14,103.40
				$17,175.35	$0.00	$17,175.35
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$271.76	$0.00	$271.76
Medical.....	.....			$6,334.07	$0.00	$6,334.07
				$6,605.83	$0.00	$6,605.83
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,571.03	$0.00	$3,571.03
				$3,571.03	$0.00	$3,571.03
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,172.42	$0.00	$7,172.42
Medical.....	.....			$40,820.92	$0.00	$40,820.92
				$47,993.34	$0.00	$47,993.34
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$661.69	$0.00	$661.69
Medical.....	.....			$8,189.14	$0.00	$8,189.14
				$8,850.83	$0.00	$8,850.83
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.97	$0.00	$315.97
				$315.97	$0.00	$315.97
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$241.30	$0.00	$241.30
Medical.....	.....			$8,505.79	$0.00	$8,505.79
				$8,747.09	$0.00	$8,747.09
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$2,841.37	$0.00	$2,841.37
Medical.....	.....			$6,776.92	$0.00	$6,776.92
				$9,642.29	$0.00	$9,642.29
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$141.29	$0.00	$141.29
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,614.95	$0.00	$9,614.95
				$9,756.24	$0.00	$9,756.24
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$564.23	$0.00	$564.23
				$588.23	$0.00	$588.23
# of Claims	12					
# Open	0	Recovery Amount:	-$274.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,061.56	$0.00	$1,061.56
Indemnity.....	.....			$5,509.59	$0.00	$5,509.59
Medical.....	.....			$26,521.65	$0.00	$26,521.65
				$33,092.80	$0.00	$33,092.80
# of Claims	17					
# Open	0	Recovery Amount:	-$21,196.77			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$348.59	$0.00	$348.59
Medical.....	.....			$7,114.54	$0.00	$7,114.54
				$7,471.13	$0.00	$7,471.13
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$106.50	$0.00	$106.50
Indemnity.....	.....			$10,455.70	$0.00	$10,455.70
Medical.....	.....			$88,332.30	$0.00	$88,332.30
				$98,894.50	$0.00	$98,894.50
# of Claims	10					
# Open	0	Recovery Amount:	-$55,618.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$15.40	$0.00	$15.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$457.63	$0.00	$457.63
				$473.03	$0.00	$473.03
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,544.46	$0.00	$3,544.46
Medical.....	.....			$11,906.69	$0.00	$11,906.69
				$15,459.15	$0.00	$15,459.15
# of Claims	8					
# Open	0	Recovery Amount:	-$8,893.71			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$133.68	$0.00	$133.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,334.48	$0.00	$2,334.48
				$2,468.16	$0.00	$2,468.16
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$161.37	$0.00	$161.37
Indemnity.....	.....			$28,179.72	$0.00	$28,179.72
Medical.....	.....			$16,673.28	$0.00	$16,673.28
				$45,014.37	$0.00	$45,014.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$103.40	$0.00	$103.40
Indemnity.....	.....			$10,102.82	$0.00	$10,102.82
Medical.....	.....			$29,824.48	$0.00	$29,824.48
				$40,030.70	$0.00	$40,030.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$69.99	$138.01	$208.00
Indemnity.....	.....			$0.00	$28,600.00	$28,600.00
Medical.....	.....			$11,816.00	$43,205.55	$55,021.55
				$11,885.99	$71,943.56	$83,829.55
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

161 - TAXATION, DEPARTMENT OF

S161 - TAXATION, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$18.82**	**$231.18**	**$250.00**
Indemnity.....	.....			**$1,055.83**	**$10,944.17**	**$12,000.00**
Medical.....	.....			**$8,238.33**	**$10,711.67**	**$18,950.00**
				$9,312.98	**$21,887.02**	**$31,200.00**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$15,978.77**	**$369.19**	**$16,347.96**
Indemnity.....	.....			**$801,665.91**	**$39,544.17**	**$841,210.08**
Medical.....	.....			**$641,735.32**	**$53,917.22**	**$695,652.54**
				$1,459,380.00	**$93,830.58**	**$1,553,210.58**
# of Claims	**573**					
# Open	**2**	**Recovery Amount:**	**-$181,237.65**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

163 - AGING, DEPT. OF

S163 - AGING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.00**	**$0.00**	**$133.00**
				$133.00	**$0.00**	**$133.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$133.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$397.24**	**$0.00**	**$397.24**
				$397.24	**$0.00**	**$397.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

163 - AGING, DEPT. OF

S163 - AGING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$215.58**	**$0.00**	**$215.58**
				$215.58	**$0.00**	**$215.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$745.82**	**$0.00**	**$745.82**
				$745.82	**$0.00**	**$745.82**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$133.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

164 - VA Mgmt. Fellows Prgrm. Admin.

S164 - VA Mgmt. Fellows Prgrm. Admin.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			**$44.41**	**$0.00**	**$44.41**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$2,752.94**	**$0.00**	**$2,752.94**
				$2,797.35	**$0.00**	**$2,797.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$44.41**	**$0.00**	**$44.41**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$2,752.94**	**$0.00**	**$2,752.94**
				$2,797.35	**$0.00**	**$2,797.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,013.01	$0.00	$2,013.01
Medical.....	.....			$3,903.77	$0.00	$3,903.77
				$5,916.78	$0.00	$5,916.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.15	$0.00	$421.15
				$421.15	$0.00	$421.15
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.72	$0.00	$109.72
				$109.72	$0.00	$109.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$113.00	$0.00	$113.00
				$113.00	$0.00	$113.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.99	$0.00	$412.99
				$412.99	$0.00	$412.99
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,113.28	$0.00	$6,113.28
Medical.....	.....			$38,632.26	$0.00	$38,632.26
				$44,745.54	$0.00	$44,745.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.00	$0.00	$189.00
				$189.00	$0.00	$189.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,849.31	$0.00	$10,849.31
Medical.....	.....			$45,544.89	$0.00	$45,544.89
				$56,394.20	$0.00	$56,394.20
# of Claims	3					
# Open	0	Recovery Amount:	-$85.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,114.06**	**$0.00**	**$5,114.06**
Medical				**$7,026.98**	**$0.00**	**$7,026.98**
				$12,141.04	**$0.00**	**$12,141.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,548.31**	**$0.00**	**$1,548.31**
Medical				**$2,293.85**	**$0.00**	**$2,293.85**
				$3,842.16	**$0.00**	**$3,842.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$431.50**	**$0.00**	**$431.50**
				$431.50	**$0.00**	**$431.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,167.40**	**$0.00**	**$1,167.40**
				$1,167.40	**$0.00**	**$1,167.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$366.06	$0.00	$366.06
				$421.56	$0.00	$421.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$626.60	$0.00	$626.60
				$737.60	$0.00	$737.60
# of Claims	7					
# Open	0	Recovery Amount:	-$645.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$1,006.16	$0.00	$1,006.16
Medical.....	.....			$1,935.53	$0.00	$1,935.53
				$2,978.69	$0.00	$2,978.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$32.00	$0.00	$32.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,337.30	$0.00	$2,337.30
				$2,337.30	$0.00	$2,337.30
# of Claims	3					
# Open	0	Recovery Amount:	-$2,337.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$85.55	$0.00	$85.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,766.79	$0.00	$6,766.79
				$6,852.34	$0.00	$6,852.34
# of Claims	1					
# Open	0	Recovery Amount:	-$6,766.79			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

165 - HOUSING & COMMUNITY DEVELOPMENT

S165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$18.82**	**$201.18**	**$220.00**
Indemnity.....	.....			**$0.00**	**$2,750.00**	**$2,750.00**
Medical.....	.....			**$0.00**	**$7,350.00**	**$7,350.00**
				$18.82	**$10,301.18**	**$10,320.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$339.87**	**$201.18**	**$541.05**
Indemnity.....	.....			**$26,644.13**	**$2,750.00**	**$29,394.13**
Medical.....	.....			**$112,278.79**	**$7,350.00**	**$119,628.79**
				$139,262.79	**$10,301.18**	**$149,563.97**
# of Claims	**66**					
# Open	**1**	**Recovery Amount:**	**-$9,834.19**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

166 - SECRETARY OF THE COMMONWEALTH

S166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$728.60	$0.00	$728.60
				$728.60	$0.00	$728.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$877.16	$0.00	$877.16
				$877.16	$0.00	$877.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.10	$0.00	$216.10
				$216.10	$0.00	$216.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,233.68	$0.00	$1,233.68
Medical.....	.....			$1,240.15	$0.00	$1,240.15
				$2,473.83	$0.00	$2,473.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

166 - SECRETARY OF THE COMMONWEALTH

S166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$336.14	$0.00	$336.14
				$336.14	$0.00	$336.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.01	$0.00	$165.01
				$165.01	$0.00	$165.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

166 - SECRETARY OF THE COMMONWEALTH

S166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.84	$0.00	$202.84
				$202.84	$0.00	$202.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

166 - SECRETARY OF THE COMMONWEALTH

S166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

166 - SECRETARY OF THE COMMONWEALTH

S166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$51.55	$0.00	$51.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$51.55	$0.00	$51.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$50.90	$0.00	$50.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$50.90	$0.00	$50.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$102.45	$0.00	$102.45
Indemnity.....	.....			$1,233.68	$0.00	$1,233.68
Medical.....	.....			$3,766.00	$0.00	$3,766.00
				$5,102.13	$0.00	$5,102.13
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

171 - SCC STATE CORPORATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,810.00	$0.00	$1,810.00
Medical.....	.....			$3,171.82	$0.00	$3,171.82
				$4,981.82	$0.00	$4,981.82
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$308.42	$0.00	$308.42
				$308.42	$0.00	$308.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.00	$0.00	$120.00
				$120.00	$0.00	$120.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,031.95	$0.00	$1,031.95
				$1,031.95	$0.00	$1,031.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

171 - SCC STATE CORPORATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,862.38	$0.00	$8,862.38
Medical.....	.....			$17,771.80	$0.00	$17,771.80
				$26,634.18	$0.00	$26,634.18
# of Claims	12					
# Open	0	Recovery Amount:	-$4,891.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.20	$0.00	$95.20
				$95.20	$0.00	$95.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,698.14	$0.00	$3,698.14
				$3,698.14	$0.00	$3,698.14
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

171 - SCC STATE CORPORATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$426.80	$0.00	$426.80
				$426.80	$0.00	$426.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$56.00	$0.00	$56.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

171 - SCC STATE CORPORATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$12,830.56	$0.00	$12,830.56
Medical.....	.....			$21,929.19	$0.00	$21,929.19
				$34,795.75	$0.00	$34,795.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$184.03	$0.00	$184.03
Indemnity.....	.....			$11,257.42	$0.00	$11,257.42
Medical.....	.....			$116,297.50	$0.00	$116,297.50
				$127,738.95	$0.00	$127,738.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$23.76	$0.00	$23.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.76	$0.00	$23.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$299.79	$0.00	$299.79
Indemnity.....	.....			$34,760.36	$0.00	$34,760.36
Medical.....	.....			$164,850.82	$0.00	$164,850.82
				$199,910.97	$0.00	$199,910.97
# of Claims	56					
# Open	0	Recovery Amount:	-$4,891.17			

203 - SCC CLERK'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

203 - SCC CLERK'S OFFICE

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$249.90**	**$0.00**	**$249.90**
		$249.90	**$0.00**	**$249.90**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$108.03**	**$0.00**	**$108.03**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$6,963.60**	**$0.00**	**$6,963.60**
		$7,071.63	**$0.00**	**$7,071.63**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**-$6,963.60**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

203 - SCC CLERK'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$108.03	$0.00	$108.03
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,213.50	$0.00	$7,213.50
				$7,321.53	$0.00	$7,321.53
# of Claims	8					
# Open	0	Recovery Amount:	-$6,963.60			

204 - SCC CORPORATE OPERATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

204 - SCC CORPORATE OPERATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

205 - SCC UNIFORM COMMERCIAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.00	$0.00	$16.00
				$16.00	$0.00	$16.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.00	$0.00	$16.00
				$16.00	$0.00	$16.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

206 - SCC SECURITIES RETAIL

Policy	Policy Period	Paid to Date	Outstanding	Incurred

171 - STATE CORPORATION COMMISSION

206 - SCC SECURITIES RETAIL

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$77.34**	**$0.00**	**$77.34**
		$77.34	**$0.00**	**$77.34**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$754.58**	**$0.00**	**$754.58**
		$754.58	**$0.00**	**$754.58**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$319.15**	**$0.00**	**$319.15**
		$319.15	**$0.00**	**$319.15**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

206 - SCC SECURITIES RETAIL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$620.20	$0.00	$620.20
				$620.20	$0.00	$620.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,836.27	$0.00	$1,836.27
				$1,836.27	$0.00	$1,836.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

221 - SCC FINANCIAL INSTITUTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$325.77	$0.00	$325.77
				$325.77	$0.00	$325.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

221 - SCC FINANCIAL INSTITUTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.66	$0.00	$233.66
				$233.66	$0.00	$233.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$559.43	$0.00	$559.43
				$559.43	$0.00	$559.43
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

223 - SCC SMALL LOAN LICENSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

171 - STATE CORPORATION COMMISSION

223 - SCC SMALL LOAN LICENSE

WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$145.37**	**$0.00**	**$145.37**
				$145.37	**$0.00**	**$145.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$145.37**	**$0.00**	**$145.37**
				$145.37	**$0.00**	**$145.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

224 - SCC SAFETY AND SOUND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$35.49**	**$0.00**	**$35.49**
				$35.49	**$0.00**	**$35.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$35.49**	**$0.00**	**$35.49**
				$35.49	**$0.00**	**$35.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

231 - SCC INSURANCE ADMINISTATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

231 - SCC INSURANCE ADMINISTATION

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$94.75**	**$0.00**	**$94.75**
				$94.75	**$0.00**	**$94.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,548.93**	**$0.00**	**$1,548.93**
		$1,548.93	**$0.00**	**$1,548.93**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$244.12**	**$0.00**	**$244.12**
		$244.12	**$0.00**	**$244.12**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$262.03**	**$0.00**	**$262.03**
		$262.03	**$0.00**	**$262.03**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,216.60**	**$0.00**	**$3,216.60**
		$3,216.60	**$0.00**	**$3,216.60**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**-$3,014.60**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

231 - SCC INSURANCE ADMINISTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.00	$0.00	$220.00
				$220.00	$0.00	$220.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.30	$0.00	$28.30
				$28.30	$0.00	$28.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,614.73	$0.00	$5,614.73
				$5,614.73	$0.00	$5,614.73
# of Claims	13					
# Open	0	Recovery Amount:	-$3,014.60			

232 - SCC BUSINESS PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

232 - SCC BUSINESS PRACTICE

WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.12**	**$0.00**	**$95.12**
				$95.12	**$0.00**	**$95.12**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$230.41**	**$0.00**	**$230.41**
		$230.41	**$0.00**	**$230.41**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$325.53**	**$0.00**	**$325.53**
	$325.53	**$0.00**	**$325.53**
# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

233 - SCC FINANCIAL AFFAIRS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

171 - STATE CORPORATION COMMISSION

233 - SCC FINANCIAL AFFAIRS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$520.85**	**$0.00**	**$520.85**
				$520.85	**$0.00**	**$520.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$93.00**	**$0.00**	**$93.00**
		$93.00	**$0.00**	**$93.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$439.00**	**$0.00**	**$439.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5,536.03**	**$0.00**	**$5,536.03**
		$5,975.03	**$0.00**	**$5,975.03**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense			**$439.00**	**$0.00**	**$439.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$6,149.88**	**$0.00**	**$6,149.88**
			$6,588.88	**$0.00**	**$6,588.88**
# of Claims	**7**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

234 - SCC REGULATORY POLICY

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

234 - SCC REGULATORY POLICY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.37	$0.00	$89.37
				$89.37	$0.00	$89.37
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$156.00	$0.00	$156.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$156.00	$0.00	$156.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$156.00	$0.00	$156.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.37	$0.00	$89.37
				$245.37	$0.00	$245.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

242 - SCC ENERGY REGULATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

242 - SCC ENERGY REGULATION

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$148.13**	**$0.00**	**$148.13**
			$148.13	**$0.00**	**$148.13**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$148.13**	**$0.00**	**$148.13**
			$148.13	**$0.00**	**$148.13**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

243 - SCC COMMUNICATIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,489.13**	**$0.00**	**$1,489.13**
			$1,489.13	**$0.00**	**$1,489.13**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

243 - SCC COMMUNICATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,095.61	$0.00	$10,095.61
				$10,095.61	$0.00	$10,095.61
# of Claims	1					
# Open	0	Recovery Amount:	-$483.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.58	$0.00	$133.58
				$133.58	$0.00	$133.58
# of Claims	1					
# Open	0	Recovery Amount:	-$133.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,467.59	$0.00	$2,467.59
				$2,467.59	$0.00	$2,467.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,185.91	$0.00	$14,185.91
				$14,185.91	$0.00	$14,185.91
# of Claims	6					
# Open	0	Recovery Amount:	-$616.58			

245 - SCC ECONOMIC RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

171 - STATE CORPORATION COMMISSION

245 - SCC ECONOMIC RESEARCH

WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

322 - SCC MTR CARRIER OPERATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$116.89**	**$0.00**	**$116.89**
				$116.89	**$0.00**	**$116.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$116.89**	**$0.00**	**$116.89**
				$116.89	**$0.00**	**$116.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

324 - SCC MTR CARRIER ENFORCEMENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

324 - SCC MTR CARRIER ENFORCEMENT

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$288.25**	**$0.00**	**$288.25**
			$288.25	**$0.00**	**$288.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$288.25**	**$0.00**	**$288.25**
			$288.25	**$0.00**	**$288.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

330 - SCC RAILROAD REGULATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.03**	**$0.00**	**$172.03**
				$172.03	**$0.00**	**$172.03**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$23.90**	**$0.00**	**$23.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$23.90	**$0.00**	**$23.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$23.90**	**$0.00**	**$23.90**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$172.03**	**$0.00**	**$172.03**
			$195.93	**$0.00**	**$195.93**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

330 - SCC RAILROAD REGULATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.03**	**$0.00**	**$172.03**
				$172.03	**$0.00**	**$172.03**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$23.90**	**$0.00**	**$23.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$23.90	**$0.00**	**$23.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$23.90**	**$0.00**	**$23.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.03**	**$0.00**	**$172.03**
				$195.93	**$0.00**	**$195.93**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

361 - SCC CENTRAL ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

171 - STATE CORPORATION COMMISSION

361 - SCC CENTRAL ADMINISTRATION

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

362 - SCC OFFICE COMMUNICATN COMPTROLLEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$876.10**	**$0.00**	**$876.10**
				$876.10	**$0.00**	**$876.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$876.10**	**$0.00**	**$876.10**
				$876.10	**$0.00**	**$876.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

363 - SCC PERSONNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.06**	**$0.00**	**$253.06**
				$253.06	**$0.00**	**$253.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.06**	**$0.00**	**$253.06**
				$253.06	**$0.00**	**$253.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

365 - SCC OFFICE PLANNING

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

365 - SCC OFFICE PLANNING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$241.00**	**$0.00**	**$241.00**
				$241.00	**$0.00**	**$241.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$241.00**	**$0.00**	**$241.00**
				$241.00	**$0.00**	**$241.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

366 - SCC OFFICE OF GENERAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$997.29**	**$0.00**	**$997.29**
				$997.29	**$0.00**	**$997.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$997.29**	**$0.00**	**$997.29**
				$997.29	**$0.00**	**$997.29**

171 - STATE CORPORATION COMMISSION

366 - SCC OFFICE OF GENERAL

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

370 - SCC REPRODUCTION DI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$152.11**	**$0.00**	**$152.11**
				$152.11	**$0.00**	**$152.11**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$152.11**	**$0.00**	**$152.11**
				$152.11	**$0.00**	**$152.11**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

390 - SCC DOCUMENT CONTROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$51.56**	**$0.00**	**$51.56**
				$51.56	**$0.00**	**$51.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$51.56**	**$0.00**	**$51.56**
				$51.56	**$0.00**	**$51.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

392 - SCC MICROFILM CENTER

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

392 - SCC MICROFILM CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

S171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$807.45**	**$0.00**	**$807.45**
				$807.45	**$0.00**	**$807.45**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,362.06**	**$0.00**	**$1,362.06**
Medical				**$830.70**	**$0.00**	**$830.70**
				$2,192.76	**$0.00**	**$2,192.76**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

S171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$830.00	$0.00	$830.00
Indemnity.....	.....			$3,184.44	$0.00	$3,184.44
Medical.....	.....			$9,256.07	$0.00	$9,256.07
				$13,270.51	$0.00	$13,270.51
# of Claims	8					
# Open	0	Recovery Amount:	-$194.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.25	$0.00	$104.25
				$104.25	$0.00	$104.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,589.58	$0.00	$1,589.58
				$1,589.58	$0.00	$1,589.58
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$354.01	$0.00	$354.01
Medical.....	.....			$4,243.23	$0.00	$4,243.23
				$4,597.24	$0.00	$4,597.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

S171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.00	$0.00	$130.00
				$130.00	$0.00	$130.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$37.73	$0.00	$37.73
Indemnity.....	.....			$5,944.82	$0.00	$5,944.82
Medical.....	.....			$42,973.08	$0.00	$42,973.08
				$48,955.63	$0.00	$48,955.63
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$200.00	$0.00	$200.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,034.96	$0.00	$1,034.96
				$1,234.96	$0.00	$1,234.96
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,325.10	$0.00	$1,325.10
				$1,325.10	$0.00	$1,325.10
# of Claims	5					
# Open	0	Recovery Amount:	-$1,005.10			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

S171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$537.37**	**$0.00**	**$537.37**
				$537.37	**$0.00**	**$537.37**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$28.86**	**$0.00**	**$28.86**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$28.86	**$0.00**	**$28.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$659.99**	**$0.00**	**$659.99**
				$659.99	**$0.00**	**$659.99**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$115.19**	**$0.00**	**$115.19**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$716.98**	**$0.00**	**$716.98**
				$832.17	**$0.00**	**$832.17**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

171 - STATE CORPORATION COMMISSION

S171 - STATE CORPORATION COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$21.20**	**$0.00**	**$21.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$462.58**	**$0.00**	**$462.58**
				$483.78	**$0.00**	**$483.78**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$859.27**	**$0.00**	**$859.27**
				$859.27	**$0.00**	**$859.27**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,232.98**	**$0.00**	**$1,232.98**
Indemnity				**$10,845.33**	**$0.00**	**$10,845.33**
Medical				**$65,530.61**	**$0.00**	**$65,530.61**
				$77,608.92	**$0.00**	**$77,608.92**
# of Claims	**86**					
# Open	**0**	**Recovery Amount:**	**-$1,199.85**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$390.60	$0.00	$390.60
Medical.....	.....			$4,740.62	$0.00	$4,740.62
				$5,131.22	$0.00	$5,131.22
# of Claims	6					
# Open	0	Recovery Amount:	-$637.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$780.00	$0.00	$780.00
Indemnity.....	.....			$27,819.54	$0.00	$27,819.54
Medical.....	.....			$43,854.94	$0.00	$43,854.94
				$72,454.48	$0.00	$72,454.48
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,166.28	$0.00	$6,166.28
Medical.....	.....			$17,882.55	$0.00	$17,882.55
				$24,048.83	$0.00	$24,048.83
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,133.79	$0.00	$8,133.79
Medical.....	.....			$23,528.36	$0.00	$23,528.36
				$31,662.15	$0.00	$31,662.15
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,513.92	$0.00	$1,513.92
Medical.....	.....			$10,608.01	$0.00	$10,608.01
				$12,121.93	$0.00	$12,121.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,256.96	$0.00	$1,256.96
				$1,256.96	$0.00	$1,256.96
# of Claims	17					
# Open	0	Recovery Amount:	-$40.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$27.17	$0.00	$27.17
Indemnity.....	.....			$44,129.00	$0.00	$44,129.00
Medical.....	.....			$8,698.47	$0.00	$8,698.47
				$52,854.64	$0.00	$52,854.64
# of Claims	11					
# Open	0	Recovery Amount:	-$3,442.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.37	$0.00	$786.37
				$786.37	$0.00	$786.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$34.56	$0.00	$34.56
Medical.....	.....			$2,396.67	$0.00	$2,396.67
				$2,431.23	$0.00	$2,431.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,977.50	$0.00	$8,977.50
Medical.....	.....			$25,535.83	$0.00	$25,535.83
				$34,513.33	$0.00	$34,513.33
# of Claims	5					
# Open	0	Recovery Amount:	-$27.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,016.62	$0.00	$1,016.62
				$1,016.62	$0.00	$1,016.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$6,831.57	$0.00	$6,831.57
Indemnity.....	.....			$210,280.00	$0.00	$210,280.00
Medical.....	.....			$211,883.76	$0.00	$211,883.76
				$428,995.33	$0.00	$428,995.33
# of Claims	7					
# Open	0	Recovery Amount:	-$14.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,867.61	$0.00	$1,867.61
				$1,867.61	$0.00	$1,867.61
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,025.45	$0.00	$2,025.45
				$2,025.45	$0.00	$2,025.45
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,077.25	$0.00	$3,077.25
				$3,077.25	$0.00	$3,077.25
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,295.22	$0.00	$2,295.22
Medical.....	.....			$3,216.47	$0.00	$3,216.47
				$5,511.69	$0.00	$5,511.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$453.79	$0.00	$453.79
				$453.79	$0.00	$453.79
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,163.52	$0.00	$1,163.52
				$1,163.52	$0.00	$1,163.52
# of Claims	9					
# Open	0	Recovery Amount:	-$366.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,567.18	$0.00	$4,567.18
				$4,567.18	$0.00	$4,567.18
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,332.78	$0.00	$2,332.78
				$2,332.78	$0.00	$2,332.78
# of Claims	5					
# Open	0	Recovery Amount:	-$1,683.32			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$130.06	$0.00	$130.06
Indemnity.....	.....			$7,737.36	$0.00	$7,737.36
Medical.....	.....			$27,170.78	$0.00	$27,170.78
				$35,038.20	$0.00	$35,038.20
# of Claims	9					
# Open	0	Recovery Amount:	-$900.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,917.50	$0.00	$4,917.50
				$4,917.50	$0.00	$4,917.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,264.01	$0.00	$3,264.01
Medical.....	.....			$4,859.87	$0.00	$4,859.87
				$8,123.88	$0.00	$8,123.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,575.11	$0.00	$4,575.11
				$4,575.11	$0.00	$4,575.11
# of Claims	7					
# Open	0	Recovery Amount:	-$140.54			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$60.61	$0.00	$60.61
Indemnity.....	.....			$13,997.22	$0.00	$13,997.22
Medical.....	.....			$237,689.60	$0.00	$237,689.60
				$251,747.43	$0.00	$251,747.43
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,214.81	$0.00	$5,214.81
				$5,214.81	$0.00	$5,214.81
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$9,004.91	$0.00	$9,004.91
Medical.....	.....			$36,724.11	$0.00	$36,724.11
				$45,745.02	$0.00	$45,745.02
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$249.74	$0.00	$249.74
				$249.74	$0.00	$249.74
# of Claims	9					
# Open	0	Recovery Amount:	-$174.40			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$59.76	$0.00	$59.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,805.96	$0.00	$6,805.96
				$6,865.72	$0.00	$6,865.72
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$106.77	$0.00	$106.77
Indemnity.....	.....			$5,487.59	$0.00	$5,487.59
Medical.....	.....			$31,837.32	$0.00	$31,837.32
				$37,431.68	$0.00	$37,431.68
# of Claims	13					
# Open	0	Recovery Amount:	-$4,930.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$84.45	$0.00	$84.45
Indemnity.....	.....			$421.94	$0.00	$421.94
Medical.....	.....			$2,633.26	$0.00	$2,633.26
				$3,139.65	$0.00	$3,139.65
# of Claims	11					
# Open	0	Recovery Amount:	-$455.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$18.70	$0.00	$18.70
Indemnity.....	.....			$15,748.25	$0.00	$15,748.25
Medical.....	.....			$37,657.31	$0.00	$37,657.31
				$53,424.26	$0.00	$53,424.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

172 - Virginia Lottery

S172 - Virginia Lottery

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$27.40	$0.00	$27.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$866.74	$0.00	$866.74
				$894.14	$0.00	$894.14
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$91.20	$308.80	$400.00
Indemnity.....	.....			$61,979.80	$41,808.60	$103,788.40
Medical.....	.....			$17,418.64	$21,423.44	$38,842.08
				$79,489.64	$63,540.84	$143,030.48
# of Claims	8					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$97.31	$300.00	$397.31
Indemnity.....	.....			$0.00	$10,038.98	$10,038.98
Medical.....	.....			$8,930.33	$16,601.65	$25,531.98
				$9,027.64	$26,940.63	$35,968.27
# of Claims	10					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,331.00	$608.80	$8,939.80
Indemnity.....	.....			$427,381.49	$51,847.58	$479,229.07
Medical.....	.....			$798,444.29	$38,025.09	$836,469.38
				$1,234,156.78	$90,481.47	$1,324,638.25
# of Claims	362					
# Open	7	Recovery Amount:	-$12,812.26			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

173 - DEPARTMENT OF CHARITABLE GAMING

S173 - DEPARTMENT OF CHARITABLE GAMING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,339.88**	**$0.00**	**$1,339.88**
Medical				**$7,709.57**	**$0.00**	**$7,709.57**
				$9,049.45	**$0.00**	**$9,049.45**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28.82**	**$0.00**	**$28.82**
				$28.82	**$0.00**	**$28.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$92.20**	**$0.00**	**$92.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$92.20	**$0.00**	**$92.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

173 - DEPARTMENT OF CHARITABLE GAMING

S173 - DEPARTMENT OF CHARITABLE GAMING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,984.64**	**$0.00**	**$1,984.64**
Medical				**$7,985.00**	**$0.00**	**$7,985.00**
				$9,969.64	**$0.00**	**$9,969.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$6,284.57**			
Grand Totals						
Expense				**$92.20**	**$0.00**	**$92.20**
Indemnity				**$3,324.52**	**$0.00**	**$3,324.52**
Medical				**$15,723.39**	**$0.00**	**$15,723.39**
				$19,140.11	**$0.00**	**$19,140.11**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$6,284.57**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

174 - VIRGINIA COLLEGE SAVINGS PLAN

S174 - VIRGINIA COLLEGE SAVINGS PLAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$163.47	$0.00	$163.47
				$163.47	$0.00	$163.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,915.08	$0.00	$17,915.08
				$17,915.08	$0.00	$17,915.08
# of Claims	2					
# Open	0	Recovery Amount:	-$11,498.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

174 - VIRGINIA COLLEGE SAVINGS PLAN

S174 - VIRGINIA COLLEGE SAVINGS PLAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$39.44	$0.00	$39.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,717.25	$0.00	$2,717.25
				$2,756.69	$0.00	$2,756.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$39.44	$0.00	$39.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,795.80	$0.00	$20,795.80
				$20,835.24	$0.00	$20,835.24
# of Claims	8					
# Open	0	Recovery Amount:	-$11,498.93			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

175 - VA Office of Protection & Advocacy

S175 - VA Off. of Protection & Advocacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$825.86	$0.00	$825.86
Medical.....	.....			$10,317.70	$0.00	$10,317.70
				$11,143.56	$0.00	$11,143.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.71	$0.00	$171.71
				$171.71	$0.00	$171.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.11	$0.00	$169.11
				$187.61	$0.00	$187.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

175 - VA Office of Protection & Advocacy

S175 - VA Off. of Protection & Advocacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,542.07**	**$0.00**	**$1,542.07**
				$1,542.07	**$0.00**	**$1,542.07**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$825.86**	**$0.00**	**$825.86**
Medical				**$12,200.59**	**$0.00**	**$12,200.59**
				$13,044.95	**$0.00**	**$13,044.95**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

180 - ADMINISTRATION, SECRETARY OF

S180 - ADMINISTRATION, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

180 - ADMINISTRATION, SECRETARY OF

S180 - ADMINISTRATION, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$170.25**	**$0.00**	**$170.25**
				$170.25	**$0.00**	**$170.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$218.25**	**$0.00**	**$218.25**
				$236.75	**$0.00**	**$236.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$553.98	$0.00	$553.98
				$553.98	$0.00	$553.98
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$857.12	$0.00	$857.12
Medical.....	.....			$1,658.25	$0.00	$1,658.25
				$2,515.37	$0.00	$2,515.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,066.16	$0.00	$3,066.16
Medical.....	.....			$1,767.40	$0.00	$1,767.40
				$4,833.56	$0.00	$4,833.56
# of Claims	15					
# Open	0	Recovery Amount:	-$2,383.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,184.78	$0.00	$8,184.78
Medical.....	.....			$32,153.33	$0.00	$32,153.33
				$40,338.11	$0.00	$40,338.11
# of Claims	14					
# Open	0	Recovery Amount:	-$56.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,227.70	$0.00	$6,227.70
Medical.....	.....			$6,755.94	$0.00	$6,755.94
				$12,983.64	$0.00	$12,983.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,588.24	$0.00	$6,588.24
Medical.....	.....			$15,343.37	$0.00	$15,343.37
				$21,931.61	$0.00	$21,931.61
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5.00	$0.00	$5.00
Indemnity.....	.....			$6,974.56	$0.00	$6,974.56
Medical.....	.....			$12,148.71	$0.00	$12,148.71
				$19,128.27	$0.00	$19,128.27
# of Claims	8					
# Open	0	Recovery Amount:	-$18,136.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,457.43	$0.00	$9,457.43
Medical.....	.....			$2,749.78	$0.00	$2,749.78
				$12,207.21	$0.00	$12,207.21
# of Claims	12					
# Open	0	Recovery Amount:	-$92.48			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$73.52**	**$0.00**	**$73.52**
				$73.52	**$0.00**	**$73.52**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,811.43**	**$0.00**	**$2,811.43**
Medical				**$9,817.60**	**$0.00**	**$9,817.60**
				$12,629.03	**$0.00**	**$12,629.03**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,104.11**	**$0.00**	**$1,104.11**
Medical				**$1,379.17**	**$0.00**	**$1,379.17**
				$2,483.28	**$0.00**	**$2,483.28**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$11.00**	**$0.00**	**$11.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$850.32**	**$0.00**	**$850.32**
				$861.32	**$0.00**	**$861.32**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,577.90	$0.00	$1,577.90
				$1,577.90	$0.00	$1,577.90
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,452.68	$0.00	$1,452.68
Indemnity.....	.....			$16,098.23	$0.00	$16,098.23
Medical.....	.....			$79,022.51	$0.00	$79,022.51
				$96,573.42	$0.00	$96,573.42
# of Claims	14					
# Open	0	Recovery Amount:	-$43,555.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.50	$0.00	$234.50
				$234.50	$0.00	$234.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$2,166.22	$0.00	$2,166.22
Indemnity.....	.....			$37,279.94	$0.00	$37,279.94
Medical.....	.....			$191,550.27	$0.00	$191,550.27
				$230,996.43	$0.00	$230,996.43
# of Claims	8					
# Open	0	Recovery Amount:	-$25,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,448.23**	**$0.00**	**$2,448.23**
Medical				**$7,652.01**	**$0.00**	**$7,652.01**
				$10,100.24	**$0.00**	**$10,100.24**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,938.74**	**$0.00**	**$1,938.74**
Medical				**$12,020.47**	**$0.00**	**$12,020.47**
				$13,959.21	**$0.00**	**$13,959.21**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,737.79**	**$0.00**	**$6,737.79**
				$6,737.79	**$0.00**	**$6,737.79**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$444.24**	**$0.00**	**$444.24**
				$444.24	**$0.00**	**$444.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$204.63**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,755.90	$0.00	$1,755.90
				$1,755.90	$0.00	$1,755.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$600.86	$0.00	$600.86
				$600.86	$0.00	$600.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$576.89	$0.00	$576.89
				$576.89	$0.00	$576.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,109.33	$0.00	$1,109.33
				$1,109.33	$0.00	$1,109.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$251.04	$0.00	$251.04
				$251.04	$0.00	$251.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$40.56	$0.00	$40.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,311.90	$0.00	$6,311.90
				$6,352.46	$0.00	$6,352.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,139.72**	**$0.00**	**$3,139.72**
				$3,139.72	**$0.00**	**$3,139.72**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$55.68**	**$0.00**	**$55.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,399.76**	**$0.00**	**$6,399.76**
				$6,455.44	**$0.00**	**$6,455.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$125.40**	**$0.00**	**$125.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,240.50**	**$0.00**	**$13,240.50**
				$13,365.90	**$0.00**	**$13,365.90**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$5,953.08**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

181 - LABOR AND INDUSTRY, DEPT OF

S181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,856.54**	**$0.00**	**$3,856.54**
Indemnity				**$103,036.67**	**$0.00**	**$103,036.67**
Medical				**$417,876.96**	**$0.00**	**$417,876.96**
				$524,770.17	**$0.00**	**$524,770.17**
# of Claims	**245**					
# Open	**0**	**Recovery Amount:**	**-$95,381.03**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,945.66	$0.00	$3,945.66
Medical.....	.....			$7,924.34	$0.00	$7,924.34
				$11,870.00	$0.00	$11,870.00
# of Claims	27					
# Open	0	Recovery Amount:	-$2,015.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,320.54	$0.00	$1,320.54
Medical.....	.....			$3,943.20	$0.00	$3,943.20
				$5,263.74	$0.00	$5,263.74
# of Claims	42					
# Open	0	Recovery Amount:	-$514.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,863.52	$0.00	$2,863.52
Medical.....	.....			$16,026.10	$0.00	$16,026.10
				$18,889.62	$0.00	$18,889.62
# of Claims	34					
# Open	0	Recovery Amount:	-$350.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,819.36	$0.00	$1,819.36
Indemnity.....	.....			$6,306.00	$0.00	$6,306.00
Medical.....	.....			$23,096.48	$0.00	$23,096.48
				$31,221.84	$0.00	$31,221.84
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$889.62	$0.00	$889.62
Medical.....	.....			$15,459.76	$0.00	$15,459.76
				$16,349.38	$0.00	$16,349.38
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,108.25	$0.00	$10,108.25
Medical.....	.....			$35,697.84	$0.00	$35,697.84
				$45,806.09	$0.00	$45,806.09
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$187.90	$0.00	$187.90
Indemnity.....	.....			$8,862.99	$0.00	$8,862.99
Medical.....	.....			$44,652.05	$0.00	$44,652.05
				$53,702.94	$0.00	$53,702.94
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,754.62	$0.00	$29,754.62
Medical.....	.....			$21,777.38	$0.00	$21,777.38
				$51,532.00	$0.00	$51,532.00
# of Claims	49					
# Open	0	Recovery Amount:	-$2,964.38			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,445.14	$0.00	$2,445.14
Medical.....	.....			$9,993.36	$0.00	$9,993.36
				$12,438.50	$0.00	$12,438.50
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$900.00	$0.00	$900.00
Indemnity.....	.....			$8,579.27	$0.00	$8,579.27
Medical.....	.....			$7,476.50	$0.00	$7,476.50
				$16,955.77	$0.00	$16,955.77
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$86.07	$0.00	$86.07
Indemnity.....	.....			$19,376.60	$0.00	$19,376.60
Medical.....	.....			$22,605.55	$0.00	$22,605.55
				$42,068.22	$0.00	$42,068.22
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,964.03	$0.00	$1,964.03
Medical.....	.....			$3,986.72	$0.00	$3,986.72
				$5,950.75	$0.00	$5,950.75
# of Claims	27					
# Open	0	Recovery Amount:	-$1,892.74			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$3,840.74	$0.00	$3,840.74
Indemnity.....	.....			$179,002.30	$0.00	$179,002.30
Medical.....	.....			$238,829.61	$0.00	$238,829.61
				$421,672.65	$0.00	$421,672.65
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$39,857.77	$0.00	$39,857.77
Medical.....	.....			$18,782.53	$0.00	$18,782.53
				$58,648.30	$0.00	$58,648.30
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,054.24	$0.00	$2,054.24
				$2,054.24	$0.00	$2,054.24
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,016.69	$0.00	$17,016.69
Medical.....	.....			$120,396.94	$0.00	$120,396.94
				$137,413.63	$0.00	$137,413.63
# of Claims	32					
# Open	0	Recovery Amount:	-$3,029.98			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,443.75	$0.00	$1,443.75
Medical.....	.....			$20,988.36	$0.00	$20,988.36
				$22,432.11	$0.00	$22,432.11
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,295.00	$0.00	$2,295.00
Indemnity.....	.....			$19,255.85	$0.00	$19,255.85
Medical.....	.....			$32,970.43	$0.00	$32,970.43
				$54,521.28	$0.00	$54,521.28
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$378.00	$0.00	$378.00
Indemnity.....	.....			$18,124.16	$0.00	$18,124.16
Medical.....	.....			$46,165.63	$0.00	$46,165.63
				$64,667.79	$0.00	$64,667.79
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$967.50	$0.00	$967.50
Indemnity.....	.....			$140,561.79	$0.00	$140,561.79
Medical.....	.....			$258,188.56	$0.00	$258,188.56
				$399,717.85	$0.00	$399,717.85
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$388.50	$0.00	$388.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,790.55	$0.00	$2,790.55
				$3,179.05	$0.00	$3,179.05
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$901.24	$0.00	$901.24
Indemnity.....	.....			$5,536.15	$0.00	$5,536.15
Medical.....	.....			$131,164.06	$0.00	$131,164.06
				$137,601.45	$0.00	$137,601.45
# of Claims	29					
# Open	0	Recovery Amount:	-$30,741.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$116.00	$0.00	$116.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,745.65	$0.00	$1,745.65
				$1,861.65	$0.00	$1,861.65
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$16.28	$0.00	$16.28
Indemnity.....	.....			$4,550.20	$0.00	$4,550.20
Medical.....	.....			$25,253.27	$0.00	$25,253.27
				$29,819.75	$0.00	$29,819.75
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$60.40	$0.00	$60.40
Indemnity.....	.....			$239.61	$0.00	$239.61
Medical.....	.....			$28,634.80	$0.00	$28,634.80
				$28,934.81	$0.00	$28,934.81
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$10,193.22	$0.00	$10,193.22
Indemnity.....	.....			$206,880.51	$0.00	$206,880.51
Medical.....	.....			$299,345.83	$0.00	$299,345.83
				$516,419.56	$0.00	$516,419.56
# of Claims	36					
# Open	0	Recovery Amount:	-$16,785.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$96.70	$0.00	$96.70
Indemnity.....	.....			$2,500.21	$0.00	$2,500.21
Medical.....	.....			$18,802.35	$0.00	$18,802.35
				$21,399.26	$0.00	$21,399.26
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$600.96	$0.00	$600.96
Indemnity.....	.....			$2,752.96	$0.00	$2,752.96
Medical.....	.....			$14,948.80	$0.00	$14,948.80
				$18,302.72	$0.00	$18,302.72
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11,501.23	$1,621.87	$13,123.10
Indemnity.....	.....			$351,921.02	$42,350.05	$394,271.07
Medical.....	.....			$222,300.40	$28,162.20	$250,462.60
				$585,722.65	$72,134.12	$657,856.77
# of Claims	26					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$37,306.02	$921.86	$38,227.88
Indemnity.....	.....			$178,405.87	$128,537.07	$306,942.94
Medical.....	.....			$65,389.55	$57,344.69	$122,734.24
				$281,101.44	$186,803.62	$467,905.06
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$27,017.21	$0.00	$27,017.21
Medical.....	.....			$44,694.73	$0.00	$44,694.73
				$71,727.94	$0.00	$71,727.94
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$243.27	$0.00	$243.27
Indemnity.....	.....			$3,378.86	$0.00	$3,378.86
Medical.....	.....			$24,178.51	$0.00	$24,178.51
				$27,800.64	$0.00	$27,800.64
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$350.62	$0.00	$350.62
Indemnity.....	.....			$451.47	$0.00	$451.47
Medical.....	.....			$5,234.52	$0.00	$5,234.52
				$6,036.61	$0.00	$6,036.61
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$107.76	$0.00	$107.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,697.19	$0.00	$6,697.19
				$6,804.95	$0.00	$6,804.95
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,437.48	$0.00	$4,437.48
				$4,493.48	$0.00	$4,493.48
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$104.10	$153.80	$257.90
Indemnity.....	.....			$541.47	$4,879.56	$5,421.03
Medical.....	.....			$5,805.76	$8,603.38	$14,409.14
				$6,451.33	$13,636.74	$20,088.07
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

182 - VIRGINIA EMPLOYMENT COMMISSION

S182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$74.64**	**$314.18**	**$388.82**
Indemnity				**$0.00**	**$12,650.00**	**$12,650.00**
Medical				**$1,395.37**	**$33,264.09**	**$34,659.46**
				$1,470.01	**$46,228.27**	**$47,698.28**
# of Claims	**26**					
# Open	**4**	**Recovery Amount:**	**-$247.68**			
Grand Totals						
Expense				**$72,615.51**	**$3,011.71**	**$75,627.22**
Indemnity				**$1,295,854.09**	**$188,416.68**	**$1,484,270.77**
Medical				**$1,853,834.40**	**$127,374.36**	**$1,981,208.76**
				$3,222,304.00	**$318,802.75**	**$3,541,106.75**
# of Claims	**1,149**					
# Open	**8**	**Recovery Amount:**	**-$58,542.01**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

183 - NATURAL RESOURCES, SECRETARY

S183 - NATURAL RESOURCES, SECRETARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

186 - TRANSPORTATION, SECRETARY OF

S186 - TRANSPORTATION, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,731.26**	**$0.00**	**$2,731.26**
				$2,731.26	**$0.00**	**$2,731.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,776.26**	**$0.00**	**$2,776.26**
				$2,776.26	**$0.00**	**$2,776.26**
# of Claims	**4**					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

186 - TRANSPORTATION, SECRETARY OF

S186 - TRANSPORTATION, SECRETARY OF

# Open	**0**	**Recovery Amount:**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

187 - PUBLIC SAFETY, SECRETARY OF

S187 - PUBLIC SAFETY, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$14.00**	**$0.00**	**$14.00**
				$14.00	**$0.00**	**$14.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$14.00**	**$0.00**	**$14.00**
				$14.00	**$0.00**	**$14.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

188 - HEALTH & HUMAN RESOURCES, SEC OF

S188 - HEALTH & HUMAN RESOURCES, SEC OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$702.00**	**$0.00**	**$702.00**
				$702.00	**$0.00**	**$702.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.85**	**$0.00**	**$295.85**
				$295.85	**$0.00**	**$295.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$997.85**	**$0.00**	**$997.85**
				$997.85	**$0.00**	**$997.85**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$531.70	$0.00	$531.70
				$531.70	$0.00	$531.70
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,571.52	$0.00	$2,571.52
Medical.....	.....			$5,001.72	$0.00	$5,001.72
				$7,573.24	$0.00	$7,573.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$9.45	$0.00	$9.45
Indemnity.....	.....			$1,324.67	$0.00	$1,324.67
Medical.....	.....			$9,359.30	$0.00	$9,359.30
				$10,693.42	$0.00	$10,693.42
# of Claims	9					
# Open	0	Recovery Amount:	-$267.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$451.55	$0.00	$451.55
				$451.55	$0.00	$451.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$470.00	$0.00	$470.00
				$470.00	$0.00	$470.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.00	$0.00	$321.00
				$321.00	$0.00	$321.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$528.06	$0.00	$528.06
Medical.....	.....			$715.41	$0.00	$715.41
				$1,243.47	$0.00	$1,243.47
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,230.90	$0.00	$5,230.90
Medical.....	.....			$8,317.32	$0.00	$8,317.32
				$13,548.22	$0.00	$13,548.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,625.13	$0.00	$1,625.13
Medical.....	.....			$2,506.35	$0.00	$2,506.35
				$4,131.48	$0.00	$4,131.48
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,219.14	$0.00	$2,219.14
Medical.....	.....			$8,233.99	$0.00	$8,233.99
				$10,453.13	$0.00	$10,453.13
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,879.68	$0.00	$4,879.68
Medical.....	.....			$17,353.93	$0.00	$17,353.93
				$22,233.61	$0.00	$22,233.61
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,279.32	$0.00	$2,279.32
				$2,279.32	$0.00	$2,279.32
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,169.71	$0.00	$2,169.71
				$2,169.71	$0.00	$2,169.71
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,969.28	$0.00	$4,969.28
Medical.....	.....			$114,568.05	$0.00	$114,568.05
				$119,537.33	$0.00	$119,537.33
# of Claims	11					
# Open	0	Recovery Amount:	-$10,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,660.64	$0.00	$3,660.64
				$3,660.64	$0.00	$3,660.64
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,424.40	$0.00	$5,424.40
Medical.....	.....			$9,194.57	$0.00	$9,194.57
				$14,618.97	$0.00	$14,618.97
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.33	$0.00	$557.33
				$557.33	$0.00	$557.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$4,922.42	$0.00	$4,922.42
Indemnity.....	.....			$7,358.69	$0.00	$7,358.69
Medical.....	.....			$49,854.41	$0.00	$49,854.41
				$62,135.52	$0.00	$62,135.52
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,077.97	$0.00	$3,077.97
Medical.....	.....			$1,202.09	$0.00	$1,202.09
				$4,280.06	$0.00	$4,280.06
# of Claims	12					
# Open	0	Recovery Amount:	-$1,815.19			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,614.38	$0.00	$3,614.38
				$3,614.38	$0.00	$3,614.38
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$76.95	$0.00	$76.95
Medical.....	.....			$4,567.36	$0.00	$4,567.36
				$4,644.31	$0.00	$4,644.31
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$2,358.12	$60.00	$2,418.12
Indemnity.....	.....			$5,111.78	$0.00	$5,111.78
Medical.....	.....			$399,984.45	$22,245.32	$422,229.77
				$407,454.35	$22,305.32	$429,759.67
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,672.90	$0.00	$24,672.90
Medical.....	.....			$10,545.51	$0.00	$10,545.51
				$35,218.41	$0.00	$35,218.41
# of Claims	5					
# Open	0	Recovery Amount:	-$143.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$4,989.86	$0.00	$4,989.86
Indemnity.....	.....			$160,991.97	$0.00	$160,991.97
Medical.....	.....			$135,373.68	$0.00	$135,373.68
				$301,355.51	$0.00	$301,355.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.47	$0.00	$224.47
				$224.47	$0.00	$224.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,814.83	$0.00	$1,814.83
Indemnity.....	.....			$5,728.70	$0.00	$5,728.70
Medical.....	.....			$285,302.72	$0.00	$285,302.72
				$292,846.25	$0.00	$292,846.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$87.75	$0.00	$87.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,772.74	$0.00	$19,772.74
				$19,860.49	$0.00	$19,860.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,976.20	$7,226.72	$14,202.92
				$6,992.20	$7,226.72	$14,218.92
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$712.42	$0.00	$712.42
				$728.42	$0.00	$728.42
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$34,380.69	$0.00	$34,380.69
Medical.....	.....			$89,862.04	$0.00	$89,862.04
				$124,250.73	$0.00	$124,250.73
# of Claims	7					
# Open	0	Recovery Amount:	-$12,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,858.75	$0.00	$4,858.75
				$4,858.75	$0.00	$4,858.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

S191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.73	$0.00	$26.73
				$34.73	$0.00	$34.73
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$57.40	$0.00	$57.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,389.11	$0.00	$2,389.11
				$2,446.51	$0.00	$2,446.51
# of Claims	10					
# Open	0	Recovery Amount:	-$1,328.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.60	$0.00	$247.60
				$247.60	$0.00	$247.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,287.83	$60.00	$14,347.83
Indemnity.....	.....			$270,172.43	$0.00	$270,172.43
Medical.....	.....			$1,201,206.55	$29,472.04	$1,230,678.59
				$1,485,666.81	$29,532.04	$1,515,198.85
# of Claims	297					
# Open	2	Recovery Amount:	-$26,053.84			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

191 - VA WORKERS' COMP. COMMISSION

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

192 - COMMERCE AND TRADE, SECRETARY OF

S192 - COMMERCE AND TRADE, SECRETARY OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

10 - DGS - Consolidated Laboratory Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,061.60**	**$0.00**	**$2,061.60**
				$2,061.60	**$0.00**	**$2,061.60**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,920.03**	**$0.00**	**$2,920.03**
				$2,920.03	**$0.00**	**$2,920.03**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$655.39**	**$0.00**	**$655.39**
				$655.39	**$0.00**	**$655.39**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,120.80**	**$0.00**	**$2,120.80**
				$2,120.80	**$0.00**	**$2,120.80**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

10 - DGS - Consolidated Laboratory Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$27.74	$0.00	$27.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.74	$0.00	$27.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$126.64	$0.00	$126.64
Medical.....	.....			$10,652.59	$0.00	$10,652.59
				$10,779.23	$0.00	$10,779.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$646.47	$0.00	$646.47
				$646.47	$0.00	$646.47
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

10 - DGS - Consolidated Laboratory Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.18	$0.00	$207.18
				$207.18	$0.00	$207.18
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.14	$0.00	$436.14
				$436.14	$0.00	$436.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,364.35	$0.00	$3,364.35
				$3,372.35	$0.00	$3,372.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

10 - DGS - Consolidated Laboratory Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$31.03	$0.00	$31.03
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,190.98	$0.00	$3,190.98
				$3,222.01	$0.00	$3,222.01
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$88.25	$0.00	$88.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$899.29	$0.00	$899.29
				$987.54	$0.00	$987.54
# of Claims	15					
# Open	0	Recovery Amount:	-$521.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$165.38	$0.00	$165.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.43	$0.00	$557.43
				$722.81	$0.00	$722.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

10 - DGS - Consolidated Laboratory Svcs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$86.36	$0.00	$86.36
Indemnity.....	.....			$318.00	$0.00	$318.00
Medical.....	.....			$5,368.08	$0.00	$5,368.08
				$5,772.44	$0.00	$5,772.44
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,293.74	$0.00	$1,293.74
				$1,301.74	$0.00	$1,301.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$414.76	$0.00	$414.76
Indemnity.....	.....			$444.64	$0.00	$444.64
Medical.....	.....			$34,374.07	$0.00	$34,374.07
				$35,233.47	$0.00	$35,233.47
# of Claims	188					
# Open	0	Recovery Amount:	-$521.29			

160 - DGS - PURCHASING & SUPPLY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$403.46	$0.00	$403.46
Medical.....	.....			$1,204.75	$0.00	$1,204.75
				$1,991.71	$0.00	$1,991.71
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

160 - DGS - PURCHASING & SUPPLY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$783.66	$0.00	$783.66
Medical.....	.....			$7,485.02	$0.00	$7,485.02
				$8,268.68	$0.00	$8,268.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$963.97	$0.00	$963.97
Medical.....	.....			$8,899.79	$0.00	$8,899.79
				$9,863.76	$0.00	$9,863.76
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

160 - DGS - PURCHASING & SUPPLY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,994.98	$0.00	$2,994.98
Medical.....	.....			$23,707.46	$0.00	$23,707.46
				$26,702.44	$0.00	$26,702.44
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,231.95	$0.00	$1,231.95
Medical.....	.....			$3,483.02	$0.00	$3,483.02
				$4,714.97	$0.00	$4,714.97
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$7,753.00	$3,300.00	$11,053.00
Indemnity.....	.....			$174,586.94	$0.00	$174,586.94
Medical.....	.....			$161,300.08	$214,253.64	$375,553.72
				$343,640.02	$217,553.64	$561,193.66
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,649.02	$0.00	$6,649.02
Medical.....	.....			$42,643.54	$0.00	$42,643.54
				$49,292.56	$0.00	$49,292.56
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

160 - DGS - PURCHASING & SUPPLY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,267.88	$0.00	$3,267.88
				$3,267.88	$0.00	$3,267.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$113.00	$0.00	$113.00
				$113.00	$0.00	$113.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,136.50	$3,300.00	$11,436.50
Indemnity.....	.....			$187,613.98	$0.00	$187,613.98
Medical.....	.....			$252,104.54	$214,253.64	$466,358.18
				$447,855.02	$217,553.64	$665,408.66
# of Claims	149					
# Open	1	Recovery Amount:	$0.00			

194 - DGS -209 9TH ST. OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.25	$0.00	$77.25
				$139.75	$0.00	$139.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

194 - DGS -209 9TH ST. OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,484.77	$0.00	$1,484.77
Medical.....	.....			$3,249.24	$0.00	$3,249.24
				$4,734.01	$0.00	$4,734.01
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,052.22	$0.00	$24,052.22
Medical.....	.....			$15,557.98	$0.00	$15,557.98
				$39,610.20	$0.00	$39,610.20
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$150.00	$0.00	$150.00
Indemnity.....	.....			$2,201.52	$0.00	$2,201.52
Medical.....	.....			$2,625.50	$0.00	$2,625.50
				$4,977.02	$0.00	$4,977.02
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$6,176.40	$72.00	$6,248.40
Indemnity.....	.....			$208,413.15	$0.00	$208,413.15
Medical.....	.....			$813,944.24	$580,799.76	$1,394,744.00
				$1,028,533.79	$580,871.76	$1,609,405.55
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

194 - DGS -209 9TH ST. OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$404.40	$0.00	$404.40
				$404.40	$0.00	$404.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$5.40	$0.00	$5.40
Indemnity.....	.....			$4,545.25	$0.00	$4,545.25
Medical.....	.....			$26,155.78	$0.00	$26,155.78
				$30,706.43	$0.00	$30,706.43
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,195.92	$0.00	$1,195.92
				$1,195.92	$0.00	$1,195.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$589.84	$0.00	$589.84
Medical.....	.....			$8,388.50	$0.00	$8,388.50
				$8,978.34	$0.00	$8,978.34
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

194 - DGS -209 9TH ST. OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$870.03	$0.00	$870.03
Medical.....	.....			$11,971.98	$0.00	$11,971.98
				$12,842.01	$0.00	$12,842.01
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,115.37	$0.00	$2,115.37
				$2,115.37	$0.00	$2,115.37
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,353.39	$0.00	$2,353.39
Medical.....	.....			$4,371.57	$0.00	$4,371.57
				$6,724.96	$0.00	$6,724.96
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,394.30	$72.00	$6,466.30
Indemnity.....	.....			$244,510.17	$0.00	$244,510.17
Medical.....	.....			$890,057.73	$580,799.76	$1,470,857.49
				$1,140,962.20	$580,871.76	$1,721,833.96
# of Claims	165					
# Open	1	Recovery Amount:	$0.00			

1 - DGS - Director's Office

Policy	Policy Period	Paid to Date	Outstanding	Incurred

194 - DEPT. OF GENERAL SERVICES

1 - DGS - Director's Office

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$8,746.99**	**$0.00**	**$8,746.99**
Indemnity				**$49,960.43**	**$0.00**	**$49,960.43**
Medical				**$33,032.68**	**$0.00**	**$33,032.68**
				$91,740.10	**$0.00**	**$91,740.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$532.48**	**$0.00**	**$532.48**
		$532.48	**$0.00**	**$532.48**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,067.50**	**$0.00**	**$1,067.50**
		$1,067.50	**$0.00**	**$1,067.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$28.00**	**$0.00**	**$28.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$4,805.77**	**$0.00**	**$4,805.77**
		$4,833.77	**$0.00**	**$4,833.77**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**-$2,262.22**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

1 - DGS - Director's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,512.66	$0.00	$1,512.66
				$1,512.66	$0.00	$1,512.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,964.52	$0.00	$3,964.52
Medical.....	.....			$37,056.29	$0.00	$37,056.29
				$41,036.81	$0.00	$41,036.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

1 - DGS - Director's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$22.32	$0.00	$22.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,796.06	$0.00	$3,796.06
				$3,818.38	$0.00	$3,818.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,808.73	$0.00	$3,808.73
Medical.....	.....			$68,434.77	$0.00	$68,434.77
				$72,259.50	$0.00	$72,259.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$38.40	$0.00	$38.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,393.34	$0.00	$3,393.34
				$3,431.74	$0.00	$3,431.74
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.46	$0.00	$248.46
				$248.46	$0.00	$248.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

1 - DGS - Director's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$201.18	$220.00
Indemnity.....	.....			$0.00	$5,500.00	$5,500.00
Medical.....	.....			$248.82	$23,500.00	$23,748.82
				$267.64	$29,201.18	$29,468.82
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,886.53	$201.18	$9,087.71
Indemnity.....	.....			$57,733.68	$5,500.00	$63,233.68
Medical.....	.....			$154,128.83	$23,500.00	$177,628.83
				$220,749.04	$29,201.18	$249,950.22
# of Claims	42					
# Open	1	Recovery Amount:	-$2,262.22			

2 - DGS - Facilities Managment

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

2 - DGS - Facilities Managment

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,015.68**	**$0.00**	**$5,015.68**
				$5,015.68	**$0.00**	**$5,015.68**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,665.66**	**$0.00**	**$2,665.66**
Medical		**$10,867.65**	**$0.00**	**$10,867.65**
		$13,533.31	**$0.00**	**$13,533.31**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,830.32**	**$0.00**	**$2,830.32**
		$2,830.32	**$0.00**	**$2,830.32**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$12,190.39**	**$0.00**	**$12,190.39**
Indemnity		**$211,951.08**	**$0.00**	**$211,951.08**
Medical		**$109,979.91**	**$0.00**	**$109,979.91**
		$334,121.38	**$0.00**	**$334,121.38**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$76.56**	**$0.00**	**$76.56**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$648.94**	**$0.00**	**$648.94**
		$725.50	**$0.00**	**$725.50**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

2 - DGS - Facilities Managment

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$837.10	$0.00	$837.10
Medical.....	.....			$8,388.74	$0.00	$8,388.74
				$9,225.84	$0.00	$9,225.84
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,521.54	$0.00	$2,521.54
Medical.....	.....			$7,059.10	$0.00	$7,059.10
				$9,580.64	$0.00	$9,580.64
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$689.50	$0.00	$689.50
Indemnity.....	.....			$2,747.80	$0.00	$2,747.80
Medical.....	.....			$7,508.65	$0.00	$7,508.65
				$10,945.95	$0.00	$10,945.95
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,148.76	$0.00	$1,148.76
				$1,148.76	$0.00	$1,148.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

2 - DGS - Facilities Managment

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.92	$0.00	$276.92
				$276.92	$0.00	$276.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,032.36	$0.00	$1,032.36
				$1,032.36	$0.00	$1,032.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$142.00	$150.00
Indemnity.....	.....			$37,153.56	$44,844.58	$81,998.14
Medical.....	.....			$92,858.12	$63,357.99	$156,216.11
				$130,019.68	$108,344.57	$238,364.25
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

2 - DGS - Facilities Managment

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$39.90	$0.00	$39.90
Indemnity.....	.....			$1,080.60	$0.00	$1,080.60
Medical.....	.....			$181.50	$0.00	$181.50
				$1,302.00	$0.00	$1,302.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$31.84	$0.00	$31.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$780.04	$0.00	$780.04
				$811.88	$0.00	$811.88
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$40.00	$10.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$40.00	$1,210.00	$1,250.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,076.19	$152.00	$13,228.19
Indemnity.....	.....			$258,957.34	$44,844.58	$303,801.92
Medical.....	.....			$248,576.69	$64,557.99	$313,134.68
				$520,610.22	$109,554.57	$630,164.79
# of Claims	100					
# Open	2	Recovery Amount:	$0.00			

4 - DGS - Purchases & Supply

Policy	Policy Period			Paid to Date	Outstanding	Incurred

194 - DEPT. OF GENERAL SERVICES

4 - DGS - Purchases & Supply

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$431.48**	**$0.00**	**$431.48**
				$431.48	**$0.00**	**$431.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,338.37**	**$0.00**	**$2,338.37**
				$2,338.37	**$0.00**	**$2,338.37**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$918.95**	**$0.00**	**$918.95**
				$918.95	**$0.00**	**$918.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

4 - DGS - Purchases & Supply

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,516.22	$0.00	$1,516.22
				$1,516.22	$0.00	$1,516.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,207.84	$0.00	$3,207.84
				$3,207.84	$0.00	$3,207.84
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,223.88	$0.00	$1,223.88
				$1,223.88	$0.00	$1,223.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

4 - DGS - Purchases & Supply

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.15	$0.00	$271.15
				$271.15	$0.00	$271.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.35	$0.00	$463.35
				$463.35	$0.00	$463.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$308.74	$0.00	$308.74
				$308.74	$0.00	$308.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.95	$0.00	$312.95
				$312.95	$0.00	$312.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

194 - DEPT. OF GENERAL SERVICES

4 - DGS - Purchases & Supply

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$671.59	$2,400.00	$3,071.59
				$671.59	$2,500.00	$3,171.59
# of Claims	5					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,664.52	$2,400.00	$14,064.52
				$11,664.52	$2,500.00	$14,164.52
# of Claims	37					
# Open	2	Recovery Amount:	$0.00			

5 - DGS - Engineering & Buildings

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$214.50	$0.00	$214.50
Indemnity.....	.....			$2,899.79	$0.00	$2,899.79
Medical.....	.....			$20,606.56	$0.00	$20,606.56
				$23,720.85	$0.00	$23,720.85
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

5 - DGS - Engineering & Buildings

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$434.55	$0.00	$434.55
				$434.55	$0.00	$434.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$13.50	$0.00	$13.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,514.32	$0.00	$3,514.32
				$3,527.82	$0.00	$3,527.82
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$460.97	$0.00	$460.97
				$460.97	$0.00	$460.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,207.25	$0.00	$2,207.25
				$2,207.25	$0.00	$2,207.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

5 - DGS - Engineering & Buildings

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.17	$0.00	$181.17
				$181.17	$0.00	$181.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$10,717.01	$4,015.59	$14,732.60
Indemnity.....	.....			$327,753.14	$57,416.86	$385,170.00
Medical.....	.....			$356,881.45	$241,161.78	$598,043.23
				$695,351.60	$302,594.23	$997,945.83
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

5 - DGS - Engineering & Buildings

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,920.93	$0.00	$8,920.93
Medical.....	.....			$10,267.95	$0.00	$10,267.95
				$19,196.88	$0.00	$19,196.88
# of Claims	12					
# Open	0	Recovery Amount:	-$687.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$5,341.13	$3,544.00	$8,885.13
Indemnity.....	.....			$7,230.24	$0.00	$7,230.24
Medical.....	.....			$93,641.10	$175,333.49	$268,974.59
				$106,212.47	$178,877.49	$285,089.96
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$4,362.10	$448.00	$4,810.10
Indemnity.....	.....			$106,163.90	$75,604.30	$181,768.20
Medical.....	.....			$62,640.64	$18,824.60	$81,465.24
				$173,166.64	$94,876.90	$268,043.54
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$20,656.24	$8,007.59	$28,663.83
Indemnity.....	.....			$452,968.00	$133,021.16	$585,989.16
Medical.....	.....			$550,835.96	$435,319.87	$986,155.83
				$1,024,460.20	$576,348.62	$1,600,808.82
# of Claims	76					
# Open	3	Recovery Amount:	-$687.94			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

602 - DGS - CONSOLIDATED LABS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$2,090.63	$0.00	$2,090.63
Medical.....	.....			$7,247.36	$0.00	$7,247.36
				$10,167.49	$0.00	$10,167.49
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,569.37	$0.00	$2,569.37
Medical.....	.....			$7,190.93	$0.00	$7,190.93
				$9,760.30	$0.00	$9,760.30
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$900.00	$0.00	$900.00
				$900.00	$0.00	$900.00
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

602 - DGS - CONSOLIDATED LABS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$970.43	$0.00	$970.43
Medical.....	.....			$3,017.15	$0.00	$3,017.15
				$3,987.58	$0.00	$3,987.58
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$299.65	$0.00	$299.65
				$299.65	$0.00	$299.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$373.29	$0.00	$373.29
				$373.29	$0.00	$373.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

602 - DGS - CONSOLIDATED LABS

Grand Totals

Expense	**$829.50**	**$0.00**	**$829.50**
Indemnity	**$5,630.43**	**$0.00**	**$5,630.43**
Medical	**$19,103.38**	**$0.00**	**$19,103.38**
	$25,563.31	**$0.00**	**$25,563.31**

# of Claims 138

 # Open 0 **Recovery Amount:** $0.00

6 - DGS - Real Estate Services

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**			
Expense		**$403.58**	**$0.00**	**$403.58**
Indemnity		**$126,408.64**	**$0.00**	**$126,408.64**
Medical		**$89,890.32**	**$0.00**	**$89,890.32**
		$216,702.54	**$0.00**	**$216,702.54**

# of Claims 111

 # Open 0 **Recovery Amount:** -$6,136.83

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,282.94	$0.00	$30,282.94
Medical.....	.....			$46,570.53	$0.00	$46,570.53
				$76,853.47	$0.00	$76,853.47
# of Claims	141					
# Open	0	Recovery Amount:	-$160.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,647.28	$0.00	$9,647.28
Medical.....	.....			$42,650.09	$0.00	$42,650.09
				$52,297.37	$0.00	$52,297.37
# of Claims	132					
# Open	0	Recovery Amount:	-$129.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,081.65	$0.00	$2,081.65
Indemnity.....	.....			$37,843.57	$0.00	$37,843.57
Medical.....	.....			$73,362.03	$0.00	$73,362.03
				$113,287.25	$0.00	$113,287.25
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,391.47	$0.00	$2,391.47
Indemnity.....	.....			$7,147.25	$0.00	$7,147.25
Medical.....	.....			$17,317.32	$0.00	$17,317.32
				$26,856.04	$0.00	$26,856.04
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$889.32	$0.00	$889.32
Indemnity.....	.....			$206,652.99	$0.00	$206,652.99
Medical.....	.....			$49,128.46	$0.00	$49,128.46
				$256,670.77	$0.00	$256,670.77
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,550.22	$0.00	$21,550.22
Medical.....	.....			$67,346.60	$0.00	$67,346.60
				$88,896.82	$0.00	$88,896.82
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,606.61	$0.00	$17,606.61
Medical.....	.....			$38,012.30	$0.00	$38,012.30
				$55,618.91	$0.00	$55,618.91
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54,695.62	$0.00	$54,695.62
Medical.....	.....			$50,500.45	$0.00	$50,500.45
				$105,196.07	$0.00	$105,196.07
# of Claims	119					
# Open	0	Recovery Amount:	-$17.90			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,006.03	$0.00	$3,006.03
Medical.....	.....			$23,597.00	$0.00	$23,597.00
				$26,603.03	$0.00	$26,603.03
# of Claims	76					
# Open	0	Recovery Amount:	-$301.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$454.23	$0.00	$454.23
Indemnity.....	.....			$13,587.78	$0.00	$13,587.78
Medical.....	.....			$36,593.79	$0.00	$36,593.79
				$50,635.80	$0.00	$50,635.80
# of Claims	54					
# Open	0	Recovery Amount:	-$2,708.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$415.94	$0.00	$415.94
Medical.....	.....			$12,119.81	$0.00	$12,119.81
				$12,535.75	$0.00	$12,535.75
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$49.92	$0.00	$49.92
Indemnity.....	.....			$13,226.73	$0.00	$13,226.73
Medical.....	.....			$45,127.20	$0.00	$45,127.20
				$58,403.85	$0.00	$58,403.85
# of Claims	56					
# Open	0	Recovery Amount:	-$2,825.40			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,970.98	$0.00	$2,970.98
				$2,970.98	$0.00	$2,970.98
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,362.56	$0.00	$2,362.56
Medical.....	.....			$33,831.49	$0.00	$33,831.49
				$36,194.05	$0.00	$36,194.05
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,404.15	$0.00	$5,404.15
Medical.....	.....			$17,859.74	$0.00	$17,859.74
				$23,263.89	$0.00	$23,263.89
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$488.78	$0.00	$488.78
				$488.78	$0.00	$488.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$592.35	$0.00	$592.35
Medical.....	.....			$3,383.01	$0.00	$3,383.01
				$3,975.36	$0.00	$3,975.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,204.23	$0.00	$1,204.23
				$1,204.23	$0.00	$1,204.23
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$11,549.92	$0.00	$11,549.92
Medical.....	.....			$30,894.73	$0.00	$30,894.73
				$42,476.65	$0.00	$42,476.65
# of Claims	28					
# Open	0	Recovery Amount:	-$16,225.52			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$38.50	$0.00	$38.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,448.43	$0.00	$4,448.43
				$4,486.93	$0.00	$4,486.93
# of Claims	18					
# Open	0	Recovery Amount:	-$500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,214.68	$0.00	$7,214.68
				$7,214.68	$0.00	$7,214.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$25.40	$0.00	$25.40
Indemnity.....	.....			$5,225.19	$0.00	$5,225.19
Medical.....	.....			$13,055.17	$0.00	$13,055.17
				$18,305.76	$0.00	$18,305.76
# of Claims	7					
# Open	0	Recovery Amount:	-$9,594.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$309.60	$0.00	$309.60
Medical.....	.....			$5,537.87	$0.00	$5,537.87
				$5,847.47	$0.00	$5,847.47
# of Claims	6					
# Open	0	Recovery Amount:	-$198.14			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$458.24	$0.00	$458.24
				$458.24	$0.00	$458.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

194 - DEPT. OF GENERAL SERVICES

S194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,366.07**	**$0.00**	**$6,366.07**
Indemnity				**$567,515.37**	**$0.00**	**$567,515.37**
Medical				**$713,563.25**	**$0.00**	**$713,563.25**
				$1,287,444.69	**$0.00**	**$1,287,444.69**
# of Claims	**1,270**					
# Open	**0**	**Recovery Amount:**	**-$38,796.67**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

198 - CHILDREN, DEPARTMENT OF

S198 - CHILDREN, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$730.95	$0.00	$730.95
Medical.....	.....			$1,315.45	$0.00	$1,315.45
				$2,046.40	$0.00	$2,046.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$730.95	$0.00	$730.95
Medical.....	.....			$1,315.45	$0.00	$1,315.45
				$2,046.40	$0.00	$2,046.40
# of Claims	4					

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

198 - CHILDREN, DEPARTMENT OF

S198 - CHILDREN, DEPARTMENT OF

# Open	**0**	**Recovery Amount:**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

15 - DCR SOIL & WATER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.00	$0.00	$109.00
				$109.00	$0.00	$109.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.60	$0.00	$220.60
				$220.60	$0.00	$220.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

15 - DCR SOIL & WATER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$810.33	$0.00	$810.33
				$810.33	$0.00	$810.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,014.43	$0.00	$4,014.43
Medical.....	.....			$6,857.56	$0.00	$6,857.56
				$10,871.99	$0.00	$10,871.99
# of Claims	2					
# Open	0	Recovery Amount:	-$7,175.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.69	$0.00	$352.69
				$352.69	$0.00	$352.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$580.27	$0.00	$580.27
				$580.27	$0.00	$580.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

15 - DCR SOIL & WATER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.94	$0.00	$243.94
				$243.94	$0.00	$243.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,014.43	$0.00	$4,014.43
Medical.....	.....			$9,174.39	$0.00	$9,174.39
				$13,188.82	$0.00	$13,188.82
# of Claims	18					
# Open	0	Recovery Amount:	-$7,175.46			

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$620.56	$0.00	$620.56
Medical.....	.....			$1,841.62	$0.00	$1,841.62
				$2,462.18	$0.00	$2,462.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$4,668.50	$0.00	$4,668.50
Indemnity.....	.....			$93,435.76	$0.00	$93,435.76
Medical.....	.....			$51,904.88	$0.00	$51,904.88
				$150,009.14	$0.00	$150,009.14
# of Claims	73					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$31.32	$0.00	$31.32
Indemnity.....	.....			$12,638.23	$0.00	$12,638.23
Medical.....	.....			$75,728.16	$0.00	$75,728.16
				$88,397.71	$0.00	$88,397.71
# of Claims	75					
# Open	0	Recovery Amount:	-$45.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,254.60	$0.00	$12,254.60
Medical.....	.....			$43,337.42	$0.00	$43,337.42
				$55,592.02	$0.00	$55,592.02
# of Claims	81					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$1,231.56	$0.00	$1,231.56
Indemnity.....	.....			$100,179.22	$0.00	$100,179.22
Medical.....	.....			$33,553.07	$0.00	$33,553.07
				$134,963.85	$0.00	$134,963.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$42.00**	**$0.00**	**$42.00**
				$42.00	**$0.00**	**$42.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$200.57**	**$0.00**	**$200.57**
Medical				**$4,835.07**	**$0.00**	**$4,835.07**
				$5,035.64	**$0.00**	**$5,035.64**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$2,408.00**	**$32.00**	**$2,440.00**
Indemnity				**$53,475.78**	**$0.00**	**$53,475.78**
Medical				**$143,232.91**	**$12,566.51**	**$155,799.42**
				$199,116.69	**$12,598.51**	**$211,715.20**
# of Claims	**88**					
# Open	**1**	**Recovery Amount:**	**-$195.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.04	$0.00	$538.04
				$538.04	$0.00	$538.04
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,860.55	$0.00	$6,860.55
				$6,860.55	$0.00	$6,860.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,106.65	$0.00	$2,106.65
				$2,106.65	$0.00	$2,106.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$789.74	$0.00	$789.74
				$819.74	$0.00	$819.74
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,214.50	$0.00	$1,214.50
				$1,214.50	$0.00	$1,214.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,613.72	$0.00	$4,613.72
				$4,665.72	$0.00	$4,665.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$23.64	$0.00	$23.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$688.51	$0.00	$688.51
				$712.15	$0.00	$712.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$84.10	$0.00	$84.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,134.58	$0.00	$8,134.58
				$8,218.68	$0.00	$8,218.68
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

16 - DCR PARKS DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$49.75	$0.00	$49.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$541.63	$0.00	$541.63
				$591.38	$0.00	$591.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$32.80	$0.00	$32.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,883.45	$0.00	$1,883.45
				$1,916.25	$0.00	$1,916.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$85.17	$0.00	$85.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$85.17	$0.00	$85.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$103.05	$281.18	$384.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,746.16	$3,940.34	$5,686.50
				$1,849.21	$4,221.52	$6,070.73
# of Claims	5					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,799.89	$313.18	$9,113.07
Indemnity.....	.....			$272,804.72	$0.00	$272,804.72
Medical.....	.....			$383,592.66	$16,506.85	$400,099.51
				$665,197.27	$16,820.03	$682,017.30
# of Claims	403					
# Open	3	Recovery Amount:	-$240.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

401 - DCR DIVISION OF ADMINISTRATION (SE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$62.50	$0.00	$62.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$808.97	$0.00	$808.97
				$808.97	$0.00	$808.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,997.12	$0.00	$1,997.12
				$1,997.12	$0.00	$1,997.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

401 - DCR DIVISION OF ADMINISTRATION (SE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$57.60	$0.00	$57.60
				$57.60	$0.00	$57.60
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$605.44	$0.00	$605.44
				$605.44	$0.00	$605.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$905.23	$0.00	$905.23
				$905.23	$0.00	$905.23
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$344.25	$0.00	$344.25
				$344.25	$0.00	$344.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,382.32	$0.00	$3,382.32
				$3,382.32	$0.00	$3,382.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

401 - DCR DIVISION OF ADMINISTRATION (SE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$875.55	$0.00	$875.55
				$875.55	$0.00	$875.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.47	$0.00	$228.47
				$228.47	$0.00	$228.47
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,516.66	$0.00	$2,516.66
Medical.....	.....			$593.52	$0.00	$593.52
				$3,110.18	$0.00	$3,110.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,577.28	$0.00	$1,577.28
Medical.....	.....			$6,094.33	$0.00	$6,094.33
				$7,679.61	$0.00	$7,679.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

401 - DCR DIVISION OF ADMINISTRATION (SE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,540.09	$0.00	$5,540.09
				$5,540.09	$0.00	$5,540.09
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$250.00	$268.82
Indemnity.....	.....			$3,486.76	$10,263.24	$13,750.00
Medical.....	.....			$13,899.48	$26,600.52	$40,500.00
				$17,405.06	$37,113.76	$54,518.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$89.32	$250.00	$339.32
Indemnity.....	.....			$7,580.70	$10,263.24	$17,843.94
Medical.....	.....			$35,332.37	$26,600.52	$61,932.89
				$43,002.39	$37,113.76	$80,116.15
# of Claims	56					
# Open	1	Recovery Amount:	$0.00			

45 - DCR SOIL & WATER CONSERVATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

45 - DCR SOIL & WATER CONSERVATION

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$52.00**	**$0.00**	**$52.00**
				$52.00	**$0.00**	**$52.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$172.26**	**$0.00**	**$172.26**
		$172.26	**$0.00**	**$172.26**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,038.88**	**$0.00**	**$1,038.88**
		$1,038.88	**$0.00**	**$1,038.88**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**-$1,038.88**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

45 - DCR SOIL & WATER CONSERVATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.88	$0.00	$361.88
				$361.88	$0.00	$361.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,625.02	$0.00	$1,625.02
				$1,625.02	$0.00	$1,625.02
# of Claims	13					
# Open	0	Recovery Amount:	-$1,038.88			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

499 - DCR DIVISION OF DAM SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$261.37	$0.00	$261.37
				$261.37	$0.00	$261.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$880.00	$0.00	$880.00
				$880.00	$0.00	$880.00
# of Claims	2					
# Open	0	Recovery Amount:	-$880.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

499 - DCR DIVISION OF DAM SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,141.37**	**$0.00**	**$1,141.37**
				$1,141.37	**$0.00**	**$1,141.37**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$880.00**			

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,987.49**	**$0.00**	**$6,987.49**
				$6,987.49	**$0.00**	**$6,987.49**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$71.99	$0.00	$71.99
				$71.99	$0.00	$71.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$744.06	$0.00	$744.06
				$744.06	$0.00	$744.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,539.39	$0.00	$3,539.39
				$3,539.39	$0.00	$3,539.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.38	$0.00	$260.38
				$260.38	$0.00	$260.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33.74	$0.00	$33.74
Medical.....	.....			$1,108.13	$0.00	$1,108.13
				$1,141.87	$0.00	$1,141.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,358.50	$0.00	$7,358.50
				$7,358.50	$0.00	$7,358.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,570.81	$0.00	$1,570.81
				$1,570.81	$0.00	$1,570.81
# of Claims	2					
# Open	0	Recovery Amount:	-$1,477.57			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,317.41	$0.00	$1,317.41
				$1,317.41	$0.00	$1,317.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,676.01	$0.00	$14,676.01
				$14,684.01	$0.00	$14,684.01
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,245.94	$0.00	$4,245.94
				$4,253.94	$0.00	$4,253.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$15.89	$0.00	$15.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.00	$0.00	$237.00
				$252.89	$0.00	$252.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$349.43	$0.00	$349.43
				$349.43	$0.00	$349.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$57.75	$0.00	$57.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,922.19	$0.00	$4,922.19
				$4,979.94	$0.00	$4,979.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$176.45	$0.00	$176.45
Indemnity.....	.....			$787.14	$0.00	$787.14
Medical.....	.....			$43,660.22	$0.00	$43,660.22
				$44,623.81	$0.00	$44,623.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

635 - DCR DIVISION OF NATURAL HERITAGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$43.65	$0.00	$43.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,067.54	$0.00	$1,067.54
				$1,111.19	$0.00	$1,111.19
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,386.61	$0.00	$4,386.61
				$4,416.61	$0.00	$4,416.61
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$339.74	$0.00	$339.74
Indemnity.....	.....			$820.88	$0.00	$820.88
Medical.....	.....			$96,503.10	$0.00	$96,503.10
				$97,663.72	$0.00	$97,663.72
# of Claims	58					
# Open	0	Recovery Amount:	-$1,477.57			

730 - DCR STAUNTON RIVER BATTLEFIELD STA

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

730 - DCR STAUNTON RIVER BATTLEFIELD STA

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$403.22**	**$0.00**	**$403.22**
		$403.22	**$0.00**	**$403.22**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$119.50**	**$0.00**	**$119.50**
		$119.50	**$0.00**	**$119.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$650.14**	**$0.00**	**$650.14**
		$650.14	**$0.00**	**$650.14**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$20.00**	**$0.00**	**$20.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$20.00	**$0.00**	**$20.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

730 - DCR STAUNTON RIVER BATTLEFIELD STA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,224.03	$0.00	$2,224.03
Medical.....	.....			$46,083.40	$0.00	$46,083.40
				$48,307.43	$0.00	$48,307.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.51	$0.00	$48.51
				$48.51	$0.00	$48.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,667.84	$0.00	$2,667.84
				$2,667.84	$0.00	$2,667.84
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

730 - DCR STAUNTON RIVER BATTLEFIELD STA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.42	$0.00	$120.42
				$120.42	$0.00	$120.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$362.13	$0.00	$362.13
				$362.13	$0.00	$362.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.16	$0.00	$111.16
				$111.16	$0.00	$111.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$2,224.03	$0.00	$2,224.03
Medical.....	.....			$50,611.32	$0.00	$50,611.32
				$52,855.35	$0.00	$52,855.35
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

732 - DCR WILDERNESS ROAD STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred

199 - DEPT. CONSERVATION & RECREATION

732 - DCR WILDERNESS ROAD STATE PARK

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$492.26**	**$0.00**	**$492.26**
				$492.26	**$0.00**	**$492.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$452.97**	**$0.00**	**$452.97**
		$452.97	**$0.00**	**$452.97**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$607.74**	**$0.00**	**$607.74**
		$607.74	**$0.00**	**$607.74**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$368.35**	**$0.00**	**$368.35**
Medical		**$12,449.69**	**$0.00**	**$12,449.69**
		$12,818.04	**$0.00**	**$12,818.04**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

732 - DCR WILDERNESS ROAD STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,191.89	$0.00	$1,191.89
				$1,191.89	$0.00	$1,191.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,195.87	$0.00	$3,195.87
				$3,195.87	$0.00	$3,195.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

732 - DCR WILDERNESS ROAD STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,003.35	$0.00	$1,003.35
				$1,003.35	$0.00	$1,003.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$750.96	$0.00	$750.96
				$750.96	$0.00	$750.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,408.63	$0.00	$1,408.63
				$1,408.63	$0.00	$1,408.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

732 - DCR WILDERNESS ROAD STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,493.77	$0.00	$2,493.77
				$2,493.77	$0.00	$2,493.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$422.35	$0.00	$422.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,134.17	$0.00	$3,134.17
				$3,556.52	$0.00	$3,556.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

732 - DCR WILDERNESS ROAD STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$653.02	$0.00	$653.02
Medical.....	.....			$459.00	$0.00	$459.00
				$1,120.02	$0.00	$1,120.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$500.00	$0.00	$500.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,753.79	$0.00	$6,753.79
				$7,253.79	$0.00	$7,253.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,906.68	$0.00	$1,906.68
Medical.....	.....			$276.25	$0.00	$276.25
				$2,190.93	$0.00	$2,190.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$956.85	$0.00	$956.85
Indemnity.....	.....			$2,928.05	$0.00	$2,928.05
Medical.....	.....			$34,670.34	$0.00	$34,670.34
				$38,555.24	$0.00	$38,555.24
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

733 - DCR ANDY GUEST / SHENANDOAH STATE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

733 - DCR ANDY GUEST / SHENANDOAH STATE

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$572.01**	**$0.00**	**$572.01**
				$572.01	**$0.00**	**$572.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,817.55**	**$0.00**	**$1,817.55**
				$1,817.55	**$0.00**	**$1,817.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,743.25**	**$0.00**	**$4,743.25**
				$4,743.25	**$0.00**	**$4,743.25**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$195.25**	**$0.00**	**$195.25**
Indemnity				**$82,159.25**	**$0.00**	**$82,159.25**
Medical				**$26,610.62**	**$0.00**	**$26,610.62**
				$108,965.12	**$0.00**	**$108,965.12**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

733 - DCR ANDY GUEST / SHENANDOAH STATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,014.43	$0.00	$1,014.43
Indemnity.....	.....			$35,418.60	$0.00	$35,418.60
Medical.....	.....			$36,604.93	$0.00	$36,604.93
				$73,037.96	$0.00	$73,037.96
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,448.60	$0.00	$2,448.60
				$2,448.60	$0.00	$2,448.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$648.00	$0.00	$648.00
				$648.00	$0.00	$648.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$758.58	$0.00	$758.58
Medical.....	.....			$37,094.05	$0.00	$37,094.05
				$37,852.63	$0.00	$37,852.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

733 - DCR ANDY GUEST / SHENANDOAH STATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,730.85	$0.00	$1,730.85
				$1,730.85	$0.00	$1,730.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$34.12	$0.00	$34.12
Medical.....	.....			$1,062.12	$0.00	$1,062.12
				$1,104.24	$0.00	$1,104.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

733 - DCR ANDY GUEST / SHENANDOAH STATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,425.54	$0.00	$2,425.54
				$2,425.54	$0.00	$2,425.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,279.08	$0.00	$1,279.08
				$1,279.08	$0.00	$1,279.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,829.35	$0.00	$4,829.35
				$4,829.35	$0.00	$4,829.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,947.56	$0.00	$5,947.56
				$5,947.56	$0.00	$5,947.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

733 - DCR ANDY GUEST / SHENANDOAH STATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$610.57	$0.00	$610.57
				$658.57	$0.00	$658.57
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$317.19	$0.00	$317.19
				$325.19	$0.00	$325.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$487.59	$0.00	$487.59
				$487.59	$0.00	$487.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,273.68	$0.00	$1,273.68
Indemnity.....	.....			$118,370.55	$0.00	$118,370.55
Medical.....	.....			$129,228.86	$0.00	$129,228.86
				$248,873.09	$0.00	$248,873.09
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

734 - DCR JAMES RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$553.49	$0.00	$553.49
				$553.49	$0.00	$553.49
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.08	$0.00	$210.08
				$210.08	$0.00	$210.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,910.15	$0.00	$1,910.15
				$1,910.15	$0.00	$1,910.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

734 - DCR JAMES RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,274.97	$0.00	$1,274.97
				$1,274.97	$0.00	$1,274.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,800.90	$0.00	$5,800.90
Medical.....	.....			$5,057.87	$0.00	$5,057.87
				$10,858.77	$0.00	$10,858.77
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.83	$0.00	$128.83
				$128.83	$0.00	$128.83
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

734 - DCR JAMES RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.22	$0.00	$74.22
				$90.22	$0.00	$90.22
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,197.53	$0.00	$1,197.53
				$1,197.53	$0.00	$1,197.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$938.25	$0.00	$938.25
				$938.25	$0.00	$938.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

734 - DCR JAMES RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,075.60	$0.00	$2,075.60
Indemnity.....	.....			$25,657.80	$0.00	$25,657.80
Medical.....	.....			$30,792.57	$0.00	$30,792.57
				$58,525.97	$0.00	$58,525.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.83	$0.00	$153.83
				$153.83	$0.00	$153.83
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,005.16	$0.00	$2,005.16
				$2,005.16	$0.00	$2,005.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

734 - DCR JAMES RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$291.26	$0.00	$291.26
				$291.26	$0.00	$291.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	.....			$110.76	$92.00	$202.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,292.28	$5,119.83	$12,412.11
				$7,403.04	$5,211.83	$12,614.87
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$498.31	$0.00	$498.31
				$498.31	$0.00	$498.31
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$2,400.00	$2,400.00
				$0.00	$2,500.00	$2,500.00
# of Claims	16					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,202.36	$192.00	$2,394.36
Indemnity.....	.....			$31,458.70	$0.00	$31,458.70
Medical.....	.....			$52,378.80	$7,519.83	$59,898.63
				$86,039.86	$7,711.83	$93,751.69
# of Claims	139					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION
737 - DCR KIPTOPEKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$672.84**	**$0.00**	**$672.84**
				$672.84	**$0.00**	**$672.84**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,731.49**	**$0.00**	**$1,731.49**
				$1,731.49	**$0.00**	**$1,731.49**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$82.00**	**$0.00**	**$82.00**
				$82.00	**$0.00**	**$82.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,737.03	$0.00	$4,737.03
Medical.....	.....			$11,352.56	$0.00	$11,352.56
				$16,089.59	$0.00	$16,089.59
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.29	$0.00	$211.29
				$211.29	$0.00	$211.29
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$289.50	$0.00	$289.50
Medical.....	.....			$2,873.32	$0.00	$2,873.32
				$3,162.82	$0.00	$3,162.82
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$819.86	$0.00	$819.86
				$819.86	$0.00	$819.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,062.86	$0.00	$3,062.86
				$3,062.86	$0.00	$3,062.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,957.13**	**$0.00**	**$7,957.13**
				$7,957.13	**$0.00**	**$7,957.13**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,664.19**	**$0.00**	**$1,664.19**
				$1,664.19	**$0.00**	**$1,664.19**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,994.60**	**$0.00**	**$3,994.60**
				$4,002.60	**$0.00**	**$4,002.60**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$285.31**	**$0.00**	**$285.31**
				$285.31	**$0.00**	**$285.31**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,551.15**	**$0.00**	**$1,551.15**
				$1,551.15	**$0.00**	**$1,551.15**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$836.82**	**$0.00**	**$836.82**
				$836.82	**$0.00**	**$836.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$39.50**	**$3,000.00**	**$3,039.50**
Indemnity				**$1,353.81**	**$0.00**	**$1,353.81**
Medical				**$11,305.55**	**$36,590.71**	**$47,896.26**
				$12,698.86	**$39,590.71**	**$52,289.57**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$99.91**	**$0.00**	**$99.91**
				$99.91	**$0.00**	**$99.91**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$41.55**	**$0.00**	**$41.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,290.25**	**$0.00**	**$1,290.25**
				$1,331.80	**$0.00**	**$1,331.80**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,336.35**	**$0.00**	**$4,336.35**
				$4,344.35	**$0.00**	**$4,344.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Expense.....	**$97.05**	**$3,000.00**	**$3,097.05**
Indemnity.....	**$6,380.34**	**$0.00**	**$6,380.34**
Medical.....	**$54,127.48**	**$36,590.71**	**$90,718.19**
	$60,604.87	**$39,590.71**	**$100,195.58**

# of Claims 99

 # Open 1 **Recovery Amount:** $0.00

741 - DCR - Sailor's Creek Battlefield

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$9,369.10**	**$0.00**	**$9,369.10**
			$9,369.10	**$0.00**	**$9,369.10**
# of Claims	3				
# Open	0	**Recovery Amount:**	-$5,209.22		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**				
Expense.....			**$32.00**	**$0.00**	**$32.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$7,930.05**	**$0.00**	**$7,930.05**
			$7,962.05	**$0.00**	**$7,962.05**
# of Claims	1				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense.....			**$78.50**	**$0.00**	**$78.50**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$3,904.67**	**$0.00**	**$3,904.67**
			$3,983.17	**$0.00**	**$3,983.17**
# of Claims	2				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....			**$22.20**	**$0.00**	**$22.20**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$22.20	**$0.00**	**$22.20**
# of Claims	1				
# Open	0	**Recovery Amount:**	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

741 - DCR - Sailor's Creek Battlefield

Grand Totals

Expense.....	**$132.70**	**$0.00**	**$132.70**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$21,203.82**	**$0.00**	**$21,203.82**
	$21,336.52	**$0.00**	**$21,336.52**

# of Claims **7**

 # Open **0** **Recovery Amount:** **-$5,209.22**

743 - DCR SOUTHWEST VA MUSEUM

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$2,298.23**	**$0.00**	**$2,298.23**
		$2,298.23	**$0.00**	**$2,298.23**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$926.86**	**$0.00**	**$926.86**
		$926.86	**$0.00**	**$926.86**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

743 - DCR SOUTHWEST VA MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,922.05	$0.00	$1,922.05
				$1,922.05	$0.00	$1,922.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

743 - DCR SOUTHWEST VA MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,958.60	$0.00	$1,958.60
				$1,958.60	$0.00	$1,958.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,818.62	$0.00	$6,818.62
				$6,818.62	$0.00	$6,818.62
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,938.14	$0.00	$2,938.14
				$2,938.14	$0.00	$2,938.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

743 - DCR SOUTHWEST VA MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$132.53	$0.00	$132.53
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,181.03	$0.00	$2,181.03
				$2,313.56	$0.00	$2,313.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$131.95	$0.00	$131.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,458.12	$0.00	$4,458.12
				$4,590.07	$0.00	$4,590.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$22.50	$0.00	$22.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,153.88	$0.00	$2,153.88
				$2,176.38	$0.00	$2,176.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

743 - DCR SOUTHWEST VA MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,827.29	$2,800.00	$4,627.29
				$1,827.29	$2,850.00	$4,677.29
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$286.98	$50.00	$336.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,642.82	$2,800.00	$30,442.82
				$27,929.80	$2,850.00	$30,779.80
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.00	$0.00	$92.00
				$92.00	$0.00	$92.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$46.43	$0.00	$46.43
				$46.43	$0.00	$46.43
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,104.89	$0.00	$1,104.89
				$1,104.89	$0.00	$1,104.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$477.34	$0.00	$477.34
				$477.34	$0.00	$477.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,249.85	$0.00	$1,249.85
				$1,249.85	$0.00	$1,249.85
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,487.18	$0.00	$13,487.18
				$13,487.18	$0.00	$13,487.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.00	$0.00	$74.00
				$74.00	$0.00	$74.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,372.59	$0.00	$1,372.59
				$1,372.59	$0.00	$1,372.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$159.22	$0.00	$159.22
Indemnity.....	.....			$5,309.93	$0.00	$5,309.93
Medical.....	.....			$66,691.43	$0.00	$66,691.43
				$72,160.58	$0.00	$72,160.58
# of Claims	9					
# Open	0	Recovery Amount:	-$47,120.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,041.38	$0.00	$1,041.38
				$1,041.38	$0.00	$1,041.38
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,728.12	$0.00	$5,728.12
				$5,728.12	$0.00	$5,728.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$477.00	$0.00	$477.00
Indemnity.....	.....			$8,472.98	$0.00	$8,472.98
Medical.....	.....			$25,497.88	$0.00	$25,497.88
				$34,447.86	$0.00	$34,447.86
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$37.61	$0.00	$37.61
Indemnity.....	.....			$40.22	$0.00	$40.22
Medical.....	.....			$4,415.35	$0.00	$4,415.35
				$4,493.18	$0.00	$4,493.18
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

750 - DCR BEAR CREEK LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,197.85	$0.00	$3,197.85
				$3,197.85	$0.00	$3,197.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$69.10	$0.00	$69.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,639.70	$0.00	$2,639.70
				$2,708.80	$0.00	$2,708.80
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$363.10	$0.00	$363.10
				$363.10	$0.00	$363.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$742.93	$0.00	$742.93
Indemnity.....	.....			$13,823.13	$0.00	$13,823.13
Medical.....	.....			$127,569.09	$0.00	$127,569.09
				$142,135.15	$0.00	$142,135.15
# of Claims	129					
# Open	0	Recovery Amount:	-$47,120.39			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

751 - DCR CALEDON NATURAL AREA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.00	$0.00	$406.00
				$406.00	$0.00	$406.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,800.28	$0.00	$2,800.28
				$2,800.28	$0.00	$2,800.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,079.51	$0.00	$2,079.51
				$2,079.51	$0.00	$2,079.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,475.50	$0.00	$2,475.50
				$2,475.50	$0.00	$2,475.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

751 - DCR CALEDON NATURAL AREA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$2,083.60**	**$0.00**	**$2,083.60**
Indemnity				**$69,919.62**	**$0.00**	**$69,919.62**
Medical				**$66,855.27**	**$0.00**	**$66,855.27**
				$138,858.49	**$0.00**	**$138,858.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.40**	**$0.00**	**$110.40**
				$110.40	**$0.00**	**$110.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,183.93**	**$0.00**	**$1,183.93**
Medical				**$952.36**	**$0.00**	**$952.36**
				$2,144.29	**$0.00**	**$2,144.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$751.45**	**$0.00**	**$751.45**
				$751.45	**$0.00**	**$751.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$851.57**	**$0.00**	**$851.57**
				$851.57	**$0.00**	**$851.57**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

751 - DCR CALEDON NATURAL AREA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,091.60**	**$0.00**	**$2,091.60**
Indemnity				**$71,103.55**	**$0.00**	**$71,103.55**
Medical				**$77,282.34**	**$0.00**	**$77,282.34**
				$150,477.49	**$0.00**	**$150,477.49**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$880.20**	**$0.00**	**$880.20**
			$880.20	**$0.00**	**$880.20**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$679.37**	**$0.00**	**$679.37**
		$679.37	**$0.00**	**$679.37**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,366.60**	**$0.00**	**$8,366.60**
Medical		**$22,245.16**	**$0.00**	**$22,245.16**
		$30,611.76	**$0.00**	**$30,611.76**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,097.19**	**$0.00**	**$1,097.19**
		$1,097.19	**$0.00**	**$1,097.19**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,317.15	$0.00	$6,317.15
				$6,317.15	$0.00	$6,317.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,068.67	$0.00	$3,068.67
Medical.....	.....			$16,991.69	$0.00	$16,991.69
				$20,060.36	$0.00	$20,060.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$390.94	$0.00	$390.94
				$390.94	$0.00	$390.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.93	$0.00	$63.93
Medical.....	.....			$33,924.58	$0.00	$33,924.58
				$33,988.51	$0.00	$33,988.51
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,593.14	$0.00	$8,593.14
				$8,593.14	$0.00	$8,593.14
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,959.47	$0.00	$4,959.47
				$4,959.47	$0.00	$4,959.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,937.10	$0.00	$1,937.10
				$1,937.10	$0.00	$1,937.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,142.31	$0.00	$3,142.31
				$3,142.31	$0.00	$3,142.31
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,020.83	$0.00	$1,020.83
				$1,020.83	$0.00	$1,020.83
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,007.42	$0.00	$9,007.42
				$9,015.42	$0.00	$9,015.42
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$38.64	$0.00	$38.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,016.81	$0.00	$14,016.81
				$14,055.45	$0.00	$14,055.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,046.08	$0.00	$1,046.08
				$1,054.08	$0.00	$1,054.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$51.81	$0.00	$51.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$286.01	$0.00	$286.01
				$337.82	$0.00	$337.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$57.25	$0.00	$57.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$57.25	$0.00	$57.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$574.64	$0.00	$574.64
Medical.....	.....			$558.55	$0.00	$558.55
				$1,141.19	$0.00	$1,141.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

752 - DCR CHIPPOKES PLANTATION STATE PAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$171.70	$0.00	$171.70
Indemnity.....	.....			$12,073.84	$0.00	$12,073.84
Medical.....	.....			$127,094.00	$0.00	$127,094.00
				$139,339.54	$0.00	$139,339.54
# of Claims	95					
# Open	0	Recovery Amount:	$0.00			

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.00	$0.00	$268.00
				$268.00	$0.00	$268.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23.99	$0.00	$23.99
Medical.....	.....			$5,714.11	$0.00	$5,714.11
				$5,738.10	$0.00	$5,738.10
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,759.03	$0.00	$4,759.03
Medical.....	.....			$4,302.53	$0.00	$4,302.53
				$9,061.56	$0.00	$9,061.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,449.92	$0.00	$3,449.92
				$3,449.92	$0.00	$3,449.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,094.33	$0.00	$1,094.33
				$1,094.33	$0.00	$1,094.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,091.43	$0.00	$3,091.43
				$3,091.43	$0.00	$3,091.43
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$110.40	$0.00	$110.40
Medical.....	.....			$1,650.15	$0.00	$1,650.15
				$1,760.55	$0.00	$1,760.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,854.82	$0.00	$4,854.82
				$4,854.82	$0.00	$4,854.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$723.76	$0.00	$723.76
				$723.76	$0.00	$723.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$828.00	$0.00	$828.00
				$828.00	$0.00	$828.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,825.12	$0.00	$4,825.12
				$4,869.12	$0.00	$4,869.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,051.50	$0.00	$1,051.50
				$1,051.50	$0.00	$1,051.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,379.26	$0.00	$7,379.26
				$7,379.26	$0.00	$7,379.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$779.12	$0.00	$779.12
				$779.12	$0.00	$779.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$793.10	$0.00	$793.10
				$793.10	$0.00	$793.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,129.74	$0.00	$1,129.74
Medical.....	.....			$10,140.46	$0.00	$10,140.46
				$11,278.20	$0.00	$11,278.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,477.01	$0.00	$1,477.01
				$1,477.01	$0.00	$1,477.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$63.95	$0.00	$63.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,392.76	$0.00	$1,392.76
				$1,456.71	$0.00	$1,456.71
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

753 - DCR CLAYTOR LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$75.85	$0.00	$75.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,389.64	$0.00	$13,389.64
				$13,465.49	$0.00	$13,465.49
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$573.95	$0.00	$573.95
				$573.95	$0.00	$573.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$331.20	$0.00	$331.20
				$331.20	$0.00	$331.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$191.80	$0.00	$191.80
Indemnity.....	.....			$6,023.16	$0.00	$6,023.16
Medical.....	.....			$68,110.17	$0.00	$68,110.17
				$74,325.13	$0.00	$74,325.13
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

755 - DCR DOUTHAT STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,900.99	$0.00	$5,900.99
Medical.....	.....			$42,557.08	$0.00	$42,557.08
				$48,458.07	$0.00	$48,458.07
# of Claims	1					
# Open	0	Recovery Amount:	-$381.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,240.03	$0.00	$1,240.03
Medical.....	.....			$5,964.49	$0.00	$5,964.49
				$7,204.52	$0.00	$7,204.52
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23.04	$0.00	$23.04
Medical.....	.....			$998.27	$0.00	$998.27
				$1,021.31	$0.00	$1,021.31
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,217.26	$0.00	$1,217.26
Medical.....	.....			$3,414.77	$0.00	$3,414.77
				$4,632.03	$0.00	$4,632.03
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

755 - DCR DOUTHAT STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$320.84	$0.00	$320.84
Medical.....	.....			$3,367.27	$0.00	$3,367.27
				$3,688.11	$0.00	$3,688.11
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,201.24	$0.00	$23,201.24
Medical.....	.....			$42,559.47	$0.00	$42,559.47
				$65,760.71	$0.00	$65,760.71
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,247.72	$0.00	$1,247.72
				$1,247.72	$0.00	$1,247.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,251.82	$0.00	$7,251.82
				$7,251.82	$0.00	$7,251.82
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,040.00	$0.00	$2,040.00
Medical.....	.....			$8,344.59	$0.00	$8,344.59
				$10,384.59	$0.00	$10,384.59
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

755 - DCR DOUTHAT STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,823.37	$0.00	$2,823.37
Medical.....	.....			$17,860.84	$0.00	$17,860.84
				$20,684.21	$0.00	$20,684.21
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$6,712.50	$0.00	$6,712.50
Medical.....	.....			$7,273.89	$0.00	$7,273.89
				$14,014.39	$0.00	$14,014.39
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$326.92	$0.00	$326.92
Indemnity.....	.....			$2,591.99	$0.00	$2,591.99
Medical.....	.....			$17,503.30	$0.00	$17,503.30
				$20,422.21	$0.00	$20,422.21
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$673.80	$0.00	$673.80
				$673.80	$0.00	$673.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,872.13	$0.00	$4,872.13
				$4,872.13	$0.00	$4,872.13
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

755 - DCR DOUTHAT STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,741.26	$0.00	$12,741.26
				$12,741.26	$0.00	$12,741.26
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,204.39	$0.00	$2,204.39
				$2,204.39	$0.00	$2,204.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$4,293.17	$0.00	$4,293.17
Medical.....	.....			$17,767.67	$0.00	$17,767.67
				$22,092.84	$0.00	$22,092.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,388.56	$0.00	$4,388.56
				$4,388.56	$0.00	$4,388.56
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$114.00	$0.00	$114.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,822.29	$0.00	$6,822.29
				$6,936.29	$0.00	$6,936.29
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

755 - DCR DOUTHAT STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$81.73**	**$0.00**	**$81.73**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,547.65**	**$0.00**	**$1,547.65**
				$1,629.38	**$0.00**	**$1,629.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$35.00**	**$0.00**	**$35.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$830.38**	**$0.00**	**$830.38**
				$865.38	**$0.00**	**$865.38**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$319.23**	**$0.00**	**$319.23**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$378.95**	**$0.00**	**$378.95**
				$698.18	**$0.00**	**$698.18**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,267.86**	**$0.00**	**$1,267.86**
Medical				**$2,878.68**	**$0.00**	**$2,878.68**
				$4,154.54	**$0.00**	**$4,154.54**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$944.88**	**$0.00**	**$944.88**
Indemnity				**$51,632.29**	**$0.00**	**$51,632.29**
Medical				**$213,449.27**	**$0.00**	**$213,449.27**
				$266,026.44	**$0.00**	**$266,026.44**
# of Claims	**239**					
# Open	**1**	**Recovery Amount:**	**-$381.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION
756 - DCR FAIRY STONE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$8,016.00	$0.00	$8,016.00
Indemnity.....	.....			$245,543.35	$0.00	$245,543.35
Medical.....	.....			$16,655.23	$0.00	$16,655.23
				$270,214.58	$0.00	$270,214.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$794.08	$0.00	$794.08
				$794.08	$0.00	$794.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,754.83	$0.00	$1,754.83
				$1,754.83	$0.00	$1,754.83
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$580.40	$0.00	$580.40
				$580.40	$0.00	$580.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,028.96	$0.00	$1,028.96
				$1,028.96	$0.00	$1,028.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$4,116.84	$0.00	$4,116.84
Indemnity.....	.....			$3,669.01	$0.00	$3,669.01
Medical.....	.....			$68,094.45	$0.00	$68,094.45
				$75,880.30	$0.00	$75,880.30
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$3,564.00	$0.00	$3,564.00
Indemnity.....	.....			$102,800.71	$0.00	$102,800.71
Medical.....	.....			$194,073.60	$0.00	$194,073.60
				$300,438.31	$0.00	$300,438.31
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,050.47	$0.00	$1,050.47
				$1,050.47	$0.00	$1,050.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,764.65	$0.00	$3,764.65
				$3,764.65	$0.00	$3,764.65
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$720.77**	**$0.00**	**$720.77**
				$720.77	**$0.00**	**$720.77**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,378.76**	**$0.00**	**$2,378.76**
				$2,378.76	**$0.00**	**$2,378.76**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,046.81**	**$0.00**	**$6,046.81**
				$6,066.81	**$0.00**	**$6,066.81**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.64**	**$0.00**	**$135.64**
				$135.64	**$0.00**	**$135.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$580.38**	**$0.00**	**$580.38**
Indemnity				**$1,472.52**	**$0.00**	**$1,472.52**
Medical				**$23,595.46**	**$0.00**	**$23,595.46**
				$25,648.36	**$0.00**	**$25,648.36**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$521.17	$0.00	$521.17
				$521.17	$0.00	$521.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,777.69	$0.00	$2,777.69
				$2,777.69	$0.00	$2,777.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,165.78	$0.00	$1,165.78
				$1,165.78	$0.00	$1,165.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$541.53	$0.00	$541.53
				$541.53	$0.00	$541.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,004.61	$0.00	$1,004.61
				$1,004.61	$0.00	$1,004.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$316.00**	**$0.00**	**$316.00**
				$316.00	**$0.00**	**$316.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$743.13**	**$0.00**	**$743.13**
				$743.13	**$0.00**	**$743.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$16,297.22**	**$0.00**	**$16,297.22**
Indemnity				**$353,485.59**	**$0.00**	**$353,485.59**
Medical				**$327,744.02**	**$0.00**	**$327,744.02**
				$697,526.83	**$0.00**	**$697,526.83**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

757 - DCR FALSE CAPE STATE PARK

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

757 - DCR FALSE CAPE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,058.82**	**$0.00**	**$1,058.82**
				$1,058.82	**$0.00**	**$1,058.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,308.78**	**$0.00**	**$5,308.78**
				$5,308.78	**$0.00**	**$5,308.78**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$442.58**	**$0.00**	**$442.58**
				$442.58	**$0.00**	**$442.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,293.44**	**$0.00**	**$1,293.44**
				$1,293.44	**$0.00**	**$1,293.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

757 - DCR FALSE CAPE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.57	$0.00	$85.57
				$85.57	$0.00	$85.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,649.75	$0.00	$2,649.75
Medical.....	.....			$15,313.26	$0.00	$15,313.26
				$17,963.01	$0.00	$17,963.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$500.71	$0.00	$500.71
				$500.71	$0.00	$500.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,249.28	$0.00	$1,249.28
				$1,249.28	$0.00	$1,249.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

757 - DCR FALSE CAPE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,649.75	$0.00	$2,649.75
Medical.....	.....			$25,252.44	$0.00	$25,252.44
				$27,902.19	$0.00	$27,902.19
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

758 - DCR TWIN LAKES STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

758 - DCR TWIN LAKES STATE PARK

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$347.43**	**$0.00**	**$347.43**
			$347.43	**$0.00**	**$347.43**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$125.16**	**$0.00**	**$125.16**
		$125.16	**$0.00**	**$125.16**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$336.03**	**$0.00**	**$336.03**
Medical		**$941.03**	**$0.00**	**$941.03**
		$1,277.06	**$0.00**	**$1,277.06**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,288.00**	**$0.00**	**$1,288.00**
Medical		**$1,560.70**	**$0.00**	**$1,560.70**
		$2,848.70	**$0.00**	**$2,848.70**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$4,416.59**	**$0.00**	**$4,416.59**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$39,764.31**	**$0.00**	**$39,764.31**
		$44,180.90	**$0.00**	**$44,180.90**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

758 - DCR TWIN LAKES STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,319.53	$0.00	$1,319.53
				$1,319.53	$0.00	$1,319.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

758 - DCR TWIN LAKES STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$415.50	$0.00	$415.50
Indemnity.....	.....			$18,778.75	$0.00	$18,778.75
Medical.....	.....			$26,895.74	$0.00	$26,895.74
				$46,089.99	$0.00	$46,089.99
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,354.79	$0.00	$1,354.79
Indemnity.....	.....			$2,974.94	$0.00	$2,974.94
Medical.....	.....			$49,519.02	$0.00	$49,519.02
				$53,848.75	$0.00	$53,848.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

758 - DCR TWIN LAKES STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$944.36	$0.00	$944.36
				$944.36	$0.00	$944.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.15	$0.00	$118.15
				$118.15	$0.00	$118.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$24.39	$0.00	$24.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,225.65	$0.00	$2,225.65
				$2,250.04	$0.00	$2,250.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

758 - DCR TWIN LAKES STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$445.12	$0.00	$445.12
				$445.12	$0.00	$445.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,475.95	$0.00	$9,475.95
				$9,475.95	$0.00	$9,475.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,182.68	$0.00	$2,182.68
				$2,190.68	$0.00	$2,190.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$45.62	$0.00	$45.62
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,659.50	$0.00	$1,659.50
				$1,705.12	$0.00	$1,705.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,264.89	$0.00	$6,264.89
Indemnity.....	.....			$23,377.72	$0.00	$23,377.72
Medical.....	.....			$137,524.33	$0.00	$137,524.33
				$167,166.94	$0.00	$167,166.94
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

760 - DCR GRAYSON HIGHLANDS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$81.00**	**$0.00**	**$81.00**
				$81.00	**$0.00**	**$81.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$9,752.39**	**$0.00**	**$9,752.39**
				$9,752.39	**$0.00**	**$9,752.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

760 - DCR GRAYSON HIGHLANDS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.65	$0.00	$101.65
				$101.65	$0.00	$101.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.00	$0.00	$97.00
				$97.00	$0.00	$97.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$29.28	$0.00	$29.28
Indemnity.....	.....			$83.91	$0.00	$83.91
Medical.....	.....			$10,119.56	$0.00	$10,119.56
				$10,232.75	$0.00	$10,232.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$3,103.28	$0.00	$3,103.28
Indemnity.....	.....			$14,995.13	$0.00	$14,995.13
Medical.....	.....			$122,341.79	$0.00	$122,341.79
				$140,440.20	$0.00	$140,440.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$876.80	$0.00	$876.80
				$876.80	$0.00	$876.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

760 - DCR GRAYSON HIGHLANDS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,706.25**	**$0.00**	**$1,706.25**
Medical				**$7,720.10**	**$0.00**	**$7,720.10**
				$9,434.35	**$0.00**	**$9,434.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

760 - DCR GRAYSON HIGHLANDS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$450.68**	**$0.00**	**$450.68**
				$450.68	**$0.00**	**$450.68**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$70.95**	**$0.00**	**$70.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,099.26**	**$0.00**	**$6,099.26**
				$6,170.21	**$0.00**	**$6,170.21**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,211.51**	**$0.00**	**$3,211.51**
Indemnity				**$16,785.29**	**$0.00**	**$16,785.29**
Medical				**$157,640.23**	**$0.00**	**$157,640.23**
				$177,637.03	**$0.00**	**$177,637.03**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION
762 - DCR HOLIDAY LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,169.68	$0.00	$1,169.68
				$1,169.68	$0.00	$1,169.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$155.60**	**$0.00**	**$155.60**
				$155.60	**$0.00**	**$155.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$730.69**	**$0.00**	**$730.69**
				$730.69	**$0.00**	**$730.69**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,886.39**	**$0.00**	**$1,886.39**
Medical				**$1,889.98**	**$0.00**	**$1,889.98**
				$3,776.37	**$0.00**	**$3,776.37**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,708.98**	**$0.00**	**$1,708.98**
				$1,708.98	**$0.00**	**$1,708.98**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,250.02**	**$0.00**	**$1,250.02**
				$1,250.02	**$0.00**	**$1,250.02**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$33.91	$0.00	$33.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,797.84	$0.00	$7,797.84
				$7,831.75	$0.00	$7,831.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,164.40	$0.00	$3,164.40
Medical.....	.....			$399.90	$0.00	$399.90
				$3,572.30	$0.00	$3,572.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,031.51	$0.00	$1,031.51
				$1,031.51	$0.00	$1,031.51
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$107.08	$0.00	$107.08
				$107.08	$0.00	$107.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,988.00	$0.00	$2,988.00
Medical.....	.....			$9,082.03	$0.00	$9,082.03
				$12,078.03	$0.00	$12,078.03
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,387.42	$0.00	$1,387.42
				$1,387.42	$0.00	$1,387.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$58.70	$0.00	$58.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.27	$0.00	$85.27
				$143.97	$0.00	$143.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$2,600.00**	**$2,600.00**
				$0.00	**$2,650.00**	**$2,650.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$108.61**	**$50.00**	**$158.61**
Indemnity				**$8,038.79**	**$0.00**	**$8,038.79**
Medical				**$26,796.00**	**$2,600.00**	**$29,396.00**
				$34,943.40	**$2,650.00**	**$37,593.40**
# of Claims	**76**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.90**	**$0.00**	**$64.90**
				$64.90	**$0.00**	**$64.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,553.55**	**$0.00**	**$2,553.55**
				$2,553.55	**$0.00**	**$2,553.55**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$575.91	$0.00	$575.91
Medical.....	.....			$3,927.92	$0.00	$3,927.92
				$4,503.83	$0.00	$4,503.83
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,586.05	$0.00	$1,586.05
				$1,586.05	$0.00	$1,586.05
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,615.94	$0.00	$2,615.94
Medical.....	.....			$7,202.32	$0.00	$7,202.32
				$9,818.26	$0.00	$9,818.26
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,495.40	$0.00	$1,495.40
				$1,495.40	$0.00	$1,495.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$314.92	$0.00	$314.92
				$314.92	$0.00	$314.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,340.70	$0.00	$11,340.70
				$11,340.70	$0.00	$11,340.70
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,557.68	$0.00	$4,557.68
				$4,557.68	$0.00	$4,557.68
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$255.07	$0.00	$255.07
Indemnity.....	.....			$1,807.68	$0.00	$1,807.68
Medical.....	.....			$60,317.48	$0.00	$60,317.48
				$62,380.23	$0.00	$62,380.23
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,164.46	$0.00	$7,164.46
				$7,164.46	$0.00	$7,164.46
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,185.05	$0.00	$1,185.05
Indemnity.....	.....			$2,245.86	$0.00	$2,245.86
Medical.....	.....			$70,276.30	$0.00	$70,276.30
				$73,707.21	$0.00	$73,707.21
# of Claims	11					
# Open	0	Recovery Amount:	-$345.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,241.38	$0.00	$1,241.38
				$1,309.38	$0.00	$1,309.38
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,856.24	$0.00	$13,856.24
Medical.....	.....			$66,839.64	$0.00	$66,839.64
				$80,695.88	$0.00	$80,695.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,624.60	$0.00	$5,624.60
				$5,624.60	$0.00	$5,624.60
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,364.92	$0.00	$1,364.92
				$1,364.92	$0.00	$1,364.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$568.92	$0.00	$568.92
				$568.92	$0.00	$568.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,214.08	$0.00	$10,214.08
				$10,214.08	$0.00	$10,214.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$25.89	$0.00	$25.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,799.57	$0.00	$2,799.57
				$2,825.46	$0.00	$2,825.46
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.81	$0.00	$52.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,734.69	$0.00	$1,734.69
				$1,787.50	$0.00	$1,787.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$70.18	$0.00	$70.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,045.14	$0.00	$7,045.14
				$7,115.32	$0.00	$7,115.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$22.20	$0.00	$22.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$743.32	$0.00	$743.32
				$765.52	$0.00	$765.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

763 - DCR HUNGRY MOTHER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,588.07	$0.00	$2,588.07
				$2,588.07	$0.00	$2,588.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,679.20	$0.00	$1,679.20
Indemnity.....	.....			$21,101.63	$0.00	$21,101.63
Medical.....	.....			$271,566.01	$0.00	$271,566.01
				$294,346.84	$0.00	$294,346.84
# of Claims	189					
# Open	0	Recovery Amount:	-$345.00			

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$934.72	$0.00	$934.72
				$934.72	$0.00	$934.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$779.61	$0.00	$779.61
				$779.61	$0.00	$779.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,761.94	$0.00	$1,761.94
				$1,761.94	$0.00	$1,761.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$72.00	$0.00	$72.00
				$72.00	$0.00	$72.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$426.55	$0.00	$426.55
				$426.55	$0.00	$426.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$852.37	$0.00	$852.37
				$852.37	$0.00	$852.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$204.13	$0.00	$204.13
				$204.13	$0.00	$204.13
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,324.11	$0.00	$1,324.11
				$1,324.11	$0.00	$1,324.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$5,382.58	$0.00	$5,382.58
Indemnity.....	.....			$44,822.34	$0.00	$44,822.34
Medical.....	.....			$10,995.95	$0.00	$10,995.95
				$61,200.87	$0.00	$61,200.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,182.81	$0.00	$3,182.81
				$3,182.81	$0.00	$3,182.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,439.25	$0.00	$4,439.25
Medical.....	.....			$7,595.80	$0.00	$7,595.80
				$12,043.05	$0.00	$12,043.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$431.07	$0.00	$431.07
				$431.07	$0.00	$431.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$6.85	$0.00	$6.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.04	$0.00	$254.04
				$260.89	$0.00	$260.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.58	$0.00	$268.58
				$268.58	$0.00	$268.58
# of Claims	3					
# Open	0	Recovery Amount:	-$268.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

764 - DCR LAKE ANNA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$47.70	$0.00	$47.70
Indemnity.....	.....			$1,827.16	$0.00	$1,827.16
Medical.....	.....			$497.94	$0.00	$497.94
				$2,372.80	$0.00	$2,372.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.74	$0.00	$0.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.74	$0.00	$0.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,445.87	$0.00	$5,445.87
Indemnity.....	.....			$51,088.75	$0.00	$51,088.75
Medical.....	.....			$29,581.62	$0.00	$29,581.62
				$86,116.24	$0.00	$86,116.24
# of Claims	52					
# Open	0	Recovery Amount:	-$268.58			

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,364.87	$0.00	$1,364.87
				$1,364.87	$0.00	$1,364.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,245.82	$0.00	$11,245.82
				$11,245.82	$0.00	$11,245.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$408.29	$0.00	$408.29
				$408.29	$0.00	$408.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,814.42	$0.00	$2,814.42
				$2,814.42	$0.00	$2,814.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$777.64**	**$0.00**	**$777.64**
				$777.64	**$0.00**	**$777.64**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,108.05**	**$0.00**	**$1,108.05**
				$1,108.05	**$0.00**	**$1,108.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$492.54	$0.00	$492.54
				$492.54	$0.00	$492.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,690.22	$0.00	$1,690.22
				$1,726.22	$0.00	$1,726.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,066.17	$0.00	$1,066.17
				$1,066.17	$0.00	$1,066.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,348.29	$0.00	$4,348.29
				$4,348.29	$0.00	$4,348.29
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.19	$0.00	$77.19
				$77.19	$0.00	$77.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$691.22	$0.00	$691.22
				$691.22	$0.00	$691.22
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$405.25	$0.00	$405.25
				$405.25	$0.00	$405.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

765 - DCR LEESYLVANIA STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$99.55	$0.00	$99.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,814.34	$0.00	$3,814.34
				$3,913.89	$0.00	$3,913.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$135.55	$0.00	$135.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30,304.31	$0.00	$30,304.31
				$30,439.86	$0.00	$30,439.86
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$851.14	$0.00	$851.14
				$851.14	$0.00	$851.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$543.92	$0.00	$543.92
				$543.92	$0.00	$543.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$517.47	$0.00	$517.47
				$517.47	$0.00	$517.47
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.03	$0.00	$195.03
				$195.03	$0.00	$195.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.60	$0.00	$399.60
				$399.60	$0.00	$399.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.98	$0.00	$169.98
				$169.98	$0.00	$169.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,486.07	$0.00	$2,486.07
				$2,486.07	$0.00	$2,486.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,031.65	$0.00	$1,031.65
				$1,031.65	$0.00	$1,031.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,465.53	$0.00	$2,465.53
				$2,465.53	$0.00	$2,465.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$889.70	$0.00	$889.70
				$889.70	$0.00	$889.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,298.03	$0.00	$2,298.03
Medical.....	.....			$10,254.25	$0.00	$10,254.25
				$12,560.28	$0.00	$12,560.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.70	$0.00	$28.70
				$28.70	$0.00	$28.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$21.78	$0.00	$21.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.85	$0.00	$361.85
				$383.63	$0.00	$383.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.23	$0.00	$12.23
				$12.23	$0.00	$12.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

766 - DCR MASON NECK STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,233.39	$0.00	$2,233.39
Medical.....	.....			$20,290.47	$0.00	$20,290.47
				$22,531.86	$0.00	$22,531.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.78	$0.00	$37.78
Indemnity.....	.....			$4,531.42	$0.00	$4,531.42
Medical.....	.....			$40,587.59	$0.00	$40,587.59
				$45,156.79	$0.00	$45,156.79
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,258.61	$0.00	$5,258.61
				$5,258.61	$0.00	$5,258.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,319.32	$0.00	$1,319.32
				$1,319.32	$0.00	$1,319.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,536.84	$0.00	$8,536.84
Medical.....	.....			$17,974.77	$0.00	$17,974.77
				$26,511.61	$0.00	$26,511.61
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$769.62	$0.00	$769.62
				$769.62	$0.00	$769.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,376.86	$0.00	$2,376.86
				$2,376.86	$0.00	$2,376.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$379.34	$0.00	$379.34
				$379.34	$0.00	$379.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.47	$0.00	$399.47
				$399.47	$0.00	$399.47
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$893.28	$0.00	$893.28
				$893.28	$0.00	$893.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$360.45	$0.00	$360.45
Medical.....	.....			$1,510.96	$0.00	$1,510.96
				$1,871.41	$0.00	$1,871.41
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$762.17	$0.00	$762.17
				$762.17	$0.00	$762.17
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,199.42	$0.00	$1,199.42
				$1,199.42	$0.00	$1,199.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$7,593.41	$0.00	$7,593.41
Indemnity.....	.....			$6,268.32	$0.00	$6,268.32
Medical.....	.....			$4,441.61	$0.00	$4,441.61
				$18,303.34	$0.00	$18,303.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$6,902.14	$0.00	$6,902.14
Medical.....	.....			$38,590.24	$0.00	$38,590.24
				$45,520.38	$0.00	$45,520.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$194.41	$0.00	$194.41
Medical.....	.....			$7,808.21	$0.00	$7,808.21
				$8,010.62	$0.00	$8,010.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,521.12	$0.00	$2,521.12
Medical.....	.....			$12,578.45	$0.00	$12,578.45
				$15,107.57	$0.00	$15,107.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,155.48	$0.00	$1,155.48
				$1,155.48	$0.00	$1,155.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,508.00	$0.00	$9,508.00
Medical.....	.....			$9,477.76	$0.00	$9,477.76
				$18,993.76	$0.00	$18,993.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

767 - DCR NATURAL TUNNEL STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$115.49	$0.00	$115.49
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,138.07	$0.00	$1,138.07
				$1,253.56	$0.00	$1,253.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$33.26	$0.00	$33.26
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,899.54	$0.00	$8,899.54
				$8,932.80	$0.00	$8,932.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,581.43	$0.00	$1,581.43
				$1,581.43	$0.00	$1,581.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,794.16	$0.00	$7,794.16
Indemnity.....	.....			$34,291.28	$0.00	$34,291.28
Medical.....	.....			$118,514.61	$0.00	$118,514.61
				$160,600.05	$0.00	$160,600.05
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

768 - DCR OCCONEECHEE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,373.07	$0.00	$3,373.07
				$3,373.07	$0.00	$3,373.07
# of Claims	2					
# Open	0	Recovery Amount:	-$332.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,159.69	$0.00	$1,159.69
				$1,159.69	$0.00	$1,159.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.14	$0.00	$109.14
				$109.14	$0.00	$109.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

768 - DCR OCCONEECHEE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.83	$0.00	$572.83
				$572.83	$0.00	$572.83
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,720.25	$0.00	$1,720.25
				$1,720.25	$0.00	$1,720.25
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

768 - DCR OCCONEECHEE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.04	$0.00	$243.04
				$243.04	$0.00	$243.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$538.13	$0.00	$538.13
Indemnity.....	.....			$27,744.79	$0.00	$27,744.79
Medical.....	.....			$64,797.40	$0.00	$64,797.40
				$93,080.32	$0.00	$93,080.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

768 - DCR OCCONEECHEE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.56	$0.00	$341.56
				$341.56	$0.00	$341.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$605.98	$0.00	$605.98
				$605.98	$0.00	$605.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,924.25	$0.00	$15,924.25
				$15,924.25	$0.00	$15,924.25
# of Claims	3					
# Open	0	Recovery Amount:	-$10,349.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$62.80	$0.00	$62.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$62.80	$0.00	$62.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

768 - DCR OCCONEECHEE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$51.55	$100.00	$151.55
Indemnity.....	.....			$353.97	$0.00	$353.97
Medical.....	.....			$6,303.55	$12,442.81	$18,746.36
				$6,709.07	$12,542.81	$19,251.88
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$652.48	$100.00	$752.48
Indemnity.....	.....			$28,098.76	$0.00	$28,098.76
Medical.....	.....			$95,225.76	$12,442.81	$107,668.57
				$123,977.00	$12,542.81	$136,519.81
# of Claims	51					
# Open	1	Recovery Amount:	-$10,681.55			

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.60	$0.00	$242.60
				$242.60	$0.00	$242.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.05	$0.00	$348.05
				$348.05	$0.00	$348.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$87.01	$0.00	$87.01
Medical.....	.....			$10,256.03	$0.00	$10,256.03
				$10,343.04	$0.00	$10,343.04
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$550.65	$0.00	$550.65
				$550.65	$0.00	$550.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,387.76	$0.00	$3,387.76
				$3,387.76	$0.00	$3,387.76
# of Claims	14					
# Open	0	Recovery Amount:	-$2,026.98			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$389.91	$0.00	$389.91
				$389.91	$0.00	$389.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,809.88	$0.00	$1,809.88
				$1,809.88	$0.00	$1,809.88
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,664.70	$0.00	$12,664.70
				$12,664.70	$0.00	$12,664.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$698.41	$0.00	$698.41
				$698.41	$0.00	$698.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,517.55	$0.00	$1,517.55
				$1,517.55	$0.00	$1,517.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.21	$0.00	$234.21
				$234.21	$0.00	$234.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$360.90	$0.00	$360.90
				$360.90	$0.00	$360.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,311.18	$0.00	$1,311.18
				$1,311.18	$0.00	$1,311.18
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$598.71	$0.00	$598.71
				$598.71	$0.00	$598.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$655.50	$0.00	$655.50
Indemnity.....	.....			$1,424.20	$0.00	$1,424.20
Medical.....	.....			$44,295.95	$0.00	$44,295.95
				$46,375.65	$0.00	$46,375.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$25.90	$0.00	$25.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,346.72	$0.00	$1,346.72
				$1,372.62	$0.00	$1,372.62
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5,261.20	$0.00	$5,261.20
Indemnity.....	.....			$90,512.58	$0.00	$90,512.58
Medical.....	.....			$89,879.23	$0.00	$89,879.23
				$185,653.01	$0.00	$185,653.01
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$147.40	$0.00	$147.40
Indemnity.....	.....			$3,168.72	$0.00	$3,168.72
Medical.....	.....			$26,670.49	$0.00	$26,670.49
				$29,986.61	$0.00	$29,986.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$75.70	$0.00	$75.70
Indemnity.....	.....			$2,432.67	$0.00	$2,432.67
Medical.....	.....			$59,818.74	$31,909.02	$91,727.76
				$62,327.11	$31,909.02	$94,236.13
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

769 - DCR POCAHONTAS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$50.00	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$8.00	$1,250.00	$1,258.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$6,173.70	$50.00	$6,223.70
Indemnity.....	.....			$97,625.18	$0.00	$97,625.18
Medical.....	.....			$256,381.67	$33,109.02	$289,490.69
				$360,180.55	$33,159.02	$393,339.57
# of Claims	120					
# Open	2	Recovery Amount:	-$2,026.98			

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,652.43	$0.00	$1,652.43
				$1,652.43	$0.00	$1,652.43
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,347.21	$0.00	$5,347.21
				$5,347.21	$0.00	$5,347.21
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$608.07	$0.00	$608.07
Medical.....	.....			$8,098.81	$0.00	$8,098.81
				$8,706.88	$0.00	$8,706.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$222.00	$0.00	$222.00
				$222.00	$0.00	$222.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,739.82	$0.00	$5,739.82
				$5,739.82	$0.00	$5,739.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,673.98	$0.00	$1,673.98
				$1,673.98	$0.00	$1,673.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,531.77	$0.00	$1,531.77
				$1,531.77	$0.00	$1,531.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$722.82	$0.00	$722.82
Medical.....	.....			$3,770.22	$0.00	$3,770.22
				$4,493.04	$0.00	$4,493.04
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,065.56	$0.00	$8,065.56
				$8,065.56	$0.00	$8,065.56
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,190.94	$0.00	$2,190.94
				$2,190.94	$0.00	$2,190.94
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,391.80	$0.00	$1,391.80
				$1,391.80	$0.00	$1,391.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,459.26	$0.00	$5,459.26
				$5,459.26	$0.00	$5,459.26
# of Claims	5					
# Open	0	Recovery Amount:	-$4,270.70			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,055.37	$0.00	$1,055.37
Medical.....	.....			$2,647.58	$0.00	$2,647.58
				$3,710.95	$0.00	$3,710.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,570.11	$0.00	$6,570.11
				$6,570.11	$0.00	$6,570.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,193.38	$0.00	$1,193.38
				$1,193.38	$0.00	$1,193.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$49.50	$0.00	$49.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,392.75	$0.00	$1,392.75
				$1,442.25	$0.00	$1,442.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$97.95	$0.00	$97.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,444.44	$0.00	$1,444.44
				$1,542.39	$0.00	$1,542.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$93.40	$0.00	$93.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,577.08	$0.00	$1,577.08
				$1,670.48	$0.00	$1,670.48
# of Claims	6					
# Open	0	Recovery Amount:	-$1,577.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,140.86	$0.00	$1,140.86
				$1,148.86	$0.00	$1,148.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

770 - DCR FIRST LANDING STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$144.35	$100.00	$244.35
Indemnity.....	.....			$197.39	$0.00	$197.39
Medical.....	.....			$5,554.88	$5,407.73	$10,962.61
				$5,896.62	$5,507.73	$11,404.35
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$401.20	$100.00	$501.20
Indemnity.....	.....			$2,583.65	$0.00	$2,583.65
Medical.....	.....			$66,664.88	$5,407.73	$72,072.61
				$69,649.73	$5,507.73	$75,157.46
# of Claims	125					
# Open	1	Recovery Amount:	-$5,847.78			

772 - DCR SKY MEADOWS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

772 - DCR SKY MEADOWS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,070.67**	**$0.00**	**$1,070.67**
				$1,070.67	**$0.00**	**$1,070.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,517.36**	**$0.00**	**$8,517.36**
				$8,517.36	**$0.00**	**$8,517.36**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,683.06**	**$0.00**	**$6,683.06**
				$6,683.06	**$0.00**	**$6,683.06**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,860.89**	**$0.00**	**$1,860.89**
				$1,860.89	**$0.00**	**$1,860.89**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

772 - DCR SKY MEADOWS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,274.73	$0.00	$1,274.73
				$1,274.73	$0.00	$1,274.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$604.91	$0.00	$604.91
				$604.91	$0.00	$604.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.52	$0.00	$172.52
				$172.52	$0.00	$172.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

772 - DCR SKY MEADOWS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,392.83	$0.00	$2,392.83
Medical.....	.....			$35,232.69	$0.00	$35,232.69
				$37,633.52	$0.00	$37,633.52
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.35	$0.00	$38.35
				$38.35	$0.00	$38.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.77	$0.00	$125.77
				$125.77	$0.00	$125.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

772 - DCR SKY MEADOWS STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,711.93	$0.00	$16,711.93
				$16,711.93	$0.00	$16,711.93
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.45	$0.00	$234.45
				$234.45	$0.00	$234.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,392.83	$0.00	$2,392.83
Medical.....	.....			$72,527.33	$0.00	$72,527.33
				$74,928.16	$0.00	$74,928.16
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,062.45	$0.00	$3,062.45
Medical.....	.....			$2,954.58	$0.00	$2,954.58
				$6,017.03	$0.00	$6,017.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$690.72	$0.00	$690.72
				$690.72	$0.00	$690.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,371.36	$0.00	$2,371.36
				$2,371.36	$0.00	$2,371.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,459.77	$0.00	$1,459.77
				$1,459.77	$0.00	$1,459.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,273.38	$0.00	$2,273.38
				$2,273.38	$0.00	$2,273.38
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$458.00	$0.00	$458.00
				$458.00	$0.00	$458.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.91	$0.00	$171.91
				$171.91	$0.00	$171.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,057.75	$0.00	$1,057.75
				$1,057.75	$0.00	$1,057.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$579.42	$0.00	$579.42
				$579.42	$0.00	$579.42
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.09	$0.00	$199.09
				$199.09	$0.00	$199.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$173.28	$0.00	$173.28
Medical.....	.....			$6,776.45	$0.00	$6,776.45
				$6,949.73	$0.00	$6,949.73
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$22.90	$0.00	$22.90
Indemnity.....	.....			$68.22	$0.00	$68.22
Medical.....	.....			$2,099.77	$0.00	$2,099.77
				$2,190.89	$0.00	$2,190.89
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$451.79	$0.00	$451.79
				$451.79	$0.00	$451.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,102.71	$0.00	$1,102.71
Medical.....	.....			$33,165.52	$0.00	$33,165.52
				$34,276.23	$0.00	$34,276.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$30.63	$0.00	$30.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$30.63	$0.00	$30.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

773 - DCR SMITH MOUNTAIN LAKE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$34.40	$0.00	$34.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$34.40	$0.00	$34.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$95.93	$0.00	$95.93
Indemnity.....	.....			$4,406.66	$0.00	$4,406.66
Medical.....	.....			$54,709.51	$0.00	$54,709.51
				$59,212.10	$0.00	$59,212.10
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,216.08	$0.00	$1,216.08
Medical.....	.....			$829.02	$0.00	$829.02
				$2,045.10	$0.00	$2,045.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$806.12	$0.00	$806.12
				$806.12	$0.00	$806.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$570.19	$0.00	$570.19
				$570.19	$0.00	$570.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,895.20	$0.00	$1,895.20
				$1,895.20	$0.00	$1,895.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,040.35	$0.00	$2,040.35
				$2,040.35	$0.00	$2,040.35
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$15.40	$0.00	$15.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$831.79	$0.00	$831.79
				$847.19	$0.00	$847.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$432.13	$0.00	$432.13
				$432.13	$0.00	$432.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$33.90	$0.00	$33.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,783.16	$0.00	$1,783.16
				$1,817.06	$0.00	$1,817.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.43	$0.00	$119.43
				$119.43	$0.00	$119.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

774 - DCR STAUNTON RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26.30	$0.00	$26.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,171.02	$0.00	$1,171.02
				$1,197.32	$0.00	$1,197.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$75.60	$0.00	$75.60
Indemnity.....	.....			$1,216.08	$0.00	$1,216.08
Medical.....	.....			$10,478.41	$0.00	$10,478.41
				$11,770.09	$0.00	$11,770.09
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$833.00**	**$0.00**	**$833.00**
		$833.00	**$0.00**	**$833.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,950.76**	**$0.00**	**$1,950.76**
		$1,950.76	**$0.00**	**$1,950.76**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$26,922.61**	**$0.00**	**$26,922.61**
Medical		**$60,973.04**	**$0.00**	**$60,973.04**
		$87,895.65	**$0.00**	**$87,895.65**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$920.20**	**$0.00**	**$920.20**
		$920.20	**$0.00**	**$920.20**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,229.42	$0.00	$1,229.42
				$1,229.42	$0.00	$1,229.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$375.25	$0.00	$375.25
				$411.25	$0.00	$411.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$537.95	$0.00	$537.95
				$537.95	$0.00	$537.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,422.14	$0.00	$1,422.14
Medical.....	.....			$14,796.83	$0.00	$14,796.83
				$16,218.97	$0.00	$16,218.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,595.14	$0.00	$1,595.14
				$1,623.14	$0.00	$1,623.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,951.22	$0.00	$5,951.22
				$5,951.22	$0.00	$5,951.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$870.53	$0.00	$870.53
Medical.....	.....			$13,373.96	$0.00	$13,373.96
				$14,252.49	$0.00	$14,252.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,301.40	$0.00	$1,301.40
				$1,301.40	$0.00	$1,301.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.63	$0.00	$243.63
				$243.63	$0.00	$243.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$49.08	$0.00	$49.08
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,941.76	$0.00	$6,941.76
				$6,990.84	$0.00	$6,990.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$50.75	$0.00	$50.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$267.37	$0.00	$267.37
				$318.12	$0.00	$318.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.32	$0.00	$254.32
				$254.32	$0.00	$254.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

775 - DCR WESTMORELAND STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$594.88	$0.00	$594.88
				$594.88	$0.00	$594.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$171.83	$0.00	$171.83
Indemnity.....	.....			$29,215.28	$0.00	$29,215.28
Medical.....	.....			$112,300.13	$0.00	$112,300.13
				$141,687.24	$0.00	$141,687.24
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,437.25	$0.00	$3,437.25
				$3,437.25	$0.00	$3,437.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$444.00	$0.00	$444.00
				$444.00	$0.00	$444.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,107.59	$0.00	$4,107.59
				$4,107.59	$0.00	$4,107.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,974.02	$0.00	$1,974.02
				$1,974.02	$0.00	$1,974.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.08	$0.00	$321.08
				$321.08	$0.00	$321.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,078.23	$0.00	$5,078.23
				$5,078.23	$0.00	$5,078.23
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$340.02	$0.00	$340.02
				$340.02	$0.00	$340.02
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,515.25	$0.00	$1,515.25
				$1,515.25	$0.00	$1,515.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,950.18	$0.00	$2,950.18
				$2,950.18	$0.00	$2,950.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,035.10	$0.00	$5,035.10
				$5,035.10	$0.00	$5,035.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$383.48	$0.00	$383.48
				$383.48	$0.00	$383.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$41.75	$0.00	$41.75
Indemnity.....	.....			$9,824.34	$0.00	$9,824.34
Medical.....	.....			$4,640.38	$0.00	$4,640.38
				$14,506.47	$0.00	$14,506.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$74.01	$0.00	$74.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,549.32	$0.00	$1,549.32
				$1,623.33	$0.00	$1,623.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$258.00	$0.00	$258.00
				$258.00	$0.00	$258.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

776 - DCR YORK RIVER STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,420.34	$0.00	$4,420.34
				$4,420.34	$0.00	$4,420.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$115.76	$0.00	$115.76
Indemnity.....	.....			$9,824.34	$0.00	$9,824.34
Medical.....	.....			$36,454.24	$0.00	$36,454.24
				$46,394.34	$0.00	$46,394.34
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

777 - DCR LOGISTIC CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.65	$0.00	$146.65
				$146.65	$0.00	$146.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

777 - DCR LOGISTIC CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$203.20**	**$0.00**	**$203.20**
				$203.20	**$0.00**	**$203.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,261.50**	**$0.00**	**$1,261.50**
				$1,261.50	**$0.00**	**$1,261.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,919.42**	**$0.00**	**$1,919.42**
				$1,919.42	**$0.00**	**$1,919.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

777 - DCR LOGISTIC CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$714.00	$294.00	$1,008.00
Indemnity.....	.....			$8,931.48	$0.00	$8,931.48
Medical.....	.....			$34,028.56	$12,792.81	$46,821.37
				$43,674.04	$13,086.81	$56,760.85
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$550.18	$0.00	$550.18
				$550.18	$0.00	$550.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$714.00	$294.00	$1,008.00
Indemnity.....	.....			$8,931.48	$0.00	$8,931.48
Medical.....	.....			$38,109.51	$12,792.81	$50,902.32
				$47,754.99	$13,086.81	$60,841.80
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,434.99	$0.00	$18,434.99
Medical.....	.....			$37,992.30	$0.00	$37,992.30
				$56,427.29	$0.00	$56,427.29
# of Claims	4					
# Open	0	Recovery Amount:	-$715.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,897.74	$0.00	$1,897.74
Medical.....	.....			$9,562.88	$0.00	$9,562.88
				$11,460.62	$0.00	$11,460.62
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,123.37	$0.00	$4,123.37
				$4,123.37	$0.00	$4,123.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,409.98	$0.00	$1,409.98
				$1,409.98	$0.00	$1,409.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,203.61	$0.00	$1,203.61
Medical.....	.....			$1,378.05	$0.00	$1,378.05
				$2,581.66	$0.00	$2,581.66
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,021.28	$0.00	$4,021.28
Medical.....	.....			$20,138.06	$0.00	$20,138.06
				$24,159.34	$0.00	$24,159.34
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,011.47	$0.00	$6,011.47
				$6,011.47	$0.00	$6,011.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,708.21	$0.00	$4,708.21
				$4,708.21	$0.00	$4,708.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,397.05	$0.00	$3,397.05
				$3,397.05	$0.00	$3,397.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,767.04	$0.00	$7,767.04
				$7,767.04	$0.00	$7,767.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,432.64	$0.00	$8,432.64
				$8,432.64	$0.00	$8,432.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,001.96	$0.00	$1,001.96
Medical.....	.....			$10,425.23	$0.00	$10,425.23
				$11,427.19	$0.00	$11,427.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,973.80	$0.00	$3,973.80
Indemnity.....	.....			$121,024.27	$0.00	$121,024.27
Medical.....	.....			$176,044.69	$0.00	$176,044.69
				$301,042.76	$0.00	$301,042.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,591.39	$0.00	$9,591.39
				$9,599.39	$0.00	$9,599.39
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$529.20	$0.00	$529.20
Medical.....	.....			$49,296.05	$0.00	$49,296.05
				$49,869.25	$0.00	$49,869.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,837.11	$0.00	$1,837.11
				$1,845.11	$0.00	$1,845.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25,319.34	$0.00	$25,319.34
				$25,319.34	$0.00	$25,319.34
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$115.17	$0.00	$115.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,570.30	$0.00	$19,570.30
				$19,685.47	$0.00	$19,685.47
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$92.40	$0.00	$92.40
Indemnity.....	.....			$2,008.71	$0.00	$2,008.71
Medical.....	.....			$20,825.81	$0.00	$20,825.81
				$22,926.92	$0.00	$22,926.92
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$99.00	$0.00	$99.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,838.28	$0.00	$7,838.28
				$7,937.28	$0.00	$7,937.28
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$65.55	$0.00	$65.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,468.39	$0.00	$2,468.39
				$2,533.94	$0.00	$2,533.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

780 - DCR NEW RIVER TRAIL STATE PARK & S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.98	$0.00	$123.98
				$143.98	$0.00	$143.98
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$13.00	$50.00	$63.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,857.42	$1,200.00	$5,057.42
				$3,870.42	$1,250.00	$5,120.42
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,438.92	$50.00	$4,488.92
Indemnity.....	.....			$150,121.76	$0.00	$150,121.76
Medical.....	.....			$432,119.04	$1,200.00	$433,319.04
				$586,679.72	$1,250.00	$587,929.72
# of Claims	164					
# Open	1	Recovery Amount:	-$715.00			

781 - DCR High Bridge Trail State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.00	$0.00	$155.00
				$155.00	$0.00	$155.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

781 - DCR High Bridge Trail State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$22.20	$0.00	$22.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,019.13	$0.00	$2,019.13
				$2,041.33	$0.00	$2,041.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$29.13	$0.00	$29.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,944.73	$0.00	$5,944.73
				$5,973.86	$0.00	$5,973.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

781 - DCR High Bridge Trail State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$32.10	$0.00	$32.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$32.10	$0.00	$32.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,631.48	$0.00	$5,631.48
				$5,631.48	$0.00	$5,631.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$83.43	$0.00	$83.43
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,750.34	$0.00	$13,750.34
				$13,833.77	$0.00	$13,833.77
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

782 - DCR Powhatan State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,448.50	$0.00	$1,448.50
				$1,448.50	$0.00	$1,448.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

782 - DCR Powhatan State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.05**	**$0.00**	**$27.05**
				$35.05	**$0.00**	**$35.05**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.18**	**$0.00**	**$133.18**
				$133.18	**$0.00**	**$133.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

782 - DCR Powhatan State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,478.61	$0.00	$2,478.61
				$2,486.61	$0.00	$2,486.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,087.34	$0.00	$4,087.34
				$4,103.34	$0.00	$4,103.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

783 - DCR Natural Bridge State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$26.42	$0.00	$26.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$26.42	$0.00	$26.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$58.58	$0.00	$58.58
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.77	$0.00	$92.77
				$151.35	$0.00	$151.35
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

783 - DCR Natural Bridge State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26.80	$0.00	$26.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$439.48	$0.00	$439.48
				$466.28	$0.00	$466.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$47.10	$0.00	$47.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,133.90	$0.00	$2,133.90
				$2,181.00	$0.00	$2,181.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$46.82	$250.00	$296.82
Indemnity.....	.....			$0.00	$11,275.00	$11,275.00
Medical.....	.....			$733.58	$14,000.00	$14,733.58
				$780.40	$25,525.00	$26,305.40
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$205.72	$250.00	$455.72
Indemnity.....	.....			$0.00	$11,275.00	$11,275.00
Medical.....	.....			$3,399.73	$14,000.00	$17,399.73
				$3,605.45	$25,525.00	$29,130.45
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

784 - DCR Widewater State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$90.60	$0.00	$90.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,249.50	$0.00	$17,249.50
				$17,340.10	$0.00	$17,340.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,339.94	$0.00	$3,339.94
Medical.....	.....			$27,513.30	$0.00	$27,513.30
				$30,861.24	$0.00	$30,861.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$98.60	$0.00	$98.60
Indemnity.....	.....			$3,339.94	$0.00	$3,339.94
Medical.....	.....			$44,762.80	$0.00	$44,762.80
				$48,201.34	$0.00	$48,201.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

785 - DCR Seven Bends State Park

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$722.28	$0.00	$722.28
				$730.28	$0.00	$730.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$722.28	$0.00	$722.28
				$730.28	$0.00	$730.28

199 - DEPT. CONSERVATION & RECREATION

785 - DCR Seven Bends State Park

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

786 - DCR Machicomoco State Park

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$678.37	$0.00	$678.37
			$678.37	$0.00	$678.37
# of Claims	3				
# Open	0	Recovery Amount: $0.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$278.20	$0.00	$278.20
			$278.20	$0.00	$278.20
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$956.57	$0.00	$956.57
			$956.57	$0.00	$956.57
# of Claims	4				
# Open	0	Recovery Amount: $0.00			

794 - DCR BELLE ISLE STATE PARK

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

794 - DCR BELLE ISLE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$256.86	$0.00	$256.86
				$256.86	$0.00	$256.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.80	$0.00	$236.80
				$236.80	$0.00	$236.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$94.89	$0.00	$94.89
				$94.89	$0.00	$94.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.86	$0.00	$111.86
				$111.86	$0.00	$111.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

794 - DCR BELLE ISLE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$503.27	$0.00	$503.27
				$503.27	$0.00	$503.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,277.48	$0.00	$2,277.48
				$2,277.48	$0.00	$2,277.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,456.49	$0.00	$1,456.49
				$1,456.49	$0.00	$1,456.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

794 - DCR BELLE ISLE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.68	$0.00	$12.68
				$12.68	$0.00	$12.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

794 - DCR BELLE ISLE STATE PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,427.90	$0.00	$1,427.90
				$1,427.90	$0.00	$1,427.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,378.23	$0.00	$6,378.23
				$6,378.23	$0.00	$6,378.23
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

950 - DCR DIV. OF PLANNING & REC RESOURC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$305.00	$0.00	$305.00
				$305.00	$0.00	$305.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

950 - DCR DIV. OF PLANNING & REC RESOURC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.52	$0.00	$124.52
				$124.52	$0.00	$124.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,896.44	$0.00	$1,896.44
				$1,896.44	$0.00	$1,896.44
# of Claims	1					
# Open	0	Recovery Amount:	-$1,896.44			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

950 - DCR DIV. OF PLANNING & REC RESOURC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,612.28	$0.00	$1,612.28
				$1,612.28	$0.00	$1,612.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.16	$0.00	$52.16
				$60.16	$0.00	$60.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,990.40	$0.00	$3,990.40
				$3,998.40	$0.00	$3,998.40
# of Claims	9					
# Open	0	Recovery Amount:	-$1,896.44			

S199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

S199 - DEPT. CONSERVATION & RECREATION

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$3,277.74**	**$0.00**	**$3,277.74**
Indemnity				**$16,936.79**	**$0.00**	**$16,936.79**
Medical				**$148,725.47**	**$0.00**	**$148,725.47**
				$168,940.00	**$0.00**	**$168,940.00**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,758.37**	**$0.00**	**$2,758.37**
Medical		**$20,012.78**	**$0.00**	**$20,012.78**
		$22,771.15	**$0.00**	**$22,771.15**
# of Claims	**54**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,664.88**	**$0.00**	**$1,664.88**
Medical		**$10,722.00**	**$0.00**	**$10,722.00**
		$12,386.88	**$0.00**	**$12,386.88**
# of Claims	**64**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$22.90**	**$0.00**	**$22.90**
Indemnity		**$227,676.92**	**$0.00**	**$227,676.92**
Medical		**$100,570.48**	**$0.00**	**$100,570.48**
		$328,270.30	**$0.00**	**$328,270.30**
# of Claims	**82**			
# Open	**0**	**Recovery Amount:**	**-$6,860.44**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$383.81**	**$0.00**	**$383.81**
Indemnity		**$30,268.66**	**$0.00**	**$30,268.66**
Medical		**$165,901.02**	**$0.00**	**$165,901.02**
		$196,553.49	**$0.00**	**$196,553.49**
# of Claims	**132**			
# Open	**0**	**Recovery Amount:**	**-$369.23**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

S199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,919.91	$0.00	$8,919.91
Medical.....	.....			$72,792.53	$0.00	$72,792.53
				$81,712.44	$0.00	$81,712.44
# of Claims	114					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$14.90	$0.00	$14.90
Indemnity.....	.....			$4,493.06	$0.00	$4,493.06
Medical.....	.....			$19,793.89	$0.00	$19,793.89
				$24,301.85	$0.00	$24,301.85
# of Claims	76					
# Open	0	Recovery Amount:	-$142.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,536.27	$0.00	$9,536.27
Medical.....	.....			$55,299.94	$0.00	$55,299.94
				$64,836.21	$0.00	$64,836.21
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$28.20	$0.00	$28.20
Indemnity.....	.....			$12,044.48	$0.00	$12,044.48
Medical.....	.....			$72,270.13	$0.00	$72,270.13
				$84,342.81	$0.00	$84,342.81
# of Claims	107					
# Open	0	Recovery Amount:	-$855.05			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

S199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$301.32	$0.00	$301.32
Indemnity.....	.....			$11,210.57	$0.00	$11,210.57
Medical.....	.....			$52,519.44	$0.00	$52,519.44
				$64,031.33	$0.00	$64,031.33
# of Claims	72					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.63	$0.00	$376.63
				$376.63	$0.00	$376.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,108.33	$0.00	$2,108.33
				$2,108.33	$0.00	$2,108.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$455.49	$0.00	$455.49
				$455.49	$0.00	$455.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

199 - DEPT. CONSERVATION & RECREATION

S199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$26.90	$0.00	$26.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$287.99	$0.00	$287.99
				$314.89	$0.00	$314.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$598.86	$0.00	$598.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$67,286.83	$0.00	$67,286.83
				$67,885.69	$0.00	$67,885.69
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.95	$2,400.00	$2,597.95
				$197.95	$2,500.00	$2,697.95
# of Claims	4					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,654.63	$100.00	$4,754.63
Indemnity.....	.....			$325,509.91	$0.00	$325,509.91
Medical.....	.....			$789,320.90	$2,400.00	$791,720.90
				$1,119,485.44	$2,500.00	$1,121,985.44
# of Claims	869					
# Open	3	Recovery Amount:	-$8,227.42			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

201 - EDUCATION, BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.75	$0.00	$103.75
				$103.75	$0.00	$103.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$710.43	$0.00	$710.43
				$710.43	$0.00	$710.43
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,032.00	$192.00	$1,224.00
Indemnity.....	.....			$28,673.38	$0.00	$28,673.38
Medical.....	.....			$179,599.93	$43,686.18	$223,286.11
				$209,305.31	$43,878.18	$253,183.49
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

201 - EDUCATION, BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$10.80**	**$0.00**	**$10.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$43.07**	**$0.00**	**$43.07**
				$53.87	**$0.00**	**$53.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,537.88**	**$0.00**	**$4,537.88**
				$4,537.88	**$0.00**	**$4,537.88**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,898.74**	**$0.00**	**$12,898.74**
Medical				**$33,211.46**	**$0.00**	**$33,211.46**
				$46,110.20	**$0.00**	**$46,110.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**-$2,265.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,089.64**	**$0.00**	**$1,089.64**
				$1,089.64	**$0.00**	**$1,089.64**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

201 - EDUCATION, BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,887.68	$0.00	$2,887.68
				$2,887.68	$0.00	$2,887.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,789.17	$0.00	$2,789.17
				$2,863.17	$0.00	$2,863.17
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

201 - EDUCATION, BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$429.19	$0.00	$429.19
				$466.19	$0.00	$466.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,209.30	$192.00	$1,401.30
Indemnity.....	.....			$41,572.12	$0.00	$41,572.12
Medical.....	.....			$225,402.20	$43,686.18	$269,088.38
				$268,183.62	$43,878.18	$312,061.80
# of Claims	59					
# Open	1	Recovery Amount:	-$2,265.00			

218 - VA SCHOOL FOR THE DEAF & BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$892.00	$0.00	$892.00
Indemnity.....	.....			$16,911.99	$0.00	$16,911.99
Medical.....	.....			$53,977.21	$0.00	$53,977.21
				$71,781.20	$0.00	$71,781.20
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

218 - VA SCHOOL FOR THE DEAF & BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$104.25	$0.00	$104.25
Indemnity.....	.....			$14,113.85	$0.00	$14,113.85
Medical.....	.....			$31,270.33	$0.00	$31,270.33
				$45,488.43	$0.00	$45,488.43
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$822.92	$0.00	$822.92
Indemnity.....	.....			$206.93	$0.00	$206.93
Medical.....	.....			$26,020.46	$0.00	$26,020.46
				$27,050.31	$0.00	$27,050.31
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$344.63	$0.00	$344.63
				$344.63	$0.00	$344.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$439.55	$0.00	$439.55
Medical.....	.....			$2,373.45	$0.00	$2,373.45
				$2,813.00	$0.00	$2,813.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

218 - VA SCHOOL FOR THE DEAF & BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$1,819.17**	**$0.00**	**$1,819.17**
Indemnity				**$31,672.32**	**$0.00**	**$31,672.32**
Medical				**$113,986.08**	**$0.00**	**$113,986.08**
				$147,477.57	**$0.00**	**$147,477.57**
# of Claims	**158**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

219 - VA SCHOOL FOR THE DEAF & BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,112.00**	**$0.00**	**$1,112.00**
Medical				**$4,482.15**	**$0.00**	**$4,482.15**
				$5,594.15	**$0.00**	**$5,594.15**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$446.00**	**$0.00**	**$446.00**
Indemnity				**$21,314.22**	**$0.00**	**$21,314.22**
Medical				**$15,660.15**	**$0.00**	**$15,660.15**
				$37,420.37	**$0.00**	**$37,420.37**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

219 - VA SCHOOL FOR THE DEAF & BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$3,060.50	$0.00	$3,060.50
Indemnity.....	.....			$135,287.85	$0.00	$135,287.85
Medical.....	.....			$24,529.68	$0.00	$24,529.68
				$162,878.03	$0.00	$162,878.03
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$4,219.12	$8.00	$4,227.12
Indemnity.....	.....			$66,278.06	$0.00	$66,278.06
Medical.....	.....			$174,199.66	$527,046.56	$701,246.22
				$244,696.84	$527,054.56	$771,751.40
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.43	$0.00	$73.43
				$73.43	$0.00	$73.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,044.50	$0.00	$1,044.50
				$1,044.50	$0.00	$1,044.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,725.62	$8.00	$7,733.62
Indemnity.....	.....			$223,992.13	$0.00	$223,992.13
Medical.....	.....			$219,989.57	$527,046.56	$747,036.13
				$451,707.32	$527,054.56	$978,761.88
# of Claims	111					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,730.35	$0.00	$8,730.35
Medical.....	.....			$13,328.51	$0.00	$13,328.51
				$22,058.86	$0.00	$22,058.86
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$35,739.91	$0.00	$35,739.91
Indemnity.....	.....			$150,099.92	$0.00	$150,099.92
Medical.....	.....			$1,320,098.90	$1,049,703.99	$2,369,802.89
				$1,505,938.73	$1,049,703.99	$2,555,642.72
# of Claims	78					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$936.97	$0.00	$936.97
Indemnity.....	.....			$10,542.85	$0.00	$10,542.85
Medical.....	.....			$44,692.03	$0.00	$44,692.03
				$56,171.85	$0.00	$56,171.85
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,020.90	$0.00	$6,020.90
Medical.....	.....			$22,579.26	$0.00	$22,579.26
				$28,600.16	$0.00	$28,600.16
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,702.47	$0.00	$2,702.47
Medical.....	.....			$17,977.96	$0.00	$17,977.96
				$20,680.43	$0.00	$20,680.43
# of Claims	12					
# Open	0	Recovery Amount:	-$1.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,499.18	$0.00	$7,499.18
Medical.....	.....			$18,871.67	$0.00	$18,871.67
				$26,370.85	$0.00	$26,370.85
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$247.40	$0.00	$247.40
Medical.....	.....			$3,057.35	$0.00	$3,057.35
				$3,304.75	$0.00	$3,304.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$21,150.01	$0.00	$21,150.01
Medical.....	.....			$21,962.32	$0.00	$21,962.32
				$43,120.33	$0.00	$43,120.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27.91	$0.00	$27.91
Medical.....	.....			$1,306.17	$0.00	$1,306.17
				$1,334.08	$0.00	$1,334.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$227.00	$0.00	$227.00
Medical.....	.....			$1,514.34	$0.00	$1,514.34
				$1,741.34	$0.00	$1,741.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$55.50	$0.00	$55.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$341.00	$0.00	$341.00
Medical.....	.....			$3,204.80	$0.00	$3,204.80
				$3,638.30	$0.00	$3,638.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$112.86	$0.00	$112.86
				$205.36	$0.00	$205.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$1,461.33	$0.00	$1,461.33
Medical.....	.....			$5,129.04	$0.00	$5,129.04
				$6,645.87	$0.00	$6,645.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$278.05	$0.00	$278.05
Medical.....	.....			$1,742.59	$0.00	$1,742.59
				$2,113.14	$0.00	$2,113.14
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,972.72	$0.00	$3,972.72
				$3,972.72	$0.00	$3,972.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,373.99	$0.00	$4,373.99
Medical.....	.....			$16,363.46	$0.00	$16,363.46
				$20,737.45	$0.00	$20,737.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,303.31	$0.00	$2,303.31
				$2,303.31	$0.00	$2,303.31
# of Claims	13					
# Open	0	Recovery Amount:	-$1,006.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$222.02	$0.00	$222.02
				$222.02	$0.00	$222.02
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.05	$0.00	$137.05
				$137.05	$0.00	$137.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$496.93	$0.00	$496.93
				$536.93	$0.00	$536.93
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$4,385.61	$0.00	$4,385.61
Medical.....	.....			$4,285.68	$0.00	$4,285.68
				$8,687.29	$0.00	$8,687.29
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$249.00	$0.00	$249.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,276.45	$0.00	$1,276.45
				$1,525.45	$0.00	$1,525.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$34.40	$0.00	$34.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$34.40	$0.00	$34.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$11.18	$0.00	$11.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,267.80	$0.00	$9,267.80
				$9,278.98	$0.00	$9,278.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$389.49	$0.00	$389.49
Indemnity.....	.....			$2,595.87	$0.00	$2,595.87
Medical.....	.....			$40,859.85	$0.00	$40,859.85
				$43,845.21	$0.00	$43,845.21
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$225.42	$0.00	$225.42
Medical.....	.....			$2,829.06	$0.00	$2,829.06
				$3,062.48	$0.00	$3,062.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$71.90	$369.30	$441.20
Indemnity.....	.....			$11,930.67	$0.00	$11,930.67
Medical.....	.....			$14,613.79	$2,265.00	$16,878.79
				$26,616.36	$2,634.30	$29,250.66
# of Claims	11					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

201 - EDUCATION, STATE DEPARTMENT OF

S201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$12,650.00**	**$12,650.00**
Medical				**$0.00**	**$17,000.00**	**$17,000.00**
				$18.82	**$29,851.18**	**$29,870.00**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$37,920.17**	**$570.48**	**$38,490.65**
Indemnity				**$232,839.93**	**$12,650.00**	**$245,489.93**
Medical				**$1,572,205.92**	**$1,068,968.99**	**$2,641,174.91**
				$1,842,966.02	**$1,082,189.47**	**$2,925,155.49**
# of Claims	**389**					
# Open	**5**	**Recovery Amount:**	**-$1,007.73**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

202 - CAPITAL&11 ST L

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$615.00**	**$0.00**	**$615.00**
				$615.00	**$0.00**	**$615.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

202 - CAPITAL&11 ST L

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,656.51**	**$0.00**	**$1,656.51**
Medical				**$2,253.32**	**$0.00**	**$2,253.32**
				$3,909.83	**$0.00**	**$3,909.83**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,127.28**	**$0.00**	**$1,127.28**
				$1,127.28	**$0.00**	**$1,127.28**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$530.92**	**$0.00**	**$530.92**
				$530.92	**$0.00**	**$530.92**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$196.45**	**$0.00**	**$196.45**
				$196.45	**$0.00**	**$196.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

202 - CAPITAL&11 ST L

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,656.51	$0.00	$1,656.51
Medical.....	.....			$4,722.97	$0.00	$4,722.97
				$6,379.48	$0.00	$6,379.48
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.27	$0.00	$96.27
Medical.....	.....			$3,340.99	$0.00	$3,340.99
				$3,437.26	$0.00	$3,437.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,140.25	$0.00	$1,140.25
				$1,140.25	$0.00	$1,140.25
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,188.84	$0.00	$4,188.84
Medical.....	.....			$2,817.57	$0.00	$2,817.57
				$7,006.41	$0.00	$7,006.41
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$2,229.11	$0.00	$2,229.11
Medical.....	.....			$12,290.08	$0.00	$12,290.08
				$14,902.69	$0.00	$14,902.69
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,516.30	$0.00	$2,516.30
Medical.....	.....			$5,099.92	$0.00	$5,099.92
				$7,616.22	$0.00	$7,616.22
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,412.09	$0.00	$2,412.09
				$2,412.09	$0.00	$2,412.09
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,179.41	$0.00	$9,179.41
Medical.....	.....			$19,399.67	$0.00	$19,399.67
				$28,579.08	$0.00	$28,579.08
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$902.61	$0.00	$902.61
				$902.61	$0.00	$902.61
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,348.62	$0.00	$1,348.62
Medical.....	.....			$6,596.48	$0.00	$6,596.48
				$7,945.10	$0.00	$7,945.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$311.37	$0.00	$311.37
Medical.....	.....			$1,795.86	$0.00	$1,795.86
				$2,107.23	$0.00	$2,107.23
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,033.68	$0.00	$11,033.68
				$11,033.68	$0.00	$11,033.68
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$187.50	$0.00	$187.50
Medical.....	.....			$3,069.91	$0.00	$3,069.91
				$3,257.41	$0.00	$3,257.41
# of Claims	15					
# Open	0	Recovery Amount:	-$20.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,540.26	$0.00	$2,540.26
				$2,540.26	$0.00	$2,540.26
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,457.10**	**$0.00**	**$1,457.10**
				$1,457.10	**$0.00**	**$1,457.10**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$238.08**	**$0.00**	**$238.08**
				$238.08	**$0.00**	**$238.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.00**	**$0.00**	**$255.00**
				$255.00	**$0.00**	**$255.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$772.42**	**$0.00**	**$772.42**
				$772.42	**$0.00**	**$772.42**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$294.78	$0.00	$294.78
Medical.....	.....			$6,561.64	$0.00	$6,561.64
				$6,856.42	$0.00	$6,856.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$15.00	$0.00	$15.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$738.28	$0.00	$738.28
				$753.28	$0.00	$753.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,127.09	$0.00	$4,127.09
				$4,127.09	$0.00	$4,127.09
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$53.90	$0.00	$53.90
Indemnity.....	.....			$739.33	$0.00	$739.33
Medical.....	.....			$585.78	$0.00	$585.78
				$1,379.01	$0.00	$1,379.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$68.91	$0.00	$68.91
Medical.....	.....			$1,748.01	$0.00	$1,748.01
				$1,816.92	$0.00	$1,816.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.30	$0.00	$463.30
				$463.30	$0.00	$463.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$512.23	$0.00	$512.23
				$512.23	$0.00	$512.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,516.57	$0.00	$4,516.57
				$4,516.57	$0.00	$4,516.57
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,942.17	$0.00	$3,942.17
Medical.....	.....			$3,827.56	$0.00	$3,827.56
				$7,785.73	$0.00	$7,785.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.80	$0.00	$121.80
				$121.80	$0.00	$121.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,538.89	$0.00	$4,538.89
				$4,538.89	$0.00	$4,538.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

202 - Library of Virginia

S202 - Library of Virginia

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$48.80**	**$151.20**	**$200.00**
Indemnity				**$5,893.24**	**$24,931.72**	**$30,824.96**
Medical				**$15,719.84**	**$24,243.29**	**$39,963.13**
				$21,661.88	**$49,326.21**	**$70,988.09**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$194.75**	**$0.00**	**$194.75**
				$194.75	**$0.00**	**$194.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$525.20**	**$151.20**	**$676.40**
Indemnity				**$30,995.85**	**$24,931.72**	**$55,927.57**
Medical				**$118,817.71**	**$24,243.29**	**$143,061.00**
				$150,338.76	**$49,326.21**	**$199,664.97**
# of Claims	**238**					
# Open	**1**	**Recovery Amount:**	**-$20.79**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	7/1/1973 - 6/30/1974					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$68.00	$0.00	$68.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$420.01	$0.00	$420.01
				$420.01	$0.00	$420.01
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,322.40	$0.00	$5,322.40
Medical.....	.....			$28,520.12	$0.00	$28,520.12
				$33,842.52	$0.00	$33,842.52
# of Claims	151					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,136.37	$0.00	$6,136.37
Indemnity.....	.....			$259,623.86	$0.00	$259,623.86
Medical.....	.....			$357,517.40	$0.00	$357,517.40
				$623,277.63	$0.00	$623,277.63
# of Claims	130					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$4,834.13	$0.00	$4,834.13
Indemnity.....	.....			$92,020.87	$0.00	$92,020.87
Medical.....	.....			$100,726.30	$0.00	$100,726.30
				$197,581.30	$0.00	$197,581.30
# of Claims	164					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$449.00	$0.00	$449.00
Indemnity.....	.....			$1,437.21	$0.00	$1,437.21
Medical.....	.....			$91,544.93	$0.00	$91,544.93
				$93,431.14	$0.00	$93,431.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,676.29	$0.00	$8,676.29
Medical.....	.....			$73,803.37	$0.00	$73,803.37
				$82,487.66	$0.00	$82,487.66
# of Claims	1					
# Open	0	Recovery Amount:	-$94.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$6,923.30	$25.09	$6,948.39
Indemnity.....	.....			$3,400.29	$0.00	$3,400.29
Medical.....	.....			$750,556.54	$1,329,956.37	$2,080,512.91
				$760,880.13	$1,329,981.46	$2,090,861.59
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.00	$0.00	$174.00
				$174.00	$0.00	$174.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$27.00	$0.00	$27.00
Indemnity.....	.....			$186,987.67	$0.00	$186,987.67
Medical.....	.....			$2,298.62	$0.00	$2,298.62
				$189,313.29	$0.00	$189,313.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$89,268.87	$0.00	$89,268.87
Medical.....	.....			$31,945.29	$0.00	$31,945.29
				$121,222.16	$0.00	$121,222.16
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$11,532.58	$0.00	$11,532.58
Indemnity.....	.....			$194,071.37	$0.00	$194,071.37
Medical.....	.....			$183,800.59	$0.00	$183,800.59
				$389,404.54	$0.00	$389,404.54
# of Claims	109					
# Open	0	Recovery Amount:	-$26.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,041.50	$0.00	$1,041.50
Indemnity.....	.....			$42,387.48	$0.00	$42,387.48
Medical.....	.....			$231,426.83	$0.00	$231,426.83
				$274,855.81	$0.00	$274,855.81
# of Claims	97					
# Open	0	Recovery Amount:	-$10,508.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,931.45	$0.00	$2,931.45
Medical.....	.....			$58,658.98	$0.00	$58,658.98
				$61,590.43	$0.00	$61,590.43
# of Claims	75					
# Open	0	Recovery Amount:	-$74.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$10,736.71	$0.00	$10,736.71
Indemnity.....	.....			$33,905.52	$0.00	$33,905.52
Medical.....	.....			$155,501.17	$0.00	$155,501.17
				$200,143.40	$0.00	$200,143.40
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$7,398.98	$0.00	$7,398.98
Indemnity.....	.....			$133,414.70	$0.00	$133,414.70
Medical.....	.....			$361,620.74	$0.00	$361,620.74
				$502,434.42	$0.00	$502,434.42
# of Claims	107					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$7,661.84	$0.00	$7,661.84
Indemnity.....	.....			$371,114.51	$0.00	$371,114.51
Medical.....	.....			$402,482.73	$0.00	$402,482.73
				$781,259.08	$0.00	$781,259.08
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,316.00	$540.00	$1,856.00
Indemnity.....	.....			$32,266.17	$0.00	$32,266.17
Medical.....	.....			$311,480.55	$53,003.66	$364,484.21
				$345,062.72	$53,543.66	$398,606.38
# of Claims	75					
# Open	1	Recovery Amount:	-$986.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,363.64	$0.00	$18,363.64
Medical.....	.....			$197,041.50	$0.00	$197,041.50
				$215,405.14	$0.00	$215,405.14
# of Claims	97					
# Open	0	Recovery Amount:	-$436.67			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$122.24	$0.00	$122.24
Indemnity.....	.....			$25,532.69	$0.00	$25,532.69
Medical.....	.....			$130,064.20	$0.00	$130,064.20
				$155,719.13	$0.00	$155,719.13
# of Claims	84					
# Open	0	Recovery Amount:	-$44,000.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$27,360.01	$0.00	$27,360.01
Indemnity.....	.....			$172,476.41	$0.00	$172,476.41
Medical.....	.....			$291,977.15	$202,620.09	$494,597.24
				$491,813.57	$202,620.09	$694,433.66
# of Claims	89					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$825.50	$0.00	$825.50
Indemnity.....	.....			$24,056.82	$0.00	$24,056.82
Medical.....	.....			$211,534.31	$0.00	$211,534.31
				$236,416.63	$0.00	$236,416.63
# of Claims	87					
# Open	0	Recovery Amount:	-$5,026.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$2,472.85	$0.00	$2,472.85
Medical.....	.....			$97,471.98	$0.00	$97,471.98
				$99,972.83	$0.00	$99,972.83
# of Claims	76					
# Open	0	Recovery Amount:	-$1,859.84			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$96.00	$0.00	$96.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55,715.97	$0.00	$55,715.97
				$55,811.97	$0.00	$55,811.97
# of Claims	78					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$528.63	$0.00	$528.63
Indemnity.....	.....			$1,959.18	$0.00	$1,959.18
Medical.....	.....			$37,700.25	$0.00	$37,700.25
				$40,188.06	$0.00	$40,188.06
# of Claims	62					
# Open	0	Recovery Amount:	-$8,361.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$4,024.78	$3,794.07	$7,818.85
Indemnity.....	.....			$119,903.86	$2,588.26	$122,492.12
Medical.....	.....			$99,344.23	$2,946.79	$102,291.02
				$223,272.87	$9,329.12	$232,601.99
# of Claims	75					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$332.07	$0.00	$332.07
Indemnity.....	.....			$2,890.77	$0.00	$2,890.77
Medical.....	.....			$25,275.39	$0.00	$25,275.39
				$28,498.23	$0.00	$28,498.23
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$36,172.82	$9,331.82	$45,504.64
Indemnity.....	.....			$505,106.73	$110,025.87	$615,132.60
Medical.....	.....			$366,235.23	$495,883.92	$862,119.15
				$907,514.78	$615,241.61	$1,522,756.39
# of Claims	59					
# Open	1	Recovery Amount:	-$10,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$241.16	$0.00	$241.16
Indemnity.....	.....			$3,432.89	$0.00	$3,432.89
Medical.....	.....			$35,802.98	$0.00	$35,802.98
				$39,477.03	$0.00	$39,477.03
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$375.86	$0.00	$375.86
Indemnity.....	.....			$2,086.00	$0.00	$2,086.00
Medical.....	.....			$38,121.22	$0.00	$38,121.22
				$40,583.08	$0.00	$40,583.08
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$586.17	$0.00	$586.17
Indemnity.....	.....			$11,309.34	$0.00	$11,309.34
Medical.....	.....			$79,054.10	$0.00	$79,054.10
				$90,949.61	$0.00	$90,949.61
# of Claims	67					
# Open	0	Recovery Amount:	-$1,511.09			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

204 - W & M-WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$6,142.60	$0.00	$6,142.60
Indemnity.....	.....			$4,416.36	$0.00	$4,416.36
Medical.....	.....			$68,646.78	$0.00	$68,646.78
				$79,205.74	$0.00	$79,205.74
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$6,803.83	$7,152.00	$13,955.83
Indemnity.....	.....			$154,556.05	$338,108.95	$492,665.00
Medical.....	.....			$95,540.30	$47,575.05	$143,115.35
				$256,900.18	$392,836.00	$649,736.18
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.00	$0.00	$130.00
				$146.00	$0.00	$146.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$284.95	$381.18	$666.13
Indemnity.....	.....			$325.37	$0.00	$325.37
Medical.....	.....			$13,822.85	$23,423.36	$37,246.21
				$14,433.17	$23,804.54	$38,237.71
# of Claims	42					
# Open	6	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$142,082.03	$21,224.16	$163,306.19
Indemnity.....	.....			$2,505,717.62	$450,723.08	$2,956,440.70
Medical.....	.....			$4,985,956.61	$2,155,409.24	$7,141,365.85
				$7,633,756.26	$2,627,356.48	$10,261,112.74
# of Claims	2,189					
# Open	12	Recovery Amount:	-$82,885.37			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

265 - VIRGINIA ASSOCIATION RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,736.13**	**$0.00**	**$2,736.13**
				$2,736.13	**$0.00**	**$2,736.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$940.71**	**$0.00**	**$940.71**
				$940.71	**$0.00**	**$940.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.00**	**$0.00**	**$255.00**
				$255.00	**$0.00**	**$255.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,931.84**	**$0.00**	**$3,931.84**
				$3,931.84	**$0.00**	**$3,931.84**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

265 - VIRGINIA ASSOCIATION RESEARCH

268 - VA INSTITUTE OF MARINE SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,092.00	$0.00	$1,092.00
Medical.....	.....			$534.50	$0.00	$534.50
				$1,626.50	$0.00	$1,626.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$9,218.30	$0.00	$9,218.30
Indemnity.....	.....			$36,540.56	$0.00	$36,540.56
Medical.....	.....			$33,745.10	$0.00	$33,745.10
				$79,503.96	$0.00	$79,503.96
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,022.68	$0.00	$2,022.68
Medical.....	.....			$7,276.35	$0.00	$7,276.35
				$9,299.03	$0.00	$9,299.03
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$16,303.59	$0.00	$16,303.59
Indemnity.....	.....			$40,465.21	$0.00	$40,465.21
Medical.....	.....			$51,295.60	$0.00	$51,295.60
				$108,064.40	$0.00	$108,064.40
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

268 - VA INSTITUTE OF MARINE SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,859.76	$0.00	$3,859.76
Medical.....	.....			$14,277.88	$0.00	$14,277.88
				$18,137.64	$0.00	$18,137.64
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,299.18	$0.00	$1,299.18
Medical.....	.....			$16,194.01	$0.00	$16,194.01
				$17,493.19	$0.00	$17,493.19
# of Claims	38					
# Open	0	Recovery Amount:	-$158.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,378.57	$0.00	$8,378.57
Medical.....	.....			$47,398.72	$0.00	$47,398.72
				$55,777.29	$0.00	$55,777.29
# of Claims	29					
# Open	0	Recovery Amount:	-$145.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,480.93	$0.00	$3,480.93
				$3,480.93	$0.00	$3,480.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

268 - VA INSTITUTE OF MARINE SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,626.11	$0.00	$9,626.11
				$9,626.11	$0.00	$9,626.11
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,648.86	$0.00	$2,648.86
Medical.....	.....			$16,269.51	$0.00	$16,269.51
				$18,918.37	$0.00	$18,918.37
# of Claims	29					
# Open	0	Recovery Amount:	-$14.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,259.05	$0.00	$1,259.05
				$1,259.05	$0.00	$1,259.05
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,521.89	$0.00	$25,521.89
Indemnity.....	.....			$96,306.82	$0.00	$96,306.82
Medical.....	.....			$201,357.76	$0.00	$201,357.76
				$323,186.47	$0.00	$323,186.47
# of Claims	310					
# Open	0	Recovery Amount:	-$317.24			

S204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

S204 - COLLEGE OF WILLIAM & MARY

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$71,618.22**	**$0.00**	**$71,618.22**
Indemnity				**$554,178.83**	**$0.00**	**$554,178.83**
Medical				**$2,957,823.22**	**$0.00**	**$2,957,823.22**
				$3,583,620.27	**$0.00**	**$3,583,620.27**
# of Claims	**203**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$12,719.44**	**$0.00**	**$12,719.44**
Indemnity				**$87,555.60**	**$0.00**	**$87,555.60**
Medical				**$125,378.01**	**$0.00**	**$125,378.01**
				$225,653.05	**$0.00**	**$225,653.05**
# of Claims	**246**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$10,956.09**	**$0.00**	**$10,956.09**
Indemnity				**$101,730.25**	**$0.00**	**$101,730.25**
Medical				**$111,262.21**	**$0.00**	**$111,262.21**
				$223,948.55	**$0.00**	**$223,948.55**
# of Claims	**250**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,468.84**	**$0.00**	**$5,468.84**
				$5,468.84	**$0.00**	**$5,468.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$16.00**	**$264.00**	**$280.00**
Indemnity				**$17,600.08**	**$0.00**	**$17,600.08**
Medical				**$91,633.38**	**$4,754.53**	**$96,387.91**
				$109,249.46	**$5,018.53**	**$114,267.99**
# of Claims	**133**					
# Open	**1**	**Recovery Amount:**	**-$76.99**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

S204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$116,244.85	$0.00	$116,244.85
Medical.....	.....			$93,828.96	$0.00	$93,828.96
				$210,073.81	$0.00	$210,073.81
# of Claims	107					
# Open	0	Recovery Amount:	-$524.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33,669.24	$0.00	$33,669.24
Medical.....	.....			$101,446.02	$0.00	$101,446.02
				$135,115.26	$0.00	$135,115.26
# of Claims	135					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,082.51	$0.00	$7,082.51
Medical.....	.....			$53,286.96	$0.00	$53,286.96
				$60,369.47	$0.00	$60,369.47
# of Claims	137					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$590.00	$0.00	$590.00
Indemnity.....	.....			$6,759.10	$0.00	$6,759.10
Medical.....	.....			$88,911.36	$0.00	$88,911.36
				$96,260.46	$0.00	$96,260.46
# of Claims	132					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

S204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$12.00	$0.00	$12.00
Indemnity.....	.....			$1,095.92	$0.00	$1,095.92
Medical.....	.....			$55,864.54	$0.00	$55,864.54
				$56,972.46	$0.00	$56,972.46
# of Claims	123					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$470.98	$0.00	$470.98
Medical.....	.....			$42,308.27	$0.00	$42,308.27
				$42,779.25	$0.00	$42,779.25
# of Claims	78					
# Open	0	Recovery Amount:	-$45.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$896.73	$0.00	$896.73
				$896.73	$0.00	$896.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$26,145.47	$25,928.13	$52,073.60
Indemnity.....	.....			$120,171.44	$0.00	$120,171.44
Medical.....	.....			$126,250.81	$121,198.43	$247,449.24
				$272,567.72	$147,126.56	$419,694.28
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

S204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$1,615.94**	**$0.00**	**$1,615.94**
Medical				**$8,752.09**	**$0.00**	**$8,752.09**
				$10,384.03	**$0.00**	**$10,384.03**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,012.15**	**$0.00**	**$6,012.15**
				$6,012.15	**$0.00**	**$6,012.15**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$68.40**	**$0.00**	**$68.40**
Indemnity				**$216.43**	**$0.00**	**$216.43**
Medical				**$3,242.41**	**$0.00**	**$3,242.41**
				$3,527.24	**$0.00**	**$3,527.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,725.15**	**$0.00**	**$6,725.15**
				$6,753.15	**$0.00**	**$6,753.15**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

204 - COLLEGE OF WILLIAM & MARY

S204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$10,601.81**	**$663.36**	**$11,265.17**
Indemnity				**$1,676.68**	**$0.00**	**$1,676.68**
Medical				**$64,168.90**	**$23,491.86**	**$87,660.76**
				$76,447.39	**$24,155.22**	**$100,602.61**
# of Claims	**33**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,085.12**	**$630.88**	**$3,716.00**
Indemnity				**$21,711.34**	**$37,848.17**	**$59,559.51**
Medical				**$22,591.93**	**$46,988.77**	**$69,580.70**
				$47,388.39	**$85,467.82**	**$132,856.21**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$135,856.55**	**$27,486.37**	**$163,342.92**
Indemnity				**$1,071,779.19**	**$37,848.17**	**$1,109,627.36**
Medical				**$3,965,851.94**	**$196,433.59**	**$4,162,285.53**
				$5,173,487.68	**$261,768.13**	**$5,435,255.81**
# of Claims	**1,612**					
# Open	**4**	**Recovery Amount:**	**-$647.31**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

100 - MCV-SPECIAL BILLING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

103 - MCV-HEART STAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$289.05**	**$0.00**	**$289.05**
Medical				**$323.15**	**$0.00**	**$323.15**
				$612.20	**$0.00**	**$612.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

103 - MCV-HEART STAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$418.35**	**$0.00**	**$418.35**
Medical				**$355.00**	**$0.00**	**$355.00**
				$773.35	**$0.00**	**$773.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$100.19**	**$0.00**	**$100.19**
Medical				**$42.60**	**$0.00**	**$42.60**
				$142.79	**$0.00**	**$142.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

103 - MCV-HEART STAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.37	$0.00	$13.37
				$13.37	$0.00	$13.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$807.59	$0.00	$807.59
Medical.....	.....			$734.12	$0.00	$734.12
				$1,541.71	$0.00	$1,541.71
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

105 - MCV-PEDS EKG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

105 - MCV-PEDS EKG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,221.99	$0.00	$1,221.99
Medical.....	.....			$1,728.77	$0.00	$1,728.77
				$2,950.76	$0.00	$2,950.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,221.99	$0.00	$1,221.99
Medical.....	.....			$1,736.07	$0.00	$1,736.07
				$2,958.06	$0.00	$2,958.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

106 - MCV-PEDS BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

106 - MCV-PEDS BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

106 - MCV-PEDS BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

107 - MCV-NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.65	$0.00	$115.65
				$115.65	$0.00	$115.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

107 - MCV-NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$90.68	$0.00	$90.68
Medical.....	.....			$770.35	$0.00	$770.35
				$861.03	$0.00	$861.03
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,165.76	$0.00	$1,165.76
Medical.....	.....			$1,152.85	$0.00	$1,152.85
				$2,318.61	$0.00	$2,318.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,428.44	$0.00	$3,428.44
Medical.....	.....			$649.30	$0.00	$649.30
				$4,077.74	$0.00	$4,077.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,652.40	$0.00	$1,652.40
Medical.....	.....			$32,178.99	$0.00	$32,178.99
				$33,831.39	$0.00	$33,831.39
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

107 - MCV-NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$941.10	$0.00	$941.10
				$941.10	$0.00	$941.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$511.56	$0.00	$511.56
Medical.....	.....			$2,872.87	$0.00	$2,872.87
				$3,384.43	$0.00	$3,384.43
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,081.41	$0.00	$1,081.41
Medical.....	.....			$578.09	$0.00	$578.09
				$1,659.50	$0.00	$1,659.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

107 - MCV-NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$553.52	$0.00	$553.52
Medical.....	.....			$965.68	$0.00	$965.68
				$1,519.20	$0.00	$1,519.20
# of Claims	6					
# Open	0	Recovery Amount:	-$80.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$467.61	$0.00	$467.61
Medical.....	.....			$62.91	$0.00	$62.91
				$530.52	$0.00	$530.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29.70	$0.00	$29.70
				$29.70	$0.00	$29.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,951.38	$0.00	$8,951.38
Medical.....	.....			$40,317.49	$0.00	$40,317.49
				$49,268.87	$0.00	$49,268.87
# of Claims	52					
# Open	0	Recovery Amount:	-$80.45			

109 - MCV-CLIN TRANS ADMIN

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

109 - MCV-CLIN TRANS ADMIN

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$261.90**	**$0.00**	**$261.90**
				$261.90	**$0.00**	**$261.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$261.90**	**$0.00**	**$261.90**
			$261.90	**$0.00**	**$261.90**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

10 - MCV-HUMAN RESOURCES

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

10 - MCV-HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,037.91**	**$0.00**	**$3,037.91**
Medical				**$19,416.10**	**$0.00**	**$19,416.10**
				$22,454.01	**$0.00**	**$22,454.01**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$81.00**	**$0.00**	**$81.00**
Medical				**$16,821.88**	**$0.00**	**$16,821.88**
				$16,902.88	**$0.00**	**$16,902.88**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,118.91**	**$0.00**	**$3,118.91**
Medical				**$36,237.98**	**$0.00**	**$36,237.98**
				$39,356.89	**$0.00**	**$39,356.89**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

10 - MCV-HUMAN RESOURCES

110 - MCV-CLIN TRANS LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

111 - MCV-CLIN TRANS LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

111 - MCV-CLIN TRANS LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$57.28	$0.00	$57.28
				$57.28	$0.00	$57.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$57.28	$0.00	$57.28
				$57.28	$0.00	$57.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

115 - MCV-CLIN TRANS TISSUE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

115 - MCV-CLIN TRANS TISSUE

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

116 - MCV-LIVER TRANSPLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.00**	**$0.00**	**$102.00**
				$102.00	**$0.00**	**$102.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

116 - MCV-LIVER TRANSPLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.70	$0.00	$192.70
				$192.70	$0.00	$192.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$294.70	$0.00	$294.70
				$294.70	$0.00	$294.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

119 - MCV-AUTOPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

119 - MCV-AUTOPSY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

120 - MCV-SURGICAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$298.10**	**$0.00**	**$298.10**
				$298.10	**$0.00**	**$298.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

120 - MCV-SURGICAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$298.10**	**$0.00**	**$298.10**
				$298.10	**$0.00**	**$298.10**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

121 - MCV-ELECTRON MICROSCOPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.10**	**$0.00**	**$7.10**
				$7.10	**$0.00**	**$7.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.10**	**$0.00**	**$7.10**
				$7.10	**$0.00**	**$7.10**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

121 - MCV-ELECTRON MICROSCOPY

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

122 - MCV-RESP CARE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$25.00	$0.00	$25.00
		$25.00	$0.00	$25.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,539.60	$0.00	$1,539.60
		$1,539.60	$0.00	$1,539.60

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$12,755.35	$0.00	$12,755.35
Medical.....	.....	$36,269.10	$0.00	$36,269.10
		$49,024.45	$0.00	$49,024.45

# of Claims 29

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$66.08	$0.00	$66.08
Medical.....	.....	$1,374.64	$0.00	$1,374.64
		$1,440.72	$0.00	$1,440.72

# of Claims 13

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

122 - MCV-RESP CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$193.29	$0.00	$193.29
Medical.....	.....			$653.66	$0.00	$653.66
				$846.95	$0.00	$846.95
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$257.08	$0.00	$257.08
Medical.....	.....			$1,300.10	$0.00	$1,300.10
				$1,557.18	$0.00	$1,557.18
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$924.56	$0.00	$924.56
Medical.....	.....			$3,550.43	$0.00	$3,550.43
				$4,474.99	$0.00	$4,474.99
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,865.34	$0.00	$1,865.34
Medical.....	.....			$4,818.25	$0.00	$4,818.25
				$6,683.59	$0.00	$6,683.59
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

122 - MCV-RESP CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$423.00	$0.00	$423.00
				$423.00	$0.00	$423.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$791.28	$0.00	$791.28
				$791.28	$0.00	$791.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,386.62	$0.00	$1,386.62
				$1,386.62	$0.00	$1,386.62
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,646.16	$0.00	$1,646.16
				$1,646.16	$0.00	$1,646.16
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,061.70	$0.00	$16,061.70
Medical.....	.....			$53,777.84	$0.00	$53,777.84
				$69,839.54	$0.00	$69,839.54
# of Claims	180					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

126 - MCV-PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11.10**	**$0.00**	**$11.10**
				$11.10	**$0.00**	**$11.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$924.00**	**$0.00**	**$924.00**
				$924.00	**$0.00**	**$924.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

126 - MCV-PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$484.28	$0.00	$484.28
				$484.28	$0.00	$484.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.46	$0.00	$143.46
				$143.46	$0.00	$143.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,562.84	$0.00	$1,562.84
				$1,562.84	$0.00	$1,562.84
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

127 - MCV-BLOOD BANK

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

127 - MCV-BLOOD BANK

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$331.41**	**$0.00**	**$331.41**
			$331.41	**$0.00**	**$331.41**
# of Claims	**9**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$253.77**	**$0.00**	**$253.77**
		$253.77	**$0.00**	**$253.77**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$65.00**	**$0.00**	**$65.00**
		$65.00	**$0.00**	**$65.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$147.50**	**$0.00**	**$147.50**
		$147.50	**$0.00**	**$147.50**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

127 - MCV-BLOOD BANK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$228.38	$0.00	$228.38
Medical.....	.....			$2,521.23	$0.00	$2,521.23
				$2,749.61	$0.00	$2,749.61
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

127 - MCV-BLOOD BANK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.94	$0.00	$28.94
				$28.94	$0.00	$28.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.99	$0.00	$31.99
				$31.99	$0.00	$31.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$228.38	$0.00	$228.38
Medical.....	.....			$3,379.84	$0.00	$3,379.84
				$3,608.22	$0.00	$3,608.22
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

128 - MCV-CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

128 - MCV-CHEMISTRY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$383.50**	**$0.00**	**$383.50**
Indemnity			**$1,579.56**	**$0.00**	**$1,579.56**
Medical			**$1,434.25**	**$0.00**	**$1,434.25**
			$3,397.31	**$0.00**	**$3,397.31**
# of Claims	**6**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.00**	**$0.00**	**$103.00**
				$103.00	**$0.00**	**$103.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,483.85**	**$0.00**	**$1,483.85**
				$1,483.85	**$0.00**	**$1,483.85**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

128 - MCV-CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54.83	$0.00	$54.83
Medical.....	.....			$166.75	$0.00	$166.75
				$221.58	$0.00	$221.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$163.00	$0.00	$163.00
				$163.00	$0.00	$163.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,962.00	$0.00	$1,962.00
				$1,962.00	$0.00	$1,962.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

128 - MCV-CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,634.39	$0.00	$1,634.39
Medical.....	.....			$5,312.85	$0.00	$5,312.85
				$7,330.74	$0.00	$7,330.74
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

129 - MCV-TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

129 - MCV-TOXICOLOGY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,289.01**	**$0.00**	**$1,289.01**
		$1,289.01	**$0.00**	**$1,289.01**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$133.00**	**$0.00**	**$133.00**
		$133.00	**$0.00**	**$133.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$354.10**	**$0.00**	**$354.10**
		$354.10	**$0.00**	**$354.10**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

129 - MCV-TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

129 - MCV-TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$166.95	$0.00	$166.95
Medical.....	.....			$202.50	$0.00	$202.50
				$369.45	$0.00	$369.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$166.95	$0.00	$166.95
Medical.....	.....			$1,978.61	$0.00	$1,978.61
				$2,145.56	$0.00	$2,145.56
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

130 - MCV-IMMUNOPATHOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.00	$0.00	$32.00
				$32.00	$0.00	$32.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

130 - MCV-IMMUNOPATHOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.75	$0.00	$73.75
				$73.75	$0.00	$73.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.00	$0.00	$304.00
				$304.00	$0.00	$304.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$409.75	$0.00	$409.75
				$409.75	$0.00	$409.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

131 - MCV-HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.00	$0.00	$85.00
				$85.00	$0.00	$85.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.10	$0.00	$130.10
				$130.10	$0.00	$130.10
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$286.35	$0.00	$286.35
				$286.35	$0.00	$286.35
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$74.10	$0.00	$74.10
Medical.....	.....			$39.30	$0.00	$39.30
				$113.40	$0.00	$113.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

131 - MCV-HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$316.57**	**$0.00**	**$316.57**
Medical				**$9,293.34**	**$0.00**	**$9,293.34**
				$9,609.91	**$0.00**	**$9,609.91**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$24.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$359.46**	**$0.00**	**$359.46**
				$359.46	**$0.00**	**$359.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.62**	**$0.00**	**$253.62**
				$253.62	**$0.00**	**$253.62**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

131 - MCV-HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$447.03	$0.00	$447.03
				$447.03	$0.00	$447.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$390.67	$0.00	$390.67
Medical.....	.....			$10,894.20	$0.00	$10,894.20
				$11,284.87	$0.00	$11,284.87
# of Claims	90					
# Open	0	Recovery Amount:	-$24.80			

132 - MCV-BACTERIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

132 - MCV-BACTERIOLOGY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$411.84**	**$0.00**	**$411.84**
			$411.84	**$0.00**	**$411.84**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$232.90**	**$0.00**	**$232.90**
		$232.90	**$0.00**	**$232.90**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$136.08**	**$0.00**	**$136.08**
Medical		**$718.26**	**$0.00**	**$718.26**
		$854.34	**$0.00**	**$854.34**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$30.40**	**$0.00**	**$30.40**
		$30.40	**$0.00**	**$30.40**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$711.09**	**$0.00**	**$711.09**
		$711.09	**$0.00**	**$711.09**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

132 - MCV-BACTERIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$39.60**	**$0.00**	**$39.60**
				$39.60	**$0.00**	**$39.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

132 - MCV-BACTERIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.53	$0.00	$82.53
				$82.53	$0.00	$82.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17.82	$0.00	$17.82
				$17.82	$0.00	$17.82
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$136.08	$0.00	$136.08
Medical.....	.....			$2,244.44	$0.00	$2,244.44
				$2,380.52	$0.00	$2,380.52
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

133 - MCV-SEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

133 - MCV-SEROLOGY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$97.83**	**$0.00**	**$97.83**
Medical		**$0.00**	**$0.00**	**$0.00**
		$97.83	**$0.00**	**$97.83**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

133 - MCV-SEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,355.14	$0.00	$1,355.14
Medical.....	.....			$6,186.01	$0.00	$6,186.01
				$7,541.15	$0.00	$7,541.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$675.85	$0.00	$675.85
				$675.85	$0.00	$675.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$370.20	$0.00	$370.20
				$370.20	$0.00	$370.20
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$121.64	$0.00	$121.64
Medical.....	.....			$261.87	$0.00	$261.87
				$383.51	$0.00	$383.51
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

133 - MCV-SEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$211.50**	**$0.00**	**$211.50**
				$211.50	**$0.00**	**$211.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,574.61**	**$0.00**	**$1,574.61**
Medical				**$7,705.43**	**$0.00**	**$7,705.43**
				$9,280.04	**$0.00**	**$9,280.04**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

134 - MCV-HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

136 - MCV-AUTOPSY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

136 - MCV-AUTOPSY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$65.00**	**$0.00**	**$65.00**
			$65.00	**$0.00**	**$65.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$65.00**	**$0.00**	**$65.00**
			$65.00	**$0.00**	**$65.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

139 - MCV-CYTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.81**	**$0.00**	**$247.81**
				$247.81	**$0.00**	**$247.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

139 - MCV-CYTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.81	$0.00	$247.81
				$247.81	$0.00	$247.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

140 - MCV-HISTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

140 - MCV-HISTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,141.46	$0.00	$2,141.46
Medical.....	.....			$1,948.09	$0.00	$1,948.09
				$4,089.55	$0.00	$4,089.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

140 - MCV-HISTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.00	$0.00	$214.00
				$214.00	$0.00	$214.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8.15	$0.00	$8.15
				$8.15	$0.00	$8.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,525.54	$0.00	$4,525.54
Medical.....	.....			$19,373.60	$0.00	$19,373.60
				$23,899.14	$0.00	$23,899.14
# of Claims	5					
# Open	0	Recovery Amount:	-$100.11			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

140 - MCV-HISTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$265.57	$0.00	$265.57
				$265.57	$0.00	$265.57
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,667.00	$0.00	$6,667.00
Medical.....	.....			$21,939.41	$0.00	$21,939.41
				$28,606.41	$0.00	$28,606.41
# of Claims	21					
# Open	0	Recovery Amount:	-$100.11			

141 - MCV-PULMONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

141 - MCV-PULMONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.78	$0.00	$125.78
				$125.78	$0.00	$125.78
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.15	$0.00	$224.15
				$224.15	$0.00	$224.15
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

141 - MCV-PULMONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,887.26	$0.00	$1,887.26
Medical.....	.....			$510.06	$0.00	$510.06
				$2,397.32	$0.00	$2,397.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,887.26	$0.00	$1,887.26
Medical.....	.....			$934.99	$0.00	$934.99
				$2,822.25	$0.00	$2,822.25
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

142 - MCV-SUPERINTENDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$331.01	$0.00	$331.01
				$331.01	$0.00	$331.01
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$331.01	$0.00	$331.01
				$331.01	$0.00	$331.01

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

142 - MCV-SUPERINTENDENTS

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

144 - MCV-MAXILLOFACI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

145 - MCV-NURSING AMB

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	6				
# Open	0	Recovery Amount: $0.00			
Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	10				
# Open	0	Recovery Amount: $0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

145 - MCV-NURSING AMB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$173.00	$0.00	$173.00
				$173.00	$0.00	$173.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$302.40	$0.00	$302.40
				$302.40	$0.00	$302.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$844.28	$0.00	$844.28
Medical.....	.....			$836.16	$0.00	$836.16
				$1,680.44	$0.00	$1,680.44
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,672.31	$0.00	$5,672.31
Medical.....	.....			$23,518.29	$0.00	$23,518.29
				$29,190.60	$0.00	$29,190.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

145 - MCV-NURSING AMB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33.90	$0.00	$33.90
Medical.....	.....			$655.42	$0.00	$655.42
				$689.32	$0.00	$689.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,187.70	$0.00	$6,187.70
Medical.....	.....			$52,001.69	$0.00	$52,001.69
				$58,189.39	$0.00	$58,189.39
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$135.10	$0.00	$135.10
Medical.....	.....			$1,378.53	$0.00	$1,378.53
				$1,513.63	$0.00	$1,513.63
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$171.80	$0.00	$171.80
Medical.....	.....			$393.66	$0.00	$393.66
				$565.46	$0.00	$565.46
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

145 - MCV-NURSING AMB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$162.32	$0.00	$162.32
Medical.....	.....			$1,333.71	$0.00	$1,333.71
				$1,496.03	$0.00	$1,496.03
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,122.80	$0.00	$2,122.80
				$2,122.80	$0.00	$2,122.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,207.41	$0.00	$13,207.41
Medical.....	.....			$82,715.66	$0.00	$82,715.66
				$95,923.07	$0.00	$95,923.07
# of Claims	102					
# Open	0	Recovery Amount:	$0.00			

146 - MCV-AD WMS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

146 - MCV-AD WMS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$474.00**	**$0.00**	**$474.00**
				$474.00	**$0.00**	**$474.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$474.00**	**$0.00**	**$474.00**
				$474.00	**$0.00**	**$474.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

148 - MCV-AD WMS PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$157.30**	**$0.00**	**$157.30**
				$157.30	**$0.00**	**$157.30**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24.00**	**$0.00**	**$24.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

148 - MCV-AD WMS PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,131.16**	**$0.00**	**$2,131.16**
Medical				**$327.92**	**$0.00**	**$327.92**
				$2,459.08	**$0.00**	**$2,459.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$23,560.41**	**$0.00**	**$23,560.41**
Medical				**$24,216.02**	**$0.00**	**$24,216.02**
				$47,784.43	**$0.00**	**$47,784.43**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24.00**	**$0.00**	**$24.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

148 - MCV-AD WMS PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$48.90	$0.00	$48.90
Medical.....	.....			$9.50	$0.00	$9.50
				$58.40	$0.00	$58.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,055.88	$0.00	$1,055.88
				$1,055.88	$0.00	$1,055.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$25,740.47	$0.00	$25,740.47
Medical.....	.....			$25,814.62	$0.00	$25,814.62
				$51,563.09	$0.00	$51,563.09
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

149 - MCV-AD WMS MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10.85	$0.00	$10.85
				$10.85	$0.00	$10.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

149 - MCV-AD WMS MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,018.24**	**$0.00**	**$9,018.24**
Medical				**$6,980.87**	**$0.00**	**$6,980.87**
				$15,999.11	**$0.00**	**$15,999.11**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$212.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$165.08**	**$0.00**	**$165.08**
				$165.08	**$0.00**	**$165.08**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,018.24**	**$0.00**	**$9,018.24**
Medical				**$7,156.80**	**$0.00**	**$7,156.80**
				$16,175.04	**$0.00**	**$16,175.04**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$212.00**			

150 - MCV-AD WMS SURG

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

150 - MCV-AD WMS SURG

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$39.05**	**$0.00**	**$39.05**
		$39.05	**$0.00**	**$39.05**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

150 - MCV-AD WMS SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.05	$0.00	$39.05
				$39.05	$0.00	$39.05
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

151 - MCV-AD WMS ORAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.25	$0.00	$7.25
				$7.25	$0.00	$7.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

151 - MCV-AD WMS ORAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$405.00	$0.00	$405.00
				$405.00	$0.00	$405.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

151 - MCV-AD WMS ORAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$546.25	$0.00	$546.25
				$546.25	$0.00	$546.25
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

152 - MCV-AD WMS-OB SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

152 - MCV-AD WMS-OB SPECIALTY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**6**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$12.30**	**$0.00**	**$12.30**
		$12.30	**$0.00**	**$12.30**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$393.00**	**$0.00**	**$393.00**
		$393.00	**$0.00**	**$393.00**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$449.43**	**$0.00**	**$449.43**
Medical		**$612.76**	**$0.00**	**$612.76**
		$1,062.19	**$0.00**	**$1,062.19**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$13.05**	**$0.00**	**$13.05**
		$13.05	**$0.00**	**$13.05**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

152 - MCV-AD WMS-OB SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,781.41**	**$0.00**	**$5,781.41**
Medical				**$15,119.86**	**$0.00**	**$15,119.86**
				$20,901.27	**$0.00**	**$20,901.27**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$720.49**	**$0.00**	**$720.49**
Medical				**$1,008.06**	**$0.00**	**$1,008.06**
				$1,728.55	**$0.00**	**$1,728.55**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$57.95**	**$0.00**	**$57.95**
Medical				**$337.61**	**$0.00**	**$337.61**
				$395.56	**$0.00**	**$395.56**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

152 - MCV-AD WMS-OB SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$113.00	$0.00	$113.00
				$113.00	$0.00	$113.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,009.28	$0.00	$7,009.28
Medical.....	.....			$17,609.64	$0.00	$17,609.64
				$24,618.92	$0.00	$24,618.92
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

153 - MCV-AD WMS PSYC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

153 - MCV-AD WMS PSYC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$741.17**	**$0.00**	**$741.17**
Medical				**$618.20**	**$0.00**	**$618.20**
				$1,359.37	**$0.00**	**$1,359.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

153 - MCV-AD WMS PSYC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$741.17	$0.00	$741.17
Medical.....	.....			$618.20	$0.00	$618.20
				$1,359.37	$0.00	$1,359.37
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

154 - MCV-AD WMS-PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

154 - MCV-AD WMS-PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$861.00	$0.00	$861.00
				$861.00	$0.00	$861.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$239.22	$0.00	$239.22
Medical.....	.....			$38.56	$0.00	$38.56
				$277.78	$0.00	$277.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

154 - MCV-AD WMS-PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$114.06	$0.00	$114.06
Medical.....	.....			$636.00	$0.00	$636.00
				$750.06	$0.00	$750.06
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$700.07	$0.00	$700.07
Medical.....	.....			$2,030.63	$0.00	$2,030.63
				$2,730.70	$0.00	$2,730.70
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$543.50	$0.00	$543.50
Medical.....	.....			$168.35	$0.00	$168.35
				$711.85	$0.00	$711.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

154 - MCV-AD WMS-PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$72.36	$0.00	$72.36
Medical.....	.....			$714.78	$0.00	$714.78
				$787.14	$0.00	$787.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.40	$0.00	$35.40
				$35.40	$0.00	$35.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,669.21	$0.00	$1,669.21
Medical.....	.....			$4,484.72	$0.00	$4,484.72
				$6,153.93	$0.00	$6,153.93
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

155 - MCV-AD WMS ORTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

155 - MCV-AD WMS ORTHALMOLOGY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$383.50**	**$0.00**	**$383.50**
Indemnity			**$1,161.59**	**$0.00**	**$1,161.59**
Medical			**$15,307.39**	**$0.00**	**$15,307.39**
			$16,852.48	**$0.00**	**$16,852.48**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,528.18**	**$0.00**	**$4,528.18**
Medical				**$3,574.25**	**$0.00**	**$3,574.25**
				$8,102.43	**$0.00**	**$8,102.43**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.62**	**$0.00**	**$171.62**
				$171.62	**$0.00**	**$171.62**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

155 - MCV-AD WMS ORTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.16	$0.00	$203.16
				$203.16	$0.00	$203.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.36	$0.00	$303.36
				$303.36	$0.00	$303.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$5,689.77	$0.00	$5,689.77
Medical.....	.....			$19,559.78	$0.00	$19,559.78
				$25,633.05	$0.00	$25,633.05
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

156 - MCV-AD WMS OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

156 - MCV-AD WMS OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$260.49	$0.00	$260.49
Medical.....	.....			$302.80	$0.00	$302.80
				$563.29	$0.00	$563.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$705.05	$0.00	$705.05
Medical.....	.....			$2,324.46	$0.00	$2,324.46
				$3,029.51	$0.00	$3,029.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

156 - MCV-AD WMS OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,303.20**	**$0.00**	**$1,303.20**
				$1,303.20	**$0.00**	**$1,303.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$965.54**	**$0.00**	**$965.54**
Medical				**$3,930.46**	**$0.00**	**$3,930.46**
				$4,896.00	**$0.00**	**$4,896.00**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

157 - MCV-AD WMS AMBLLATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$228.51**	**$0.00**	**$228.51**
				$228.51	**$0.00**	**$228.51**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$30.00**	**$0.00**	**$30.00**
				$30.00	**$0.00**	**$30.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$42.85**	**$0.00**	**$42.85**
				$42.85	**$0.00**	**$42.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

157 - MCV-AD WMS AMBLLATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$46.76	$0.00	$46.76
Medical.....	.....			$108.00	$0.00	$108.00
				$154.76	$0.00	$154.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$562.53	$0.00	$562.53
Medical.....	.....			$5,704.44	$0.00	$5,704.44
				$6,266.97	$0.00	$6,266.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

157 - MCV-AD WMS AMBLLATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,164.16**	**$0.00**	**$1,164.16**
Medical				**$706.86**	**$0.00**	**$706.86**
				$1,871.02	**$0.00**	**$1,871.02**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,773.45**	**$0.00**	**$1,773.45**
Medical				**$6,828.31**	**$0.00**	**$6,828.31**
				$8,601.76	**$0.00**	**$8,601.76**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

158 - MCV-POISON CONTROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$258.90**	**$0.00**	**$258.90**
				$258.90	**$0.00**	**$258.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

158 - MCV-POISON CONTROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$258.90**	**$0.00**	**$258.90**
				$258.90	**$0.00**	**$258.90**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

159 - MCV-AD WMS PREP-OP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.00**	**$0.00**	**$40.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

159 - MCV-AD WMS PREP-OP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$548.17	$0.00	$548.17
Medical.....	.....			$2,047.07	$0.00	$2,047.07
				$2,595.24	$0.00	$2,595.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.00	$0.00	$111.00
				$111.00	$0.00	$111.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$548.17	$0.00	$548.17
Medical.....	.....			$2,198.07	$0.00	$2,198.07
				$2,746.24	$0.00	$2,746.24
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

160 - MCV-RADIOLOGY ADDMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

160 - MCV-RADIOLOGY ADDMIN

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$122.74**	**$0.00**	**$122.74**
			$122.74	**$0.00**	**$122.74**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$45.00**	**$0.00**	**$45.00**
		$45.00	**$0.00**	**$45.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,807.43**	**$0.00**	**$3,807.43**
Medical		**$7,003.50**	**$0.00**	**$7,003.50**
		$10,810.93	**$0.00**	**$10,810.93**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$161.79**	**$0.00**	**$161.79**
Medical		**$597.85**	**$0.00**	**$597.85**
		$759.64	**$0.00**	**$759.64**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$2.00**	**$0.00**	**$2.00**
Indemnity		**$291.08**	**$0.00**	**$291.08**
Medical		**$433.50**	**$0.00**	**$433.50**
		$726.58	**$0.00**	**$726.58**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

160 - MCV-RADIOLOGY ADDMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,000.07	$0.00	$1,000.07
Medical.....	.....			$3,952.09	$0.00	$3,952.09
				$4,952.16	$0.00	$4,952.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$536.00	$0.00	$536.00
				$536.00	$0.00	$536.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,638.96	$0.00	$1,638.96
Medical.....	.....			$2,396.99	$0.00	$2,396.99
				$4,035.95	$0.00	$4,035.95
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2.00	$0.00	$2.00
Indemnity.....	.....			$6,899.33	$0.00	$6,899.33
Medical.....	.....			$15,087.67	$0.00	$15,087.67
				$21,989.00	$0.00	$21,989.00
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

161 - MCV-DIAG RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$534.85**	**$0.00**	**$534.85**
				$534.85	**$0.00**	**$534.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$395.33**	**$0.00**	**$395.33**
Medical				**$546.12**	**$0.00**	**$546.12**
				$1,003.95	**$0.00**	**$1,003.95**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,016.41**	**$0.00**	**$1,016.41**
Medical				**$1,534.67**	**$0.00**	**$1,534.67**
				$2,551.08	**$0.00**	**$2,551.08**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$765.80**	**$0.00**	**$765.80**
				$765.80	**$0.00**	**$765.80**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

161 - MCV-DIAG RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$712.97	$0.00	$712.97
Medical.....	.....			$1,137.85	$0.00	$1,137.85
				$1,850.82	$0.00	$1,850.82
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,311.17	$0.00	$7,311.17
Medical.....	.....			$10,165.98	$0.00	$10,165.98
				$17,477.15	$0.00	$17,477.15
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,874.15	$0.00	$1,874.15
Indemnity.....	.....			$108,694.70	$0.00	$108,694.70
Medical.....	.....			$22,144.61	$0.00	$22,144.61
				$132,713.46	$0.00	$132,713.46
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,449.81	$0.00	$1,449.81
Medical.....	.....			$1,436.25	$0.00	$1,436.25
				$2,886.06	$0.00	$2,886.06
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,352.83	$0.00	$7,352.83
Medical.....	.....			$5,883.41	$0.00	$5,883.41
				$13,236.24	$0.00	$13,236.24
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

161 - MCV-DIAG RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,361.92**	**$0.00**	**$2,361.92**
Medical				**$4,935.13**	**$0.00**	**$4,935.13**
				$7,297.05	**$0.00**	**$7,297.05**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$396.32**	**$0.00**	**$396.32**
Medical				**$844.04**	**$0.00**	**$844.04**
				$1,240.36	**$0.00**	**$1,240.36**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$33.76**	**$0.00**	**$33.76**
				$33.76	**$0.00**	**$33.76**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,064.91**	**$0.00**	**$2,064.91**
Medical				**$7,917.90**	**$0.00**	**$7,917.90**
				$9,982.81	**$0.00**	**$9,982.81**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,936.65**	**$0.00**	**$1,936.65**
Indemnity				**$131,756.37**	**$0.00**	**$131,756.37**
Medical				**$57,880.37**	**$0.00**	**$57,880.37**
				$191,573.39	**$0.00**	**$191,573.39**
# of Claims	**169**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems
162 - MCV-RADIATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$344.95	$0.00	$344.95
				$344.95	$0.00	$344.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.20	$0.00	$95.20
				$95.20	$0.00	$95.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$63.00**	**$0.00**	**$63.00**
				$63.00	**$0.00**	**$63.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$169.45**	**$0.00**	**$169.45**
Indemnity				**$53,545.57**	**$0.00**	**$53,545.57**
Medical				**$15,020.09**	**$0.00**	**$15,020.09**
				$68,735.11	**$0.00**	**$68,735.11**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$52.71**	**$0.00**	**$52.71**
				$52.71	**$0.00**	**$52.71**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$69.56**	**$0.00**	**$69.56**
				$69.56	**$0.00**	**$69.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$85.56**	**$0.00**	**$85.56**
				$85.56	**$0.00**	**$85.56**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$169.45**	**$0.00**	**$169.45**
Indemnity				**$53,545.57**	**$0.00**	**$53,545.57**
Medical				**$15,731.07**	**$0.00**	**$15,731.07**
				$69,446.09	**$0.00**	**$69,446.09**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

163 - MCV-NUCLEAR MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.69**	**$0.00**	**$195.69**
				$195.69	**$0.00**	**$195.69**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

163 - MCV-NUCLEAR MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,076.57	$0.00	$1,076.57
Medical.....	.....			$4,460.14	$0.00	$4,460.14
				$5,536.71	$0.00	$5,536.71
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.00	$0.00	$86.00
				$86.00	$0.00	$86.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.54	$0.00	$350.54
				$350.54	$0.00	$350.54
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$279.35	$0.00	$279.35
				$279.35	$0.00	$279.35
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

163 - MCV-NUCLEAR MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$703.24	$0.00	$703.24
				$703.24	$0.00	$703.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,085.35	$0.00	$3,085.35
				$3,085.35	$0.00	$3,085.35
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,591.00	$0.00	$3,591.00
Medical.....	.....			$805.66	$0.00	$805.66
				$4,396.66	$0.00	$4,396.66
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

163 - MCV-NUCLEAR MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$706.76	$0.00	$706.76
				$706.76	$0.00	$706.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,667.57	$0.00	$4,667.57
Medical.....	.....			$10,672.73	$0.00	$10,672.73
				$15,340.30	$0.00	$15,340.30
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

164 - MEDICAL OF VA

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

164 - MEDICAL OF VA

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$66.75**	**$0.00**	**$66.75**
				$66.75	**$0.00**	**$66.75**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$161.50**	**$0.00**	**$161.50**
				$161.50	**$0.00**	**$161.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

164 - MEDICAL OF VA

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$228.25**	**$0.00**	**$228.25**
			$228.25	**$0.00**	**$228.25**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

165 - MCV-RADIATION

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.00**	**$0.00**	**$121.00**
				$121.00	**$0.00**	**$121.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

165 - MCV-RADIATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.00	$0.00	$121.00
				$121.00	$0.00	$121.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

166 - MCV-RADIATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$379.80	$0.00	$379.80
				$379.80	$0.00	$379.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.00	$0.00	$143.00
				$143.00	$0.00	$143.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

166 - MCV-RADIATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.38	$0.00	$117.38
Medical.....	.....			$836.95	$0.00	$836.95
				$954.33	$0.00	$954.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.57	$0.00	$77.57
				$77.57	$0.00	$77.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.50	$0.00	$30.50
				$30.50	$0.00	$30.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

166 - MCV-RADIATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$218.00	$0.00	$218.00
				$218.00	$0.00	$218.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.38	$0.00	$117.38
Medical.....	.....			$1,685.82	$0.00	$1,685.82
				$1,803.20	$0.00	$1,803.20
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

167 - MCV-DIAG RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$625.50	$0.00	$625.50
				$625.50	$0.00	$625.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

167 - MCV-DIAG RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.60	$0.00	$341.60
				$341.60	$0.00	$341.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$758.85	$0.00	$758.85
				$758.85	$0.00	$758.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,725.95	$0.00	$1,725.95
				$1,725.95	$0.00	$1,725.95
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

168 - MCV-DIAG RADIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$2,414.55	$0.00	$2,414.55
Medical.....	.....			$992.50	$0.00	$992.50
				$3,790.55	$0.00	$3,790.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

168 - MCV-DIAG RADIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$636.11	$0.00	$636.11
Medical.....	.....			$1,615.65	$0.00	$1,615.65
				$2,251.76	$0.00	$2,251.76
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.40	$0.00	$171.40
				$171.40	$0.00	$171.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,324.76	$0.00	$23,324.76
Medical.....	.....			$15,367.05	$0.00	$15,367.05
				$38,691.81	$0.00	$38,691.81
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,133.86	$0.00	$1,133.86
				$1,133.86	$0.00	$1,133.86
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

168 - MCV-DIAG RADIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.00	$0.00	$21.00
				$21.00	$0.00	$21.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,179.68	$0.00	$2,179.68
Medical.....	.....			$6,392.29	$0.00	$6,392.29
				$8,571.97	$0.00	$8,571.97
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$192.83	$0.00	$192.83
Medical.....	.....			$377.00	$0.00	$377.00
				$569.83	$0.00	$569.83
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,647.01	$0.00	$16,647.01
Medical.....	.....			$13,469.37	$0.00	$13,469.37
				$30,116.38	$0.00	$30,116.38
# of Claims	7					
# Open	0	Recovery Amount:	-$243.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

168 - MCV-DIAG RADIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.00	$0.00	$235.00
				$235.00	$0.00	$235.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,950.14	$0.00	$8,950.14
Medical.....	.....			$9,207.75	$0.00	$9,207.75
				$18,157.89	$0.00	$18,157.89
# of Claims	4					
# Open	0	Recovery Amount:	-$150.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$918.87	$0.00	$918.87
				$918.87	$0.00	$918.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$54,345.08	$0.00	$54,345.08
Medical.....	.....			$49,901.74	$0.00	$49,901.74
				$104,630.32	$0.00	$104,630.32
# of Claims	86					
# Open	0	Recovery Amount:	-$393.00			

169 - MCV-PHARM ADM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

169 - MCV-PHARM ADM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$226.00**	**$0.00**	**$226.00**
				$226.00	**$0.00**	**$226.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26.65**	**$0.00**	**$26.65**
				$26.65	**$0.00**	**$26.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$979.55**	**$0.00**	**$979.55**
				$979.55	**$0.00**	**$979.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$143.86**	**$0.00**	**$143.86**
Medical				**$6.65**	**$0.00**	**$6.65**
				$150.51	**$0.00**	**$150.51**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

169 - MCV-PHARM ADM

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$143.86**	**$0.00**	**$143.86**
Medical.....	**$1,238.85**	**$0.00**	**$1,238.85**
	$1,382.71	**$0.00**	**$1,382.71**

# of Claims **11**

 # Open **0** **Recovery Amount:** **$0.00**

170 - MCV-PHARM CLINIC

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$104.78**	**$0.00**	**$104.78**
Medical.....		**$48.00**	**$0.00**	**$48.00**
		$152.78	**$0.00**	**$152.78**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$104.78**	**$0.00**	**$104.78**
Medical.....	**$48.00**	**$0.00**	**$48.00**
	$152.78	**$0.00**	**$152.78**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

171 - MCV-PHARM PUCHASING

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$394.22**	**$0.00**	**$394.22**
		$394.22	**$0.00**	**$394.22**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

171 - MCV-PHARM PUCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$311.60**	**$0.00**	**$311.60**
Indemnity				**$5,876.37**	**$0.00**	**$5,876.37**
Medical				**$6,112.95**	**$0.00**	**$6,112.95**
				$12,300.92	**$0.00**	**$12,300.92**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$300.35**	**$0.00**	**$300.35**
				$300.35	**$0.00**	**$300.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,750.63**	**$0.00**	**$1,750.63**
Medical				**$2,791.15**	**$0.00**	**$2,791.15**
				$4,541.78	**$0.00**	**$4,541.78**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$798.82**	**$0.00**	**$798.82**
				$798.82	**$0.00**	**$798.82**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

171 - MCV-PHARM PUCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$311.60	$0.00	$311.60
Indemnity.....	.....			$7,627.00	$0.00	$7,627.00
Medical.....	.....			$10,421.49	$0.00	$10,421.49
				$18,360.09	$0.00	$18,360.09
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

172 - MCV-PHARM UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$150.07	$0.00	$150.07
Medical.....	.....			$2,084.85	$0.00	$2,084.85
				$2,234.92	$0.00	$2,234.92
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,347.25	$0.00	$2,347.25
Medical.....	.....			$5,969.20	$0.00	$5,969.20
				$8,316.45	$0.00	$8,316.45
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

172 - MCV-PHARM UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$300.00	$0.00	$300.00
Indemnity.....	.....			$1,789.93	$0.00	$1,789.93
Medical.....	.....			$4,479.14	$0.00	$4,479.14
				$6,569.07	$0.00	$6,569.07
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.98	$0.00	$101.98
				$101.98	$0.00	$101.98
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,710.98	$0.00	$1,710.98
Medical.....	.....			$2,564.51	$0.00	$2,564.51
				$4,275.49	$0.00	$4,275.49
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

172 - MCV-PHARM UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$314.09	$0.00	$314.09
Medical.....	.....			$1,101.05	$0.00	$1,101.05
				$1,415.14	$0.00	$1,415.14
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$977.38	$0.00	$977.38
Medical.....	.....			$2,528.40	$0.00	$2,528.40
				$3,505.78	$0.00	$3,505.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$43.50	$0.00	$43.50
Medical.....	.....			$162.00	$0.00	$162.00
				$205.50	$0.00	$205.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,265.72	$0.00	$1,265.72
				$1,265.72	$0.00	$1,265.72
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

172 - MCV-PHARM UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$121.50	$0.00	$121.50
Medical.....	.....			$168.20	$0.00	$168.20
				$289.70	$0.00	$289.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$250.60	$0.00	$250.60
				$250.60	$0.00	$250.60
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$300.00	$0.00	$300.00
Indemnity.....	.....			$7,454.70	$0.00	$7,454.70
Medical.....	.....			$20,675.65	$0.00	$20,675.65
				$28,430.35	$0.00	$28,430.35
# of Claims	134					
# Open	0	Recovery Amount:	$0.00			

173 - MCV-PHARM ER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

173 - MCV-PHARM ER

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

174 - MCV-PHARM INVES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$288.51	$0.00	$288.51
Medical.....	.....	$477.00	$0.00	$477.00
		$765.51	$0.00	$765.51

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$399.57	$0.00	$399.57
		$399.57	$0.00	$399.57

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997			
Expense.....	.....	$30.00	$0.00	$30.00
Indemnity.....	.....	$1,034.64	$0.00	$1,034.64
Medical.....	.....	$8,892.75	$0.00	$8,892.75
		$9,957.39	$0.00	$9,957.39

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

174 - MCV-PHARM INVES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$1,323.15	$0.00	$1,323.15
Medical.....	.....			$9,769.32	$0.00	$9,769.32
				$11,122.47	$0.00	$11,122.47
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

175 - MCV-PHARM N HOSPITAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

175 - MCV-PHARM N HOSPITAL

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

176 - MCV-PHARM -INTEN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$314.00**	**$0.00**	**$314.00**
		$314.00	**$0.00**	**$314.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,997.76**	**$0.00**	**$1,997.76**
		$1,997.76	**$0.00**	**$1,997.76**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$2,311.76**	**$0.00**	**$2,311.76**
	$2,311.76	**$0.00**	**$2,311.76**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

177 - MCV-PHARM IV AD

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

177 - MCV-PHARM IV AD

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$11.30**	**$0.00**	**$11.30**
			$11.30	**$0.00**	**$11.30**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$691.89**	**$0.00**	**$691.89**
Medical		**$13.50**	**$0.00**	**$13.50**
		$705.39	**$0.00**	**$705.39**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$691.89**	**$0.00**	**$691.89**
Medical	**$24.80**	**$0.00**	**$24.80**
	$716.69	**$0.00**	**$716.69**
# of Claims	**6**		
# Open	**0**	**Recovery Amount:**	**$0.00**

178 - MCV-PHARM OUTPATIENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

178 - MCV-PHARM OUTPATIENT

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$245.34**	**$0.00**	**$245.34**
Medical		**$6.10**	**$0.00**	**$6.10**
		$251.44	**$0.00**	**$251.44**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$130.08**	**$0.00**	**$130.08**
Medical		**$426.04**	**$0.00**	**$426.04**
		$556.12	**$0.00**	**$556.12**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

178 - MCV-PHARM OUTPATIENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.00	$0.00	$76.00
				$76.00	$0.00	$76.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$375.42	$0.00	$375.42
Medical.....	.....			$508.14	$0.00	$508.14
				$883.56	$0.00	$883.56
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

179 - MCV-MED RECORDS-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

179 - MCV-MED RECORDS-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.70	$0.00	$298.70
				$298.70	$0.00	$298.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$313.22	$0.00	$313.22
Medical.....	.....			$926.58	$0.00	$926.58
				$1,239.80	$0.00	$1,239.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.76	$0.00	$82.76
				$82.76	$0.00	$82.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$580.47	$0.00	$580.47
				$580.47	$0.00	$580.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

179 - MCV-MED RECORDS-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$527.07	$0.00	$527.07
				$527.07	$0.00	$527.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$251.36	$0.00	$251.36
Medical.....	.....			$9,517.26	$0.00	$9,517.26
				$9,768.62	$0.00	$9,768.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$564.58	$0.00	$564.58
Medical.....	.....			$11,932.84	$0.00	$11,932.84
				$12,497.42	$0.00	$12,497.42
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

180 - MCV-MED RECORDS-MED RPTS.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

180 - MCV-MED RECORDS-MED RPTS.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

181 - MCV-MED RECORDS-INC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

181 - MCV-MED RECORDS-INC

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$291.00**	**$0.00**	**$291.00**
				$291.00	**$0.00**	**$291.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$478.00**	**$0.00**	**$478.00**
				$478.00	**$0.00**	**$478.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

181 - MCV-MED RECORDS-INC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15.93**	**$0.00**	**$15.93**
Medical				**$426.00**	**$0.00**	**$426.00**
				$441.93	**$0.00**	**$441.93**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15.93**	**$0.00**	**$15.93**
Medical				**$1,195.00**	**$0.00**	**$1,195.00**
				$1,210.93	**$0.00**	**$1,210.93**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

182 - MCV-MED RECORDS-TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$123.00**	**$0.00**	**$123.00**
				$123.00	**$0.00**	**$123.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

182 - MCV-MED RECORDS-TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,050.66	$0.00	$2,050.66
				$2,050.66	$0.00	$2,050.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,173.66	$0.00	$2,173.66
				$2,173.66	$0.00	$2,173.66
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

183 - MCV-MED RECORDS-COD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.75	$0.00	$289.75
				$289.75	$0.00	$289.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.04	$0.00	$243.04
				$243.04	$0.00	$243.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

183 - MCV-MED RECORDS-COD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$113.81	$0.00	$113.81
				$113.81	$0.00	$113.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$646.60	$0.00	$646.60
				$646.60	$0.00	$646.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

184 - MCV-MED RECORDS-FIL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$164.85	$0.00	$164.85
				$164.85	$0.00	$164.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

184 - MCV-MED RECORDS-FIL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$74.04	$0.00	$74.04
Medical.....	.....			$17.70	$0.00	$17.70
				$91.74	$0.00	$91.74
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.85	$0.00	$172.85
				$172.85	$0.00	$172.85
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.65	$0.00	$298.65
				$298.65	$0.00	$298.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

184 - MCV-MED RECORDS-FIL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$751.32	$0.00	$751.32
Medical.....	.....			$786.71	$0.00	$786.71
				$1,538.03	$0.00	$1,538.03
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$825.36	$0.00	$825.36
Medical.....	.....			$1,464.76	$0.00	$1,464.76
				$2,290.12	$0.00	$2,290.12
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

185 - MCV-MED RECORDS-FIL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,073.13	$0.00	$1,073.13
Medical.....	.....			$681.50	$0.00	$681.50
				$1,754.63	$0.00	$1,754.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,073.13	$0.00	$1,073.13
Medical.....	.....			$681.50	$0.00	$681.50
				$1,754.63	$0.00	$1,754.63

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

185 - MCV-MED RECORDS-FIL

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

186 - MCV-MED RECORDS-INDEX

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

188 - MCV-ADMITTING

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$960.99	$0.00	$960.99
Medical.....	.....	$4,625.13	$0.00	$4,625.13
		$5,586.12	$0.00	$5,586.12

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$70.38	$0.00	$70.38
		$70.38	$0.00	$70.38

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

188 - MCV-ADMITTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$478.50	$0.00	$478.50
Medical.....	.....			$2,067.81	$0.00	$2,067.81
				$2,546.31	$0.00	$2,546.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$999.00	$0.00	$999.00
				$999.00	$0.00	$999.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$278.42	$0.00	$278.42
				$278.42	$0.00	$278.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

188 - MCV-ADMITTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,491.18	$0.00	$3,491.18
				$3,491.18	$0.00	$3,491.18
# of Claims	2					
# Open	0	Recovery Amount:	-$873.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,439.49	$0.00	$1,439.49
Medical.....	.....			$11,531.92	$0.00	$11,531.92
				$12,971.41	$0.00	$12,971.41
# of Claims	15					
# Open	0	Recovery Amount:	-$873.00			

189 - MCV-EMER SERV REGISTRAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

189 - MCV-EMER SERV REGISTRAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$12,698.75	$0.00	$12,698.75
Indemnity.....	.....			$197,131.28	$0.00	$197,131.28
Medical.....	.....			$177,600.36	$0.00	$177,600.36
				$387,430.39	$0.00	$387,430.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.60	$0.00	$193.60
				$193.60	$0.00	$193.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.00	$0.00	$200.00
				$200.00	$0.00	$200.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

189 - MCV-EMER SERV REGISTRAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$364.18	$0.00	$364.18
				$364.18	$0.00	$364.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.50	$0.00	$203.50
				$203.50	$0.00	$203.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.50	$0.00	$165.50
				$165.50	$0.00	$165.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

189 - MCV-EMER SERV REGISTRAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$564.33	$0.00	$564.33
				$564.33	$0.00	$564.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.33	$0.00	$52.33
				$52.33	$0.00	$52.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,698.75	$0.00	$12,698.75
Indemnity.....	.....			$197,131.28	$0.00	$197,131.28
Medical.....	.....			$179,343.80	$0.00	$179,343.80
				$389,173.83	$0.00	$389,173.83
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

190 - MCV-CHILDREN'S

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

190 - MCV-CHILDREN'S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

191 - MCV-HEMOPHELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.26**	**$0.00**	**$10.26**
				$10.26	**$0.00**	**$10.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.26**	**$0.00**	**$10.26**
				$10.26	**$0.00**	**$10.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

192 - MCV-SOCIAL SERVICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

192 - MCV-SOCIAL SERVICE

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$201.00**	**$0.00**	**$201.00**
		$201.00	**$0.00**	**$201.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$230.03**	**$0.00**	**$230.03**
		$230.03	**$0.00**	**$230.03**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

192 - MCV-SOCIAL SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$315.00**	**$0.00**	**$315.00**
				$315.00	**$0.00**	**$315.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$313.00**	**$0.00**	**$313.00**
				$313.00	**$0.00**	**$313.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,026.18**	**$0.00**	**$1,026.18**
				$1,026.18	**$0.00**	**$1,026.18**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,085.21**	**$0.00**	**$2,085.21**
				$2,085.21	**$0.00**	**$2,085.21**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

193 - MCV-HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.65**	**$0.00**	**$5.65**
				$5.65	**$0.00**	**$5.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$6,018.26**	**$0.00**	**$6,018.26**
Indemnity				**$36,401.52**	**$0.00**	**$36,401.52**
Medical				**$10,547.34**	**$0.00**	**$10,547.34**
				$52,967.12	**$0.00**	**$52,967.12**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$222.28**	**$0.00**	**$222.28**
				$222.28	**$0.00**	**$222.28**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

193 - MCV-HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,367.67	$0.00	$1,367.67
Medical.....	.....			$3,997.77	$0.00	$3,997.77
				$5,365.44	$0.00	$5,365.44
# of Claims	31					
# Open	0	Recovery Amount:	-$345.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$481.03	$0.00	$481.03
Medical.....	.....			$939.95	$0.00	$939.95
				$1,420.98	$0.00	$1,420.98
# of Claims	29					
# Open	0	Recovery Amount:	-$24.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,972.97	$0.00	$1,972.97
Medical.....	.....			$5,267.93	$0.00	$5,267.93
				$7,240.90	$0.00	$7,240.90
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,816.00	$0.00	$4,816.00
Medical.....	.....			$11,410.64	$0.00	$11,410.64
				$16,226.64	$0.00	$16,226.64
# of Claims	10					
# Open	0	Recovery Amount:	-$378.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

193 - MCV-HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$172.50**	**$0.00**	**$172.50**
Medical				**$1,731.86**	**$0.00**	**$1,731.86**
				$1,904.36	**$0.00**	**$1,904.36**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$6,018.26**	**$0.00**	**$6,018.26**
Indemnity				**$45,211.69**	**$0.00**	**$45,211.69**
Medical				**$34,123.42**	**$0.00**	**$34,123.42**
				$85,353.37	**$0.00**	**$85,353.37**
# of Claims	**108**					
# Open	**0**	**Recovery Amount:**	**-$747.00**			

194 - MCV-HOUSEKEEPING-NELSON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$622.25**	**$0.00**	**$622.25**
Indemnity				**$8,025.61**	**$0.00**	**$8,025.61**
Medical				**$8,634.13**	**$0.00**	**$8,634.13**
				$17,281.99	**$0.00**	**$17,281.99**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$385.50**	**$0.00**	**$385.50**
Indemnity				**$3,819.03**	**$0.00**	**$3,819.03**
Medical				**$21,317.05**	**$0.00**	**$21,317.05**
				$25,521.58	**$0.00**	**$25,521.58**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

194 - MCV-HOUSEKEEPING-NELSON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$239.35	$0.00	$239.35
Indemnity.....	.....			$1,671.01	$0.00	$1,671.01
Medical.....	.....			$4,304.19	$0.00	$4,304.19
				$6,214.55	$0.00	$6,214.55
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$107.50	$0.00	$107.50
Medical.....	.....			$407.47	$0.00	$407.47
				$514.97	$0.00	$514.97
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,649.34	$0.00	$1,649.34
Medical.....	.....			$8,835.69	$0.00	$8,835.69
				$10,485.03	$0.00	$10,485.03
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,589.61	$0.00	$4,589.61
Medical.....	.....			$9,195.13	$0.00	$9,195.13
				$13,784.74	$0.00	$13,784.74
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

194 - MCV-HOUSEKEEPING-NELSON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,890.49	$0.00	$2,890.49
Medical.....	.....			$4,207.52	$0.00	$4,207.52
				$7,098.01	$0.00	$7,098.01
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$544.93	$0.00	$544.93
				$544.93	$0.00	$544.93
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,247.10	$0.00	$1,247.10
Indemnity.....	.....			$22,752.59	$0.00	$22,752.59
Medical.....	.....			$57,446.11	$0.00	$57,446.11
				$81,445.80	$0.00	$81,445.80
# of Claims	192					
# Open	0	Recovery Amount:	$0.00			

195 - MCV-HOUSEKEEPING-OL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$570.04	$0.00	$570.04
Medical.....	.....			$306.09	$0.00	$306.09
				$876.13	$0.00	$876.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

195 - MCV-HOUSEKEEPING-OL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$223.50	$0.00	$223.50
				$223.50	$0.00	$223.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.64	$0.00	$97.64
				$97.64	$0.00	$97.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$59.46	$0.00	$59.46
Medical.....	.....			$187.06	$0.00	$187.06
				$246.52	$0.00	$246.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$176.40	$0.00	$176.40
Medical.....	.....			$819.61	$0.00	$819.61
				$996.01	$0.00	$996.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

195 - MCV-HOUSEKEEPING-OL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$183.46**	**$0.00**	**$183.46**
Medical				**$7.00**	**$0.00**	**$7.00**
				$190.46	**$0.00**	**$190.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$989.36**	**$0.00**	**$989.36**
Medical				**$1,640.90**	**$0.00**	**$1,640.90**
				$2,630.26	**$0.00**	**$2,630.26**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

196 - MCV-HOUSEKEEPING-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.00**	**$0.00**	**$110.00**
				$110.00	**$0.00**	**$110.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.00**	**$0.00**	**$110.00**
				$110.00	**$0.00**	**$110.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

196 - MCV-HOUSEKEEPING-NE

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

197 - MCV-HOUSEKEEPING-WE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$105.00	$0.00	$105.00
Medical.....	.....	$406.80	$0.00	$406.80
		$511.80	$0.00	$511.80

# of Claims 9

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$1,245.60	$0.00	$1,245.60
Indemnity.....	.....	$104,822.05	$0.00	$104,822.05
Medical.....	.....	$64,438.67	$0.00	$64,438.67
		$170,506.32	$0.00	$170,506.32

# of Claims 11

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$5,215.48	$0.00	$5,215.48
Medical.....	.....	$7,784.90	$0.00	$7,784.90
		$13,000.38	$0.00	$13,000.38

# of Claims 21

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$992.01	$0.00	$992.01
Medical.....	.....	$1,857.70	$0.00	$1,857.70
		$2,849.71	$0.00	$2,849.71

# of Claims 15

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

197 - MCV-HOUSEKEEPING-WE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$629.17	$0.00	$629.17
Medical.....	.....			$1,507.19	$0.00	$1,507.19
				$2,136.36	$0.00	$2,136.36
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$483.72	$0.00	$483.72
Medical.....	.....			$702.99	$0.00	$702.99
				$1,186.71	$0.00	$1,186.71
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,245.60	$0.00	$1,245.60
Indemnity.....	.....			$112,247.43	$0.00	$112,247.43
Medical.....	.....			$76,698.25	$0.00	$76,698.25
				$190,191.28	$0.00	$190,191.28
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

198 - MCV-HOUSEKPG-RA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

198 - MCV-HOUSEKPG-RA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$290.75	$0.00	$290.75
				$290.75	$0.00	$290.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.10	$0.00	$319.10
				$319.10	$0.00	$319.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.62	$0.00	$271.62
				$271.62	$0.00	$271.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,781.34	$0.00	$1,781.34
Medical.....	.....			$776.47	$0.00	$776.47
				$2,557.81	$0.00	$2,557.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,781.34	$0.00	$1,781.34
Medical.....	.....			$1,657.94	$0.00	$1,657.94
				$3,439.28	$0.00	$3,439.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

200 - MCV-HOUSEKEEPING-DO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

202 - MCV-HOUSEKEEPING-AD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.00**	**$0.00**	**$21.00**
				$21.00	**$0.00**	**$21.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$265.29**	**$0.00**	**$265.29**
				$265.29	**$0.00**	**$265.29**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

202 - MCV-HOUSEKEEPING-AD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$242.19	$0.00	$242.19
Medical.....	.....			$810.10	$0.00	$810.10
				$1,052.29	$0.00	$1,052.29
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$443.83	$0.00	$443.83
				$443.83	$0.00	$443.83
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$167.00	$0.00	$167.00
Medical.....	.....			$156.70	$0.00	$156.70
				$323.70	$0.00	$323.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$409.19	$0.00	$409.19
Medical.....	.....			$1,696.92	$0.00	$1,696.92
				$2,106.11	$0.00	$2,106.11
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

203 - MCV-HOUSEKEEPING-RI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

204 - MCVHOUSEKEEPING-MA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,446.82**	**$0.00**	**$5,446.82**
Medical				**$1,414.13**	**$0.00**	**$1,414.13**
				$6,860.95	**$0.00**	**$6,860.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

204 - MCVHOUSEKEEPING-MA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$508.50**	**$0.00**	**$508.50**
Indemnity				**$4,217.62**	**$0.00**	**$4,217.62**
Medical				**$8,902.60**	**$0.00**	**$8,902.60**
				$13,628.72	**$0.00**	**$13,628.72**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$418.12**	**$0.00**	**$418.12**
Medical				**$3,868.65**	**$0.00**	**$3,868.65**
				$4,286.77	**$0.00**	**$4,286.77**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$25.00**	**$0.00**	**$25.00**
Indemnity				**$24,240.37**	**$0.00**	**$24,240.37**
Medical				**$50,429.36**	**$0.00**	**$50,429.36**
				$74,694.73	**$0.00**	**$74,694.73**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,660.61**	**$0.00**	**$2,660.61**
Medical				**$5,664.49**	**$0.00**	**$5,664.49**
				$8,325.10	**$0.00**	**$8,325.10**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

204 - MCVHOUSEKEEPING-MA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,918.97**	**$0.00**	**$1,918.97**
Medical				**$3,554.36**	**$0.00**	**$3,554.36**
				$5,473.33	**$0.00**	**$5,473.33**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$580.00**	**$0.00**	**$580.00**
Indemnity				**$81,152.97**	**$0.00**	**$81,152.97**
Medical				**$13,452.84**	**$0.00**	**$13,452.84**
				$95,185.81	**$0.00**	**$95,185.81**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$15.50**	**$0.00**	**$15.50**
Indemnity				**$7,192.63**	**$0.00**	**$7,192.63**
Medical				**$14,453.44**	**$0.00**	**$14,453.44**
				$21,661.57	**$0.00**	**$21,661.57**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$148.41**	**$0.00**	**$148.41**
				$148.41	**$0.00**	**$148.41**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

204 - MCVHOUSEKEEPING-MA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$1,129.00	$0.00	$1,129.00
Indemnity.....	.....			$127,248.11	$0.00	$127,248.11
Medical.....	.....			$101,888.28	$0.00	$101,888.28
				$230,265.39	$0.00	$230,265.39
# of Claims	378					
# Open	0	Recovery Amount:	$0.00			

205 - MCV-CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$804.79	$0.00	$804.79
				$804.79	$0.00	$804.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.43	$0.00	$119.43
				$119.43	$0.00	$119.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

205 - MCV-CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$110.40	$0.00	$110.40
Medical.....	.....			$24.00	$0.00	$24.00
				$134.40	$0.00	$134.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$110.40	$0.00	$110.40
Medical.....	.....			$948.22	$0.00	$948.22
				$1,058.62	$0.00	$1,058.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

206 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$14,167.66	$1,216.00	$15,383.66
Indemnity.....	.....			$209,817.37	$0.00	$209,817.37
Medical.....	.....			$440,816.49	$290,889.46	$731,705.95
				$664,801.52	$292,105.46	$956,906.98
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

206 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,167.66	$1,216.00	$15,383.66
Indemnity.....	.....			$209,817.37	$0.00	$209,817.37
Medical.....	.....			$440,816.49	$290,889.46	$731,705.95
				$664,801.52	$292,105.46	$956,906.98
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

207 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

207 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$360.03	$0.00	$360.03
Medical.....	.....			$0.00	$0.00	$0.00
				$360.03	$0.00	$360.03
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$253.62	$0.00	$253.62
Medical.....	.....			$152.88	$0.00	$152.88
				$406.50	$0.00	$406.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$761.49	$0.00	$761.49
				$761.49	$0.00	$761.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

207 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.79	$0.00	$260.79
				$260.79	$0.00	$260.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$33.16	$0.00	$33.16
Indemnity.....	.....			$44.35	$0.00	$44.35
Medical.....	.....			$2,763.00	$0.00	$2,763.00
				$2,840.51	$0.00	$2,840.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$523.00	$0.00	$523.00
				$523.00	$0.00	$523.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$758.85	$0.00	$758.85
Medical.....	.....			$2,829.29	$0.00	$2,829.29
				$3,588.14	$0.00	$3,588.14
# of Claims	2					
# Open	0	Recovery Amount:	-$465.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

207 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$373.81	$0.00	$373.81
				$373.81	$0.00	$373.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$33.16	$0.00	$33.16
Indemnity.....	.....			$1,416.85	$0.00	$1,416.85
Medical.....	.....			$7,664.26	$0.00	$7,664.26
				$9,114.27	$0.00	$9,114.27
# of Claims	26					
# Open	0	Recovery Amount:	-$465.00			

208 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

208 - MCV-OCCUPATIONAL THERAPY

WC2000	**7/1/1999 - 6/30/2000**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

209 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$1,540.45**	**$0.00**	**$1,540.45**
				$1,540.45	**$0.00**	**$1,540.45**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$320.00**	**$0.00**	**$320.00**
				$320.00	**$0.00**	**$320.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

209 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$412.10	$0.00	$412.10
Medical.....	.....			$1,120.92	$0.00	$1,120.92
				$1,533.02	$0.00	$1,533.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$412.10	$0.00	$412.10
Medical.....	.....			$2,981.37	$0.00	$2,981.37
				$3,393.47	$0.00	$3,393.47
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

210 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

210 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

211 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

211 - MCV-OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.55	$0.00	$21.55
				$21.55	$0.00	$21.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.55	$0.00	$21.55
				$21.55	$0.00	$21.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

212 - MCV-PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$87.00	$0.00	$87.00
				$87.00	$0.00	$87.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.90	$0.00	$13.90
				$13.90	$0.00	$13.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

212 - MCV-PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.50	$0.00	$75.50
				$75.50	$0.00	$75.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35.15	$0.00	$35.15
Medical.....	.....			$0.00	$0.00	$0.00
				$35.15	$0.00	$35.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.62	$0.00	$110.62
				$110.62	$0.00	$110.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

212 - MCV-PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$625.70	$0.00	$625.70
				$625.70	$0.00	$625.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35.15	$0.00	$35.15
Medical.....	.....			$912.72	$0.00	$912.72
				$947.87	$0.00	$947.87
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

213 - MCV-HAND CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

213 - MCV-HAND CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$360.00**	**$0.00**	**$360.00**
				$360.00	**$0.00**	**$360.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

213 - MCV-HAND CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,794.34	$0.00	$1,794.34
Medical.....	.....			$1,215.84	$0.00	$1,215.84
				$3,010.18	$0.00	$3,010.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.66	$0.00	$171.66
				$171.66	$0.00	$171.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,794.34	$0.00	$1,794.34
Medical.....	.....			$1,747.50	$0.00	$1,747.50
				$3,541.84	$0.00	$3,541.84
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

214 - MCV-MED/SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

214 - MCV-MED/SURG

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$252.67**	**$0.00**	**$252.67**
				$252.67	**$0.00**	**$252.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$469.32**	**$0.00**	**$469.32**
Medical				**$1,960.30**	**$0.00**	**$1,960.30**
				$2,429.62	**$0.00**	**$2,429.62**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,771.21**	**$0.00**	**$1,771.21**
Medical				**$2,299.09**	**$0.00**	**$2,299.09**
				$4,070.30	**$0.00**	**$4,070.30**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$724.35**	**$0.00**	**$724.35**
Medical				**$479.40**	**$0.00**	**$479.40**
				$1,203.75	**$0.00**	**$1,203.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

214 - MCV-MED/SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$724.16	$0.00	$724.16
				$724.16	$0.00	$724.16
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,206.51	$0.00	$5,206.51
				$5,206.51	$0.00	$5,206.51
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,964.88	$0.00	$2,964.88
Medical.....	.....			$10,922.13	$0.00	$10,922.13
				$13,887.01	$0.00	$13,887.01
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

215 - MCV-REHAB TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.53	$0.00	$11.53
				$11.53	$0.00	$11.53
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

215 - MCV-REHAB TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$60.74	$0.00	$60.74
Medical.....	.....			$304.60	$0.00	$304.60
				$365.34	$0.00	$365.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.25	$0.00	$6.25
				$6.25	$0.00	$6.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$806.55	$0.00	$806.55
				$806.55	$0.00	$806.55
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

215 - MCV-REHAB TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$144.25**	**$0.00**	**$144.25**
				$144.25	**$0.00**	**$144.25**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

215 - MCV-REHAB TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,212.69	$0.00	$6,212.69
				$6,212.69	$0.00	$6,212.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,490.77	$0.00	$1,490.77
				$1,490.77	$0.00	$1,490.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$60.74	$0.00	$60.74
Medical.....	.....			$8,976.64	$0.00	$8,976.64
				$9,037.38	$0.00	$9,037.38
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

216 - MCV-ORTHO TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

216 - MCV-ORTHO TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$249.27**	**$0.00**	**$249.27**
				$249.27	**$0.00**	**$249.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

216 - MCV-ORTHO TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141.44	$0.00	$141.44
Medical.....	.....			$61.15	$0.00	$61.15
				$202.59	$0.00	$202.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141.44	$0.00	$141.44
Medical.....	.....			$310.42	$0.00	$310.42
				$451.86	$0.00	$451.86
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

217 - MCV-NEURO/PED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$56.65	$0.00	$56.65
Medical.....	.....			$2,096.55	$0.00	$2,096.55
				$2,153.20	$0.00	$2,153.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

217 - MCV-NEURO/PED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36.86	$0.00	$36.86
Medical.....	.....			$912.65	$0.00	$912.65
				$949.51	$0.00	$949.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.51	$0.00	$93.51
Medical.....	.....			$3,009.20	$0.00	$3,009.20
				$3,102.71	$0.00	$3,102.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

218 - MCV-DIETARY/ADM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.00	$0.00	$89.00
				$89.00	$0.00	$89.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

218 - MCV-DIETARY/ADM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$425.19**	**$0.00**	**$425.19**
				$425.19	**$0.00**	**$425.19**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$514.19**	**$0.00**	**$514.19**
				$514.19	**$0.00**	**$514.19**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

219 - MCV-DIETARY-VENDING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$564.00**	**$0.00**	**$564.00**
				$564.00	**$0.00**	**$564.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$316.85**	**$0.00**	**$316.85**
				$316.85	**$0.00**	**$316.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$61.20**	**$0.00**	**$61.20**
				$61.20	**$0.00**	**$61.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

219 - MCV-DIETARY-VENDING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,805.59	$0.00	$22,805.59
Medical.....	.....			$27,390.68	$0.00	$27,390.68
				$50,196.27	$0.00	$50,196.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$158.20	$0.00	$158.20
				$158.20	$0.00	$158.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$669.50	$0.00	$669.50
				$669.50	$0.00	$669.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$527.70	$0.00	$527.70
				$527.70	$0.00	$527.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.00	$0.00	$104.00
				$104.00	$0.00	$104.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

219 - MCV-DIETARY-VENDING

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$22,805.59**	**$0.00**	**$22,805.59**
Medical.....	**$29,792.13**	**$0.00**	**$29,792.13**
	$52,597.72	**$0.00**	**$52,597.72**

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

220 - MCV-DIETARY-INT

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

220 - MCV-DIETARY-INT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,300.09	$0.00	$5,300.09
Medical.....	.....			$6,473.70	$0.00	$6,473.70
				$11,773.79	$0.00	$11,773.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,300.09	$0.00	$5,300.09
Medical.....	.....			$6,473.70	$0.00	$6,473.70
				$11,773.79	$0.00	$11,773.79
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

221 - MCV-DIETARY-CAFETERIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$186.11	$0.00	$186.11
Medical.....	.....			$871.55	$0.00	$871.55
				$1,057.66	$0.00	$1,057.66
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

221 - MCV-DIETARY-CAFETERIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$483.72	$0.00	$483.72
				$483.72	$0.00	$483.72
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,845.52	$0.00	$3,845.52
Medical.....	.....			$2,100.93	$0.00	$2,100.93
				$5,946.45	$0.00	$5,946.45
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$438.92	$0.00	$438.92
Medical.....	.....			$1,185.82	$0.00	$1,185.82
				$1,624.74	$0.00	$1,624.74
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,395.65	$0.00	$1,395.65
Medical.....	.....			$2,857.76	$0.00	$2,857.76
				$4,253.41	$0.00	$4,253.41
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

221 - MCV-DIETARY-CAFETERIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,604.80	$0.00	$1,604.80
Medical.....	.....			$2,228.75	$0.00	$2,228.75
				$3,833.55	$0.00	$3,833.55
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,138.09	$0.00	$2,138.09
Medical.....	.....			$5,242.31	$0.00	$5,242.31
				$7,380.40	$0.00	$7,380.40
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,897.46	$0.00	$4,897.46
Medical.....	.....			$9,232.17	$0.00	$9,232.17
				$14,129.63	$0.00	$14,129.63
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,076.87	$0.00	$2,076.87
Medical.....	.....			$9,037.55	$0.00	$9,037.55
				$11,114.42	$0.00	$11,114.42
# of Claims	18					
# Open	0	Recovery Amount:	-$1,722.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

221 - MCV-DIETARY-CAFETERIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$682.63	$0.00	$682.63
				$682.63	$0.00	$682.63
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$390.43	$0.00	$390.43
Medical.....	.....			$676.03	$0.00	$676.03
				$1,066.46	$0.00	$1,066.46
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$776.22	$0.00	$776.22
Medical.....	.....			$4,357.42	$0.00	$4,357.42
				$5,133.64	$0.00	$5,133.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,750.07	$0.00	$17,750.07
Medical.....	.....			$38,956.64	$0.00	$38,956.64
				$56,706.71	$0.00	$56,706.71
# of Claims	219					
# Open	0	Recovery Amount:	-$1,722.00			

222 - MCV-THE 11TH ST.

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

222 - MCV-THE 11TH ST.

WC2001	**7/1/2000 - 6/30/2001**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

223 - MCV-DIETARY CAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$290.45**	**$0.00**	**$290.45**
				$290.45	**$0.00**	**$290.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$147.50**	**$0.00**	**$147.50**
				$147.50	**$0.00**	**$147.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

223 - MCV-DIETARY CAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.77	$0.00	$181.77
				$181.77	$0.00	$181.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$344.50	$0.00	$344.50
Medical.....	.....			$663.42	$0.00	$663.42
				$1,007.92	$0.00	$1,007.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$327.03	$0.00	$327.03
Medical.....	.....			$0.00	$0.00	$0.00
				$327.03	$0.00	$327.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

223 - MCV-DIETARY CAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$56.76	$0.00	$56.76
				$56.76	$0.00	$56.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$671.53	$0.00	$671.53
Medical.....	.....			$1,339.90	$0.00	$1,339.90
				$2,011.43	$0.00	$2,011.43
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

224 - MCV-DIETARY-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$491.64	$0.00	$491.64
Medical.....	.....			$589.00	$0.00	$589.00
				$1,080.64	$0.00	$1,080.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$767.00	$0.00	$767.00
Indemnity.....	.....			$1,765.72	$0.00	$1,765.72
Medical.....	.....			$4,713.46	$0.00	$4,713.46
				$7,246.18	$0.00	$7,246.18
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

224 - MCV-DIETARY-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$489.82	$0.00	$489.82
Medical.....	.....			$2,968.29	$0.00	$2,968.29
				$3,458.11	$0.00	$3,458.11
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,943.24	$0.00	$1,943.24
Medical.....	.....			$13,937.82	$0.00	$13,937.82
				$15,881.06	$0.00	$15,881.06
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,095.28	$0.00	$4,095.28
Medical.....	.....			$7,696.62	$0.00	$7,696.62
				$11,791.90	$0.00	$11,791.90
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,360.12	$0.00	$12,360.12
Medical.....	.....			$25,998.65	$0.00	$25,998.65
				$38,358.77	$0.00	$38,358.77
# of Claims	74					
# Open	0	Recovery Amount:	-$24.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

224 - MCV-DIETARY-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$41,679.13	$0.00	$41,679.13
Medical.....	.....			$31,951.85	$0.00	$31,951.85
				$73,630.98	$0.00	$73,630.98
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,000.00	$0.00	$1,000.00
Indemnity.....	.....			$5,740.20	$0.00	$5,740.20
Medical.....	.....			$11,267.21	$0.00	$11,267.21
				$18,007.41	$0.00	$18,007.41
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$14.78	$0.00	$14.78
Indemnity.....	.....			$1,007.07	$0.00	$1,007.07
Medical.....	.....			$5,124.24	$0.00	$5,124.24
				$6,146.09	$0.00	$6,146.09
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$865.10	$0.00	$865.10
Medical.....	.....			$2,136.67	$0.00	$2,136.67
				$3,001.77	$0.00	$3,001.77
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

224 - MCV-DIETARY-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,249.10	$0.00	$2,249.10
Medical.....	.....			$3,475.04	$0.00	$3,475.04
				$5,724.14	$0.00	$5,724.14
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$634.58	$0.00	$634.58
Medical.....	.....			$3,794.91	$0.00	$3,794.91
				$4,429.49	$0.00	$4,429.49
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,864.36	$0.00	$7,864.36
Medical.....	.....			$19,907.66	$0.00	$19,907.66
				$27,772.02	$0.00	$27,772.02
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,781.78	$0.00	$1,781.78
Indemnity.....	.....			$81,185.36	$0.00	$81,185.36
Medical.....	.....			$133,561.42	$0.00	$133,561.42
				$216,528.56	$0.00	$216,528.56
# of Claims	498					
# Open	0	Recovery Amount:	-$24.00			

225 - MCV-DIETARY CLINICAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

225 - MCV-DIETARY CLINICAL

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18.38**	**$0.00**	**$18.38**
Medical				**$5.65**	**$0.00**	**$5.65**
				$24.03	**$0.00**	**$24.03**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$51.20**	**$0.00**	**$51.20**
		$51.20	**$0.00**	**$51.20**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

225 - MCV-DIETARY CLINICAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,501.65**	**$0.00**	**$1,501.65**
				$1,501.65	**$0.00**	**$1,501.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$241.61**	**$0.00**	**$241.61**
Medical				**$318.00**	**$0.00**	**$318.00**
				$559.61	**$0.00**	**$559.61**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

225 - MCV-DIETARY CLINICAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$259.99	$0.00	$259.99
Medical.....	.....			$1,876.50	$0.00	$1,876.50
				$2,136.49	$0.00	$2,136.49
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

226 - MCV-VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$185.00	$0.00	$185.00
				$185.00	$0.00	$185.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

226 - MCV-VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.50**	**$0.00**	**$5.50**
				$5.50	**$0.00**	**$5.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$201.00**	**$0.00**	**$201.00**
				$201.00	**$0.00**	**$201.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$270.22**	**$0.00**	**$270.22**
				$270.22	**$0.00**	**$270.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

226 - MCV-VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$622.10	$0.00	$622.10
Medical.....	.....			$1,847.49	$0.00	$1,847.49
				$2,469.59	$0.00	$2,469.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$156.00	$0.00	$156.00
Medical.....	.....			$193.00	$0.00	$193.00
				$349.00	$0.00	$349.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

226 - MCV-VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.60	$0.00	$141.60
				$141.60	$0.00	$141.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$778.10	$0.00	$778.10
Medical.....	.....			$2,843.81	$0.00	$2,843.81
				$3,621.91	$0.00	$3,621.91
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

227 - MCV-TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.75	$0.00	$31.75
				$31.75	$0.00	$31.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

227 - MCV-TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,003.05**	**$0.00**	**$2,003.05**
Medical				**$1,390.75**	**$0.00**	**$1,390.75**
				$3,393.80	**$0.00**	**$3,393.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$572.30**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,003.05**	**$0.00**	**$2,003.05**
Medical				**$1,430.15**	**$0.00**	**$1,430.15**
				$3,433.20	**$0.00**	**$3,433.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$572.30**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

228 - MCV-TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$414.75	$0.00	$414.75
Indemnity.....	.....			$10,659.77	$0.00	$10,659.77
Medical.....	.....			$3,312.34	$0.00	$3,312.34
				$14,386.86	$0.00	$14,386.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$272.27	$0.00	$272.27
				$272.27	$0.00	$272.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$535.27	$0.00	$535.27
Medical.....	.....			$975.25	$0.00	$975.25
				$1,510.52	$0.00	$1,510.52
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$107.61	$0.00	$107.61
Medical.....	.....			$86.00	$0.00	$86.00
				$193.61	$0.00	$193.61
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

228 - MCV-TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$687.08**	**$0.00**	**$687.08**
Medical				**$1,694.02**	**$0.00**	**$1,694.02**
				$2,381.10	**$0.00**	**$2,381.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$200.00**	**$0.00**	**$200.00**
				$200.00	**$0.00**	**$200.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$414.75**	**$0.00**	**$414.75**
Indemnity				**$11,989.73**	**$0.00**	**$11,989.73**
Medical				**$6,539.88**	**$0.00**	**$6,539.88**
				$18,944.36	**$0.00**	**$18,944.36**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

229 - MCV-PATIENT TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$766.96**	**$0.00**	**$766.96**
Medical				**$0.00**	**$0.00**	**$0.00**
				$766.96	**$0.00**	**$766.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

229 - MCV-PATIENT TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$519.02	$0.00	$519.02
Medical.....	.....			$2,237.60	$0.00	$2,237.60
				$2,819.12	$0.00	$2,819.12
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,907.25	$0.00	$1,907.25
Medical.....	.....			$4,329.64	$0.00	$4,329.64
				$6,236.89	$0.00	$6,236.89
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,223.83	$0.00	$4,223.83
Medical.....	.....			$9,483.40	$0.00	$9,483.40
				$13,707.23	$0.00	$13,707.23
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,387.17	$0.00	$6,387.17
Medical.....	.....			$12,816.33	$0.00	$12,816.33
				$19,203.50	$0.00	$19,203.50
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

229 - MCV-PATIENT TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$110.00	$0.00	$110.00
Indemnity.....	.....			$5,582.88	$0.00	$5,582.88
Medical.....	.....			$39,355.58	$0.00	$39,355.58
				$45,048.46	$0.00	$45,048.46
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,471.33	$0.00	$3,471.33
Medical.....	.....			$8,514.19	$0.00	$8,514.19
				$11,985.52	$0.00	$11,985.52
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$3,397.60	$0.00	$3,397.60
Indemnity.....	.....			$84,228.80	$0.00	$84,228.80
Medical.....	.....			$146,367.72	$0.00	$146,367.72
				$233,994.12	$0.00	$233,994.12
# of Claims	17					
# Open	0	Recovery Amount:	-$2,384.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$910.98	$0.00	$910.98
Medical.....	.....			$4,549.44	$0.00	$4,549.44
				$5,460.42	$0.00	$5,460.42
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

229 - MCV-PATIENT TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,033.29	$0.00	$3,033.29
Medical.....	.....			$14,377.83	$0.00	$14,377.83
				$17,411.12	$0.00	$17,411.12
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,184.41	$0.00	$7,184.41
Medical.....	.....			$24,573.99	$0.00	$24,573.99
				$31,758.40	$0.00	$31,758.40
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$620.69	$0.00	$620.69
Medical.....	.....			$3,032.17	$0.00	$3,032.17
				$3,652.86	$0.00	$3,652.86
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,653.20	$0.00	$2,653.20
Medical.....	.....			$26,916.20	$0.00	$26,916.20
				$29,569.40	$0.00	$29,569.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,570.10	$0.00	$3,570.10
Indemnity.....	.....			$121,489.81	$0.00	$121,489.81
Medical.....	.....			$296,554.09	$0.00	$296,554.09
				$421,614.00	$0.00	$421,614.00
# of Claims	278					
# Open	0	Recovery Amount:	-$2,384.06			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

230 - MCV-MESSENGER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,102.52	$0.00	$1,102.52
Medical.....	.....			$1,465.39	$0.00	$1,465.39
				$2,567.91	$0.00	$2,567.91
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$180.77	$0.00	$180.77
Medical.....	.....			$0.00	$0.00	$0.00
				$180.77	$0.00	$180.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,211.15	$0.00	$5,211.15
Medical.....	.....			$15,882.59	$0.00	$15,882.59
				$21,093.74	$0.00	$21,093.74
# of Claims	4					
# Open	0	Recovery Amount:	-$281.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

230 - MCV-MESSENGER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$427.42	$0.00	$427.42
Medical.....	.....			$1,625.45	$0.00	$1,625.45
				$2,052.87	$0.00	$2,052.87
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$15.00	$0.00	$15.00
Indemnity.....	.....			$3,473.52	$0.00	$3,473.52
Medical.....	.....			$1,319.90	$0.00	$1,319.90
				$4,808.42	$0.00	$4,808.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.76	$0.00	$367.76
				$367.76	$0.00	$367.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

230 - MCV-MESSENGER

Grand Totals

Expense.....	**$15.00**	**$0.00**	**$15.00**
Indemnity.....	**$10,395.38**	**$0.00**	**$10,395.38**
Medical.....	**$20,661.09**	**$0.00**	**$20,661.09**
	$31,071.47	**$0.00**	**$31,071.47**

# of Claims 29

 # Open 0 **Recovery Amount:** -$281.13

231 - MCV-COMMUNICATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$334.50**	**$0.00**	**$334.50**
			$334.50	**$0.00**	**$334.50**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

231 - MCV-COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$142.20	$0.00	$142.20
				$142.20	$0.00	$142.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$476.70	$0.00	$476.70
				$476.70	$0.00	$476.70
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

232 - MCV-HEALTH LINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.65**	**$0.00**	**$7.65**
				$7.65	**$0.00**	**$7.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.65**	**$0.00**	**$7.65**
				$7.65	**$0.00**	**$7.65**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

232 - MCV-HEALTH LINE

233 - MCV-PASTORAL CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.73	$0.00	$62.73
				$62.73	$0.00	$62.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.65	$0.00	$16.65
				$16.65	$0.00	$16.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.38	$0.00	$79.38
				$79.38	$0.00	$79.38

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

233 - MCV-PASTORAL CARE

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

234 - MCV-PHYSICAL PLANT

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$166.00	$0.00	$166.00
		$166.00	$0.00	$166.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$18.40	$0.00	$18.40
		$18.40	$0.00	$18.40

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$329.82	$0.00	$329.82
		$329.82	$0.00	$329.82

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$259.44	$0.00	$259.44
Medical.....	.....	$102.11	$0.00	$102.11
		$361.55	$0.00	$361.55

# of Claims 1

 # Open 0 **Recovery Amount:** -$179.78

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

234 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.00	$0.00	$121.00
				$121.00	$0.00	$121.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,581.05	$0.00	$1,581.05
Medical.....	.....			$1,290.87	$0.00	$1,290.87
				$2,871.92	$0.00	$2,871.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$6,905.00	$0.00	$6,905.00
Indemnity.....	.....			$194,812.37	$0.00	$194,812.37
Medical.....	.....			$112,632.32	$0.00	$112,632.32
				$314,349.69	$0.00	$314,349.69
# of Claims	15					
# Open	0	Recovery Amount:	-$190.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,057.69	$0.00	$1,057.69
Medical.....	.....			$5,920.52	$0.00	$5,920.52
				$6,978.21	$0.00	$6,978.21
# of Claims	10					
# Open	0	Recovery Amount:	-$42.34			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

234 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,241.63**	**$0.00**	**$2,241.63**
Medical				**$3,783.18**	**$0.00**	**$3,783.18**
				$6,024.81	**$0.00**	**$6,024.81**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$394.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$131.88**	**$0.00**	**$131.88**
Medical				**$4,122.53**	**$0.00**	**$4,122.53**
				$4,254.41	**$0.00**	**$4,254.41**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,905.00**	**$0.00**	**$6,905.00**
Indemnity				**$200,084.06**	**$0.00**	**$200,084.06**
Medical				**$128,486.75**	**$0.00**	**$128,486.75**
				$335,475.81	**$0.00**	**$335,475.81**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**-$806.52**			

235 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$140.00**	**$0.00**	**$140.00**
				$140.00	**$0.00**	**$140.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

235 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$341.87**	**$0.00**	**$341.87**
				$341.87	**$0.00**	**$341.87**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$481.87**	**$0.00**	**$481.87**
				$481.87	**$0.00**	**$481.87**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

236 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

236 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.76**	**$0.00**	**$103.76**
				$103.76	**$0.00**	**$103.76**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.76**	**$0.00**	**$103.76**
				$103.76	**$0.00**	**$103.76**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

237 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

237 - MCV-PHYSICAL PLANT

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$122.25**	**$0.00**	**$122.25**
				$122.25	**$0.00**	**$122.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$440.87**	**$0.00**	**$440.87**
		$440.87	**$0.00**	**$440.87**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,140.93**	**$0.00**	**$3,140.93**
Medical		**$4,058.82**	**$0.00**	**$4,058.82**
		$7,199.75	**$0.00**	**$7,199.75**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,531.54**	**$0.00**	**$8,531.54**
Medical		**$4,700.44**	**$0.00**	**$4,700.44**
		$13,231.98	**$0.00**	**$13,231.98**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,657.21**	**$0.00**	**$2,657.21**
		$2,657.21	**$0.00**	**$2,657.21**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

237 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$427.88**	**$0.00**	**$427.88**
				$427.88	**$0.00**	**$427.88**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$458.86**	**$0.00**	**$458.86**
				$458.86	**$0.00**	**$458.86**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,672.47**	**$0.00**	**$11,672.47**
Medical				**$12,866.33**	**$0.00**	**$12,866.33**
				$24,538.80	**$0.00**	**$24,538.80**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

238 - MCV-PREVENTATIVE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

238 - MCV-PREVENTATIVE

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$265.77**	**$0.00**	**$265.77**
Medical			**$10.30**	**$0.00**	**$10.30**
			$276.07	**$0.00**	**$276.07**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$265.77**	**$0.00**	**$265.77**
Medical			**$10.30**	**$0.00**	**$10.30**
			$276.07	**$0.00**	**$276.07**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

23 - MCV-HUMAN RESOURCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.30**	**$0.00**	**$7.30**
				$7.30	**$0.00**	**$7.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

23 - MCV-HUMAN RESOURCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$193.68**	**$0.00**	**$193.68**
Medical				**$620.48**	**$0.00**	**$620.48**
				$814.16	**$0.00**	**$814.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

23 - MCV-HUMAN RESOURCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$387.02**	**$0.00**	**$387.02**
				$387.02	**$0.00**	**$387.02**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$193.68**	**$0.00**	**$193.68**
Medical				**$1,014.80**	**$0.00**	**$1,014.80**
				$1,208.48	**$0.00**	**$1,208.48**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

242 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.00**	**$0.00**	**$21.00**
				$21.00	**$0.00**	**$21.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

242 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.12	$0.00	$399.12
				$399.12	$0.00	$399.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$420.12	$0.00	$420.12
				$420.12	$0.00	$420.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

243 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.10	$0.00	$13.10
				$13.10	$0.00	$13.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

243 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13.10**	**$0.00**	**$13.10**
				$13.10	**$0.00**	**$13.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

244 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$238.62**	**$0.00**	**$238.62**
Medical				**$0.00**	**$0.00**	**$0.00**
				$238.62	**$0.00**	**$238.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

244 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$290.56**	**$0.00**	**$290.56**
Medical				**$7.65**	**$0.00**	**$7.65**
				$298.21	**$0.00**	**$298.21**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$308.98**	**$0.00**	**$308.98**
Medical				**$24.00**	**$0.00**	**$24.00**
				$332.98	**$0.00**	**$332.98**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$193.12**	**$0.00**	**$193.12**
Medical				**$928.29**	**$0.00**	**$928.29**
				$1,121.41	**$0.00**	**$1,121.41**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$816.87**	**$0.00**	**$816.87**
				$816.87	**$0.00**	**$816.87**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

244 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,505.34**	**$0.00**	**$8,505.34**
Medical				**$19,499.39**	**$0.00**	**$19,499.39**
				$28,004.73	**$0.00**	**$28,004.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$7,324.46**	**$0.00**	**$7,324.46**
Indemnity				**$214,459.03**	**$0.00**	**$214,459.03**
Medical				**$118,210.90**	**$0.00**	**$118,210.90**
				$339,994.39	**$0.00**	**$339,994.39**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$7,324.46**	**$0.00**	**$7,324.46**
Indemnity				**$223,995.65**	**$0.00**	**$223,995.65**
Medical				**$139,487.10**	**$0.00**	**$139,487.10**
				$370,807.21	**$0.00**	**$370,807.21**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

245 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

245 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$44.20**	**$0.00**	**$44.20**
				$44.20	**$0.00**	**$44.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,307.06**	**$0.00**	**$2,307.06**
Medical				**$1,253.20**	**$0.00**	**$1,253.20**
				$3,560.26	**$0.00**	**$3,560.26**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$138.67**	**$0.00**	**$138.67**
Medical				**$0.00**	**$0.00**	**$0.00**
				$138.67	**$0.00**	**$138.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,162.52**	**$0.00**	**$1,162.52**
				$1,162.52	**$0.00**	**$1,162.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

245 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$200.10	$0.00	$200.10
Medical.....	.....			$102.00	$0.00	$102.00
				$302.10	$0.00	$302.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$3.00	$0.00	$3.00
Indemnity.....	.....			$17,285.10	$0.00	$17,285.10
Medical.....	.....			$5,536.39	$0.00	$5,536.39
				$22,824.49	$0.00	$22,824.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3.00	$0.00	$3.00
Indemnity.....	.....			$19,930.93	$0.00	$19,930.93
Medical.....	.....			$8,098.31	$0.00	$8,098.31
				$28,032.24	$0.00	$28,032.24
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

247 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

247 - MCV-PHYSICAL PLANT

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

248 - MCV-PHYSICAL PLANT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

251 - MCV-FIRE/SAFETY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$193.10**	**$0.00**	**$193.10**
			$193.10	**$0.00**	**$193.10**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$193.10**	**$0.00**	**$193.10**
			$193.10	**$0.00**	**$193.10**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

252 - MCV-PHYSICAL PLANT

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

252 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$68.58	$0.00	$68.58
Medical.....	.....			$1,275.64	$0.00	$1,275.64
				$1,344.22	$0.00	$1,344.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$145.85	$0.00	$145.85
Medical.....	.....			$637.11	$0.00	$637.11
				$782.96	$0.00	$782.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,408.51	$0.00	$1,408.51
Medical.....	.....			$1,432.58	$0.00	$1,432.58
				$2,841.09	$0.00	$2,841.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.96	$0.00	$76.96
				$76.96	$0.00	$76.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

252 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$506.70	$0.00	$506.70
				$506.70	$0.00	$506.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$238.56	$0.00	$238.56
Medical.....	.....			$341.54	$0.00	$341.54
				$580.10	$0.00	$580.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$648.75	$0.00	$648.75
Medical.....	.....			$2,642.46	$0.00	$2,642.46
				$3,291.21	$0.00	$3,291.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,510.25	$0.00	$2,510.25
Medical.....	.....			$6,912.99	$0.00	$6,912.99
				$9,423.24	$0.00	$9,423.24
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

253 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

253 - MCV-PHYSICAL PLANT

WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

254 - MCV-POWER PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$217.00**	**$0.00**	**$217.00**
				$217.00	**$0.00**	**$217.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

254 - MCV-POWER PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.45	$0.00	$378.45
				$378.45	$0.00	$378.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$603.10	$0.00	$603.10
				$603.10	$0.00	$603.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

256 - MCV-POWER PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

256 - MCV-POWER PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

260 - MCV-PHYSICAL PLANT-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17.50	$0.00	$17.50
				$17.50	$0.00	$17.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17.50	$0.00	$17.50
				$17.50	$0.00	$17.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

261 - MCV-PHYSICAL PLANT-NE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

261 - MCV-PHYSICAL PLANT-NE

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

262 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

262 - MCV-PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

264 - MCV-PHYSICAL PLANT-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

264 - MCV-PHYSICAL PLANT-NE

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

265 - MCV-PHYSICAL PLANT-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

267 - MCV-PHYSICAL PLANT-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$338.89**	**$0.00**	**$338.89**
				$338.89	**$0.00**	**$338.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$317.79**	**$0.00**	**$317.79**
				$317.79	**$0.00**	**$317.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

267 - MCV-PHYSICAL PLANT-NE

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$656.68**	**$0.00**	**$656.68**
			$656.68	**$0.00**	**$656.68**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

268 - MCV-MED STAFF

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15.00**	**$0.00**	**$15.00**
				$15.00	**$0.00**	**$15.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$21.98**	**$0.00**	**$21.98**
Medical				**$17.15**	**$0.00**	**$17.15**
				$39.13	**$0.00**	**$39.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

268 - MCV-MED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21.98	$0.00	$21.98
Medical.....	.....			$32.15	$0.00	$32.15
				$54.13	$0.00	$54.13
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

269 - MCV-EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

269 - MCV-EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.00	$0.00	$253.00
				$253.00	$0.00	$253.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.76	$0.00	$472.76
				$472.76	$0.00	$472.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.70	$0.00	$44.70
				$44.70	$0.00	$44.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

269 - MCV-EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$530.41	$0.00	$530.41
Medical.....	.....			$675.04	$0.00	$675.04
				$1,205.45	$0.00	$1,205.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$367.48	$0.00	$367.48
Medical.....	.....			$166.80	$0.00	$166.80
				$534.28	$0.00	$534.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$897.89	$0.00	$897.89
Medical.....	.....			$1,612.30	$0.00	$1,612.30
				$2,510.19	$0.00	$2,510.19
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

270 - MCV-ANESTHESIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

270 - MCV-ANESTHESIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$585.53**	**$0.00**	**$585.53**
Medical				**$295.95**	**$0.00**	**$295.95**
				$881.48	**$0.00**	**$881.48**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$212.74**	**$0.00**	**$212.74**
				$212.74	**$0.00**	**$212.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$320.15**	**$0.00**	**$320.15**
Medical				**$19.85**	**$0.00**	**$19.85**
				$340.00	**$0.00**	**$340.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

270 - MCV-ANESTHESIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$83.17	$0.00	$83.17
Medical.....	.....			$336.76	$0.00	$336.76
				$419.93	$0.00	$419.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,399.16	$0.00	$3,399.16
				$3,399.16	$0.00	$3,399.16
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$727.92	$0.00	$727.92
				$727.92	$0.00	$727.92
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

270 - MCV-ANESTHESIOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$540.92	$0.00	$540.92
				$540.92	$0.00	$540.92
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$988.85	$0.00	$988.85
Medical.....	.....			$5,533.30	$0.00	$5,533.30
				$6,522.15	$0.00	$6,522.15
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

272 - MCV-QUALITY ASS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

272 - MCV-QUALITY ASS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$438.37**	**$0.00**	**$438.37**
		$438.37	**$0.00**	**$438.37**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

272 - MCV-QUALITY ASS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$438.37	$0.00	$438.37
				$438.37	$0.00	$438.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

273 - MCV-CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

273 - MCV-CLINICAL RESEARCH

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$356.75**	**$0.00**	**$356.75**
				$356.75	**$0.00**	**$356.75**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$37.50**	**$0.00**	**$37.50**
				$37.50	**$0.00**	**$37.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

273 - MCV-CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

273 - MCV-CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$394.25**	**$0.00**	**$394.25**
				$394.25	**$0.00**	**$394.25**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

274 - MCV-OB/GYN ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

274 - MCV-OB/GYN ADMIN

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

275 - MCV-OB/GYN ANTE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$53.47	$0.00	$53.47
Medical.....	.....	$451.00	$0.00	$451.00
		$504.47	$0.00	$504.47

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

275 - MCV-OB/GYN ANTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$233.54	$0.00	$233.54
Medical.....	.....			$293.18	$0.00	$293.18
				$526.72	$0.00	$526.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$287.01	$0.00	$287.01
Medical.....	.....			$744.18	$0.00	$744.18
				$1,031.19	$0.00	$1,031.19
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

276 - MCV-OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

277 - MCV-IN-VETRO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.35	$0.00	$147.35
				$147.35	$0.00	$147.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

277 - MCV-IN-VETRO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.35	$0.00	$147.35
				$147.35	$0.00	$147.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

278 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.00	$0.00	$120.00
				$120.00	$0.00	$120.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$327.20	$0.00	$327.20
Medical.....	.....			$2,730.15	$0.00	$2,730.15
				$3,440.85	$0.00	$3,440.85
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

278 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$852.93	$0.00	$852.93
				$852.93	$0.00	$852.93
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,572.46	$0.00	$5,572.46
				$5,572.46	$0.00	$5,572.46
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,371.29	$0.00	$2,371.29
				$2,371.29	$0.00	$2,371.29
# of Claims	119					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,355.20	$0.00	$3,355.20
				$3,355.20	$0.00	$3,355.20
# of Claims	93					
# Open	0	Recovery Amount:	-$145.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

278 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,519.50	$0.00	$4,519.50
				$4,519.50	$0.00	$4,519.50
# of Claims	106					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,209.95	$0.00	$13,209.95
				$13,209.95	$0.00	$13,209.95
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$282.05	$0.00	$282.05
Medical.....	.....			$2,915.16	$0.00	$2,915.16
				$3,197.21	$0.00	$3,197.21
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,474.10	$0.00	$1,474.10
				$1,474.10	$0.00	$1,474.10
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

278 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,571.77	$0.00	$3,571.77
				$3,571.77	$0.00	$3,571.77
# of Claims	83					
# Open	0	Recovery Amount:	-$65.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,877.51	$0.00	$2,877.51
				$2,877.51	$0.00	$2,877.51
# of Claims	95					
# Open	0	Recovery Amount:	-$90.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,589.55	$0.00	$24,589.55
				$24,589.55	$0.00	$24,589.55
# of Claims	128					
# Open	0	Recovery Amount:	-$90.50			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$609.25	$0.00	$609.25
Medical.....	.....			$68,159.57	$0.00	$68,159.57
				$69,152.32	$0.00	$69,152.32
# of Claims	1,133					
# Open	0	Recovery Amount:	-$391.15			

279 - MCV-FACULTY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

279 - MCV-FACULTY

WC1996	**7/1/1995 - 6/30/1996**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

280 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$40,000.00**	**$0.00**	**$40,000.00**
Medical				**$1,094.00**	**$0.00**	**$1,094.00**
				$41,094.00	**$0.00**	**$41,094.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

280 - MCV-HOUSESTAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals

Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$40,000.00	$0.00	$40,000.00
Medical.....	.....			$1,094.00	$0.00	$1,094.00
				$41,094.00	$0.00	$41,094.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

281 - MCV-MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$184.92	$0.00	$184.92
Medical.....	.....			$12,594.04	$0.00	$12,594.04
				$12,778.96	$0.00	$12,778.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,829.69	$0.00	$3,829.69
Medical.....	.....			$13,174.93	$0.00	$13,174.93
				$17,004.62	$0.00	$17,004.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals

Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,014.61	$0.00	$4,014.61
Medical.....	.....			$25,768.97	$0.00	$25,768.97
				$29,783.58	$0.00	$29,783.58

206 - VCU Health Systems

281 - MCV-MEDICINE

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

282 - MCV-EPIDEMIOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$32,703.90**	**$0.00**	**$32,703.90**
Medical		**$12,541.39**	**$0.00**	**$12,541.39**
		$45,245.29	**$0.00**	**$45,245.29**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$144.00**	**$0.00**	**$144.00**
		$144.00	**$0.00**	**$144.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$32,703.90**	**$0.00**	**$32,703.90**
Medical	**$12,685.39**	**$0.00**	**$12,685.39**
	$45,389.29	**$0.00**	**$45,389.29**
# of Claims	**8**		
# Open	**0**	**Recovery Amount:**	**$0.00**

283 - MCV-ADULT CATH LAB

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

283 - MCV-ADULT CATH LAB

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$592.00**	**$0.00**	**$592.00**
		$592.00	**$0.00**	**$592.00**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,090.44**	**$0.00**	**$3,090.44**
Medical		**$1,942.58**	**$0.00**	**$1,942.58**
		$5,033.02	**$0.00**	**$5,033.02**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$918.57**	**$0.00**	**$918.57**
Medical		**$531.81**	**$0.00**	**$531.81**
		$1,450.38	**$0.00**	**$1,450.38**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

283 - MCV-ADULT CATH LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,811.41	$0.00	$7,811.41
Medical.....	.....			$5,017.14	$0.00	$5,017.14
				$12,828.55	$0.00	$12,828.55
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.00	$0.00	$189.00
				$189.00	$0.00	$189.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$477.04	$0.00	$477.04
Indemnity.....	.....			$16,564.00	$0.00	$16,564.00
Medical.....	.....			$54,019.77	$0.00	$54,019.77
				$71,060.81	$0.00	$71,060.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$328.10	$0.00	$328.10
Medical.....	.....			$549.30	$0.00	$549.30
				$877.40	$0.00	$877.40
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

283 - MCV-ADULT CATH LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$574.26	$0.00	$574.26
				$574.26	$0.00	$574.26
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$323.55	$0.00	$323.55
Medical.....	.....			$1,998.22	$0.00	$1,998.22
				$2,321.77	$0.00	$2,321.77
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.34	$0.00	$463.34
				$463.34	$0.00	$463.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$477.04	$0.00	$477.04
Indemnity.....	.....			$29,036.07	$0.00	$29,036.07
Medical.....	.....			$65,877.42	$0.00	$65,877.42
				$95,390.53	$0.00	$95,390.53
# of Claims	89					
# Open	0	Recovery Amount:	$0.00			

284 - MCV-ELECTROPHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

284 - MCV-ELECTROPHYSIOLOGY

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$47.28**	**$0.00**	**$47.28**
Medical				**$100.65**	**$0.00**	**$100.65**
				$147.93	**$0.00**	**$147.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$54.00**	**$0.00**	**$54.00**
		$54.00	**$0.00**	**$54.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$137.23**	**$0.00**	**$137.23**
		$137.23	**$0.00**	**$137.23**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

284 - MCV-ELECTROPHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$401.19	$0.00	$401.19
				$401.19	$0.00	$401.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.86	$0.00	$235.86
				$235.86	$0.00	$235.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$47.28	$0.00	$47.28
Medical.....	.....			$928.93	$0.00	$928.93
				$976.21	$0.00	$976.21
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

285 - MCV-ENDOSCOPYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

285 - MCV-ENDOSCOPYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4.70	$0.00	$4.70
				$4.70	$0.00	$4.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.16	$0.00	$116.16
				$116.16	$0.00	$116.16
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.86	$0.00	$120.86
				$120.86	$0.00	$120.86
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

286 - MCV-AUDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

286 - MCV-AUDIOLOGY

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$115.36**	**$0.00**	**$115.36**
Medical		**$407.95**	**$0.00**	**$407.95**
		$523.31	**$0.00**	**$523.31**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

286 - MCV-AUDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$119.31**	**$0.00**	**$119.31**
				$119.31	**$0.00**	**$119.31**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$115.36**	**$0.00**	**$115.36**
Medical				**$527.26**	**$0.00**	**$527.26**
				$642.62	**$0.00**	**$642.62**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

287 - MCV-SPEECH PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

287 - MCV-SPEECH PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.74	$0.00	$39.74
				$39.74	$0.00	$39.74
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.74	$0.00	$39.74
				$39.74	$0.00	$39.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

288 - MCV-SUBSTANCE ABUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$884.90**	**$0.00**	**$884.90**
				$884.90	**$0.00**	**$884.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$219.26**	**$0.00**	**$219.26**
				$219.26	**$0.00**	**$219.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,104.16**	**$0.00**	**$1,104.16**
				$1,104.16	**$0.00**	**$1,104.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

290 - MCV-NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

290 - MCV-NEUROLOGY

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

292 - MCV-CANCER REHAB

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$109.65**	**$0.00**	**$109.65**
		$109.65	**$0.00**	**$109.65**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$109.65**	**$0.00**	**$109.65**
	$109.65	**$0.00**	**$109.65**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

293 - MCV-REHAB MED A

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

293 - MCV-REHAB MED A

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

295 - MCV-PEDS CATH LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$430.77**	**$0.00**	**$430.77**
Medical				**$643.75**	**$0.00**	**$643.75**
				$1,074.52	**$0.00**	**$1,074.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$430.77**	**$0.00**	**$430.77**
Medical			**$643.75**	**$0.00**	**$643.75**
			$1,074.52	**$0.00**	**$1,074.52**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

295 - MCV-PEDS CATH LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$430.77**	**$0.00**	**$430.77**
Medical				**$643.75**	**$0.00**	**$643.75**
				$1,074.52	**$0.00**	**$1,074.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$430.77**	**$0.00**	**$430.77**
Medical				**$643.75**	**$0.00**	**$643.75**
				$1,074.52	**$0.00**	**$1,074.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

296 - MCV-PSYCH ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$340.45**	**$0.00**	**$340.45**
				$340.45	**$0.00**	**$340.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

296 - MCV-PSYCH ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$154.00**	**$0.00**	**$154.00**
				$154.00	**$0.00**	**$154.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$294.60**	**$0.00**	**$294.60**
				$294.60	**$0.00**	**$294.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$789.05**	**$0.00**	**$789.05**
				$789.05	**$0.00**	**$789.05**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

298 - MCV-PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

299 - MCV-SLEEP LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

299 - MCV-SLEEP LAB

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$75.99**	**$0.00**	**$75.99**
Medical				**$898.00**	**$0.00**	**$898.00**
				$973.99	**$0.00**	**$973.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$414.83**	**$0.00**	**$414.83**
Medical				**$0.00**	**$0.00**	**$0.00**
				$414.83	**$0.00**	**$414.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$490.82**	**$0.00**	**$490.82**
Medical			**$898.00**	**$0.00**	**$898.00**
			$1,388.82	**$0.00**	**$1,388.82**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

302 - MCV-SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

302 - MCV-SURGERY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,316.15**	**$0.00**	**$1,316.15**
				$1,316.15	**$0.00**	**$1,316.15**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$864.75**	**$0.00**	**$864.75**
				$864.75	**$0.00**	**$864.75**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,450.17**	**$0.00**	**$1,450.17**
Medical				**$1,791.00**	**$0.00**	**$1,791.00**
				$3,241.17	**$0.00**	**$3,241.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

302 - MCV-SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,937.15	$0.00	$4,937.15
Medical.....	.....			$17,839.73	$0.00	$17,839.73
				$22,776.88	$0.00	$22,776.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$806.14	$0.00	$806.14
Medical.....	.....			$1,646.80	$0.00	$1,646.80
				$2,452.94	$0.00	$2,452.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

302 - MCV-SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,193.46	$0.00	$7,193.46
Medical.....	.....			$23,458.43	$0.00	$23,458.43
				$30,651.89	$0.00	$30,651.89
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

303 - MCV-CAST ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

303 - MCV-CAST ROOM

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

305 - MCV-SURGERY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$252.25	$0.00	$252.25
			$252.25	$0.00	$252.25
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$252.25	$0.00	$252.25
			$252.25	$0.00	$252.25
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

306 - MCV-SURGERY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$236.00	$0.00	$236.00
			$236.00	$0.00	$236.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

306 - MCV-SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.00	$0.00	$236.00
				$236.00	$0.00	$236.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

307 - MCV-DIR NRS/PT CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

307 - MCV-DIR NRS/PT CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.10	$0.00	$7.10
				$7.10	$0.00	$7.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

307 - MCV-DIR NRS/PT CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$742.58	$0.00	$742.58
				$742.58	$0.00	$742.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$749.68	$0.00	$749.68
				$749.68	$0.00	$749.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

308 - MCV-NURSING-TIM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,529.75	$0.00	$1,529.75
				$1,529.75	$0.00	$1,529.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,529.75	$0.00	$1,529.75
				$1,529.75	$0.00	$1,529.75

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

308 - MCV-NURSING-TIM

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

310 - MCV-NURSING-MED

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$15,565.31	$0.00	$15,565.31
Medical.....	.....	$13,412.97	$0.00	$13,412.97
		$28,978.28	$0.00	$28,978.28

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$198.74	$0.00	$198.74
Medical.....	.....	$731.50	$0.00	$731.50
		$930.24	$0.00	$930.24

# of Claims 10

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$15,764.05	$0.00	$15,764.05

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

310 - MCV-NURSING-MED

Medical			**$14,144.47**	**$0.00**	**$14,144.47**
			$29,908.52	**$0.00**	**$29,908.52**
# of Claims	**29**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

311 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

312 - MCV-NURSING-OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$309.94**	**$0.00**	**$309.94**
				$309.94	**$0.00**	**$309.94**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

312 - MCV-NURSING-OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.65	$0.00	$31.65
				$31.65	$0.00	$31.65
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

312 - MCV-NURSING-OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,251.40	$0.00	$1,251.40
Medical.....	.....			$2,658.25	$0.00	$2,658.25
				$3,909.65	$0.00	$3,909.65
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$595.67	$0.00	$595.67
Medical.....	.....			$2,719.29	$0.00	$2,719.29
				$3,314.96	$0.00	$3,314.96
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$41.81	$0.00	$41.81
Medical.....	.....			$0.00	$0.00	$0.00
				$41.81	$0.00	$41.81
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.00	$0.00	$274.00
				$274.00	$0.00	$274.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,888.88	$0.00	$1,888.88
Medical.....	.....			$6,068.13	$0.00	$6,068.13
				$7,957.01	$0.00	$7,957.01
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

313 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$303.40	$0.00	$303.40
Medical.....	.....			$414.45	$0.00	$414.45
				$717.85	$0.00	$717.85
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$494.35	$0.00	$494.35
				$494.35	$0.00	$494.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$190.75	$0.00	$190.75
				$190.75	$0.00	$190.75
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

313 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.20	$0.00	$104.20
				$104.20	$0.00	$104.20
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.84	$0.00	$347.84
				$347.84	$0.00	$347.84
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.32	$0.00	$385.32
				$385.32	$0.00	$385.32
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$841.52	$0.00	$841.52
				$841.52	$0.00	$841.52
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

313 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$148.32	$0.00	$148.32
Medical.....	.....			$0.00	$0.00	$0.00
				$148.32	$0.00	$148.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.89	$0.00	$442.89
				$442.89	$0.00	$442.89
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$445.08	$0.00	$445.08
Medical.....	.....			$2,688.01	$0.00	$2,688.01
				$3,133.09	$0.00	$3,133.09
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$896.80	$0.00	$896.80
Medical.....	.....			$5,909.33	$0.00	$5,909.33
				$6,806.13	$0.00	$6,806.13
# of Claims	108					
# Open	0	Recovery Amount:	$0.00			

314 - MCV-NURSING-IUC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

314 - MCV-NURSING-IUC

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$308.50**	**$0.00**	**$308.50**
				$308.50	**$0.00**	**$308.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,213.41**	**$0.00**	**$1,213.41**
				$1,213.41	**$0.00**	**$1,213.41**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,521.91**	**$0.00**	**$1,521.91**
			$1,521.91	**$0.00**	**$1,521.91**
# of Claims	**16**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

315 - MCV-NURSING-PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

315 - MCV-NURSING-PSY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,770.26**	**$0.00**	**$2,770.26**
Medical		**$692.90**	**$0.00**	**$692.90**
		$3,463.16	**$0.00**	**$3,463.16**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,672.00**	**$0.00**	**$1,672.00**
Medical		**$926.45**	**$0.00**	**$926.45**
		$2,598.45	**$0.00**	**$2,598.45**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,442.26**	**$0.00**	**$4,442.26**
Medical		**$1,619.35**	**$0.00**	**$1,619.35**
		$6,061.61	**$0.00**	**$6,061.61**
# of Claims	**28**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

316 - MCV-NURSING-REC

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

316 - MCV-NURSING-REC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$308.00	$0.00	$308.00
				$308.00	$0.00	$308.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$308.00	$0.00	$308.00
				$308.00	$0.00	$308.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

317 - MCV-NURSING-CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

317 - MCV-NURSING-CEN

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$147.50**	**$0.00**	**$147.50**
			$147.50	**$0.00**	**$147.50**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$238.33**	**$0.00**	**$238.33**
Medical		**$2,030.06**	**$0.00**	**$2,030.06**
		$2,268.39	**$0.00**	**$2,268.39**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$238.33**	**$0.00**	**$238.33**
Medical		**$2,177.56**	**$0.00**	**$2,177.56**
		$2,415.89	**$0.00**	**$2,415.89**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

318 - MCV-NURSING-HIS

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

318 - MCV-NURSING-HIS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,947.83**	**$0.00**	**$5,947.83**
Medical				**$12,971.94**	**$0.00**	**$12,971.94**
				$18,919.77	**$0.00**	**$18,919.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,947.83**	**$0.00**	**$5,947.83**
Medical				**$12,971.94**	**$0.00**	**$12,971.94**
				$18,919.77	**$0.00**	**$18,919.77**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

319 - MCV-NURSING-CHILD CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

319 - MCV-NURSING-CHILD CARE

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,841.99**	**$0.00**	**$1,841.99**
Medical				**$3,524.13**	**$0.00**	**$3,524.13**
				$5,366.12	**$0.00**	**$5,366.12**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$793.50**	**$0.00**	**$793.50**
Medical		**$3,727.37**	**$0.00**	**$3,727.37**
		$4,520.87	**$0.00**	**$4,520.87**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,443.94**	**$0.00**	**$3,443.94**
Medical		**$5,524.80**	**$0.00**	**$5,524.80**
		$8,968.74	**$0.00**	**$8,968.74**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$313.09**	**$0.00**	**$313.09**
Medical		**$3,192.91**	**$0.00**	**$3,192.91**
		$3,506.00	**$0.00**	**$3,506.00**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$442.21**	**$0.00**	**$442.21**
Medical		**$4,729.12**	**$0.00**	**$4,729.12**
		$5,171.33	**$0.00**	**$5,171.33**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

319 - MCV-NURSING-CHILD CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$2,598.82	$0.00	$2,598.82
Indemnity.....	.....			$2,633.83	$0.00	$2,633.83
Medical.....	.....			$40,269.58	$0.00	$40,269.58
				$45,502.23	$0.00	$45,502.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$508.93	$0.00	$508.93
Medical.....	.....			$2,503.47	$0.00	$2,503.47
				$3,012.40	$0.00	$3,012.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$50,121.56	$0.00	$50,121.56
Medical.....	.....			$57,153.84	$0.00	$57,153.84
				$107,275.40	$0.00	$107,275.40
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$341.89	$0.00	$341.89
Medical.....	.....			$3,150.46	$0.00	$3,150.46
				$3,492.35	$0.00	$3,492.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

319 - MCV-NURSING-CHILD CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,086.60	$0.00	$7,086.60
Medical.....	.....			$72,521.20	$0.00	$72,521.20
				$79,607.80	$0.00	$79,607.80
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,028.85	$0.00	$1,028.85
Medical.....	.....			$4,312.72	$0.00	$4,312.72
				$5,341.57	$0.00	$5,341.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$385.12	$0.00	$385.12
Medical.....	.....			$1,578.55	$0.00	$1,578.55
				$1,963.67	$0.00	$1,963.67
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,598.82	$0.00	$2,598.82
Indemnity.....	.....			$68,941.51	$0.00	$68,941.51
Medical.....	.....			$202,188.15	$0.00	$202,188.15
				$273,728.48	$0.00	$273,728.48
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

320 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

320 - MCV-NURSING-PEDS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.55**	**$0.00**	**$5.55**
				$5.55	**$0.00**	**$5.55**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$383.63**	**$0.00**	**$383.63**
Medical		**$340.30**	**$0.00**	**$340.30**
		$723.93	**$0.00**	**$723.93**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,033.15**	**$0.00**	**$1,033.15**
		$1,033.15	**$0.00**	**$1,033.15**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$128.75**	**$0.00**	**$128.75**
		$128.75	**$0.00**	**$128.75**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

320 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$383.63**	**$0.00**	**$383.63**
Medical				**$1,507.75**	**$0.00**	**$1,507.75**
				$1,891.38	**$0.00**	**$1,891.38**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

321 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

321 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.00	$0.00	$421.00
				$421.00	$0.00	$421.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,453.15	$0.00	$1,453.15
				$1,453.15	$0.00	$1,453.15
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,874.15	$0.00	$1,874.15
				$1,874.15	$0.00	$1,874.15
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

322 - MCV-NURSING-AMB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$515.98	$0.00	$515.98
				$515.98	$0.00	$515.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$515.98	$0.00	$515.98
				$515.98	$0.00	$515.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

323 - MCV-NURSING MEDS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

206 - VCU Health Systems

323 - MCV-NURSING MEDS

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$4,445.58**	**$0.00**	**$4,445.58**
Medical			**$3,045.85**	**$0.00**	**$3,045.85**
			$7,491.43	**$0.00**	**$7,491.43**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$4,445.58**	**$0.00**	**$4,445.58**
Medical			**$3,045.85**	**$0.00**	**$3,045.85**
			$7,491.43	**$0.00**	**$7,491.43**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

324 - MCV-NURS-NURSERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

324 - MCV-NURS-NURSERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.00	$0.00	$16.00
				$16.00	$0.00	$16.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$994.50	$0.00	$994.50
				$994.50	$0.00	$994.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

324 - MCV-NURS-NURSERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,153.42**	**$0.00**	**$1,153.42**
Medical				**$1,318.71**	**$0.00**	**$1,318.71**
				$2,472.13	**$0.00**	**$2,472.13**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,153.42**	**$0.00**	**$1,153.42**
Medical				**$2,329.21**	**$0.00**	**$2,329.21**
				$3,482.63	**$0.00**	**$3,482.63**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

325 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

325 - MCV-NURSING-NUR

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$85.00**	**$0.00**	**$85.00**
				$85.00	**$0.00**	**$85.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$117.43**	**$0.00**	**$117.43**
				$117.43	**$0.00**	**$117.43**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$165.48**	**$0.00**	**$165.48**
				$165.48	**$0.00**	**$165.48**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

325 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$59.88	$0.00	$59.88
Medical.....	.....			$0.00	$0.00	$0.00
				$59.88	$0.00	$59.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,208.00	$0.00	$1,208.00
				$1,208.00	$0.00	$1,208.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$64.96	$0.00	$64.96
Medical.....	.....			$3,713.16	$0.00	$3,713.16
				$3,778.12	$0.00	$3,778.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$124.84	$0.00	$124.84
Medical.....	.....			$5,289.07	$0.00	$5,289.07
				$5,413.91	$0.00	$5,413.91
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

326 - MCV-NURSING-PAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$98.00	$0.00	$98.00
				$98.00	$0.00	$98.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$864.09	$0.00	$864.09
Medical.....	.....			$1,043.30	$0.00	$1,043.30
				$1,907.39	$0.00	$1,907.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

326 - MCV-NURSING-PAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30.72	$0.00	$30.72
Medical.....	.....			$0.00	$0.00	$0.00
				$30.72	$0.00	$30.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$894.81	$0.00	$894.81
Medical.....	.....			$1,141.30	$0.00	$1,141.30
				$2,036.11	$0.00	$2,036.11
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

328 - MCV-OB/GYN ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.10	$0.00	$39.10
				$39.10	$0.00	$39.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.10	$0.00	$39.10
				$39.10	$0.00	$39.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

329 - MCV-NURSING-EME

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

329 - MCV-NURSING-EME

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$482.15**	**$0.00**	**$482.15**
				$482.15	**$0.00**	**$482.15**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$62.00**	**$0.00**	**$62.00**
Medical		**$361.53**	**$0.00**	**$361.53**
		$423.53	**$0.00**	**$423.53**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

329 - MCV-NURSING-EME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$603.91	$0.00	$603.91
Medical.....	.....			$908.16	$0.00	$908.16
				$1,512.07	$0.00	$1,512.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$487.71	$0.00	$487.71
				$487.71	$0.00	$487.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$895.00	$0.00	$895.00
				$895.00	$0.00	$895.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$18,119.77	$0.00	$18,119.77
Indemnity.....	.....			$118,134.93	$0.00	$118,134.93
Medical.....	.....			$1,173,744.69	$0.00	$1,173,744.69
				$1,309,999.39	$0.00	$1,309,999.39
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

329 - MCV-NURSING-EME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,378.03	$0.00	$1,378.03
Medical.....	.....			$1,937.00	$0.00	$1,937.00
				$3,315.03	$0.00	$3,315.03
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.74	$0.00	$22.74
				$22.74	$0.00	$22.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18,119.77	$0.00	$18,119.77
Indemnity.....	.....			$120,178.87	$0.00	$120,178.87
Medical.....	.....			$1,178,838.98	$0.00	$1,178,838.98
				$1,317,137.62	$0.00	$1,317,137.62
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

330 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

330 - MCV-NURSING-OB

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$145.00**	**$0.00**	**$145.00**
				$145.00	**$0.00**	**$145.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.00**	**$0.00**	**$253.00**
				$253.00	**$0.00**	**$253.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,223.90**	**$0.00**	**$1,223.90**
Medical				**$216.00**	**$0.00**	**$216.00**
				$1,439.90	**$0.00**	**$1,439.90**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$42,459.01**	**$0.00**	**$42,459.01**
Medical				**$28,307.29**	**$0.00**	**$28,307.29**
				$70,766.30	**$0.00**	**$70,766.30**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

330 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$277.34	$0.00	$277.34
Medical.....	.....			$1,306.22	$0.00	$1,306.22
				$1,583.56	$0.00	$1,583.56
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.60	$0.00	$213.60
				$213.60	$0.00	$213.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$778.82	$0.00	$778.82
				$778.82	$0.00	$778.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.32	$0.00	$202.32
				$202.32	$0.00	$202.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

330 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$497.10**	**$0.00**	**$497.10**
Medical				**$742.20**	**$0.00**	**$742.20**
				$1,239.30	**$0.00**	**$1,239.30**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$44,457.35**	**$0.00**	**$44,457.35**
Medical				**$32,164.45**	**$0.00**	**$32,164.45**
				$76,621.80	**$0.00**	**$76,621.80**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

331 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

331 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.10	$0.00	$245.10
				$245.10	$0.00	$245.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.10	$0.00	$245.10
				$245.10	$0.00	$245.10
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

332 - MCV-NURSING-OB

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

332 - MCV-NURSING-OB

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,747.48**	**$0.00**	**$2,747.48**
Medical				**$12,476.26**	**$0.00**	**$12,476.26**
				$15,223.74	**$0.00**	**$15,223.74**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$680.59**	**$0.00**	**$680.59**
Medical		**$390.40**	**$0.00**	**$390.40**
		$1,070.99	**$0.00**	**$1,070.99**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$38.05**	**$0.00**	**$38.05**
		$38.05	**$0.00**	**$38.05**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$9,896.25**	**$0.00**	**$9,896.25**
Medical		**$9,635.55**	**$0.00**	**$9,635.55**
		$19,531.80	**$0.00**	**$19,531.80**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**-$350.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,341.34**	**$0.00**	**$2,341.34**
Medical		**$1,396.54**	**$0.00**	**$1,396.54**
		$3,737.88	**$0.00**	**$3,737.88**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

332 - MCV-NURSING-OB

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$15,665.66**	**$0.00**	**$15,665.66**
Medical			**$23,936.80**	**$0.00**	**$23,936.80**
			$39,602.46	**$0.00**	**$39,602.46**
# of Claims	**42**				
# Open	**0**	**Recovery Amount:**	**-$350.00**		

333 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$275.39**	**$0.00**	**$275.39**
				$275.39	**$0.00**	**$275.39**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$444.95**	**$0.00**	**$444.95**
Medical				**$256.05**	**$0.00**	**$256.05**
				$701.00	**$0.00**	**$701.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.30**	**$0.00**	**$7.30**
				$7.30	**$0.00**	**$7.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

333 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,182.06	$0.00	$1,182.06
Medical.....	.....			$2,222.92	$0.00	$2,222.92
				$3,404.98	$0.00	$3,404.98
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,652.84	$0.00	$5,652.84
Medical.....	.....			$11,091.46	$0.00	$11,091.46
				$16,744.30	$0.00	$16,744.30
# of Claims	4					
# Open	0	Recovery Amount:	-$1,133.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$354.99	$0.00	$354.99
Medical.....	.....			$287.28	$0.00	$287.28
				$642.27	$0.00	$642.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$70.16	$0.00	$70.16
Medical.....	.....			$1,009.97	$0.00	$1,009.97
				$1,080.13	$0.00	$1,080.13
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

333 - MCV-NURSING-OB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,352.33**	**$0.00**	**$2,352.33**
Medical				**$2,653.51**	**$0.00**	**$2,653.51**
				$5,005.84	**$0.00**	**$5,005.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,995.00**	**$0.00**	**$4,995.00**
Medical				**$13,383.97**	**$0.00**	**$13,383.97**
				$18,378.97	**$0.00**	**$18,378.97**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$166.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,008.74**	**$0.00**	**$2,008.74**
				$2,008.74	**$0.00**	**$2,008.74**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,052.33**	**$0.00**	**$15,052.33**
Medical				**$33,196.59**	**$0.00**	**$33,196.59**
				$48,248.92	**$0.00**	**$48,248.92**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**-$1,299.36**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

334 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5.65	$0.00	$5.65
				$5.65	$0.00	$5.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$49.00	$0.00	$49.00
				$49.00	$0.00	$49.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.10	$0.00	$170.10
				$170.10	$0.00	$170.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

334 - MCV-NURSING-NUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.75	$0.00	$224.75
				$224.75	$0.00	$224.75
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

335 - MCV-NNURSING SUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

335 - MCV-NNURSING SUR

 # Open **0** **Recovery Amount:** **$0.00**

336 - MCV-NURSING-LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$4,133.80	$0.00	$4,133.80
Medical.....	.....			$6,666.10	$0.00	$6,666.10
				$11,629.40	$0.00	$11,629.40
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$401.75	$0.00	$401.75
				$401.75	$0.00	$401.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

336 - MCV-NURSING-LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$482.40	$0.00	$482.40
				$482.40	$0.00	$482.40
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,610.50	$0.00	$2,610.50
Medical.....	.....			$2,138.72	$0.00	$2,138.72
				$4,749.22	$0.00	$4,749.22
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,325.64	$0.00	$1,325.64
				$1,325.64	$0.00	$1,325.64
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.92	$0.00	$304.92
				$304.92	$0.00	$304.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

336 - MCV-NURSING-LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$99.00	$0.00	$99.00
				$99.00	$0.00	$99.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$935.89	$0.00	$935.89
				$935.89	$0.00	$935.89
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$16,657.12	$19,739.09	$36,396.21
Indemnity.....	.....			$176,560.59	$0.00	$176,560.59
Medical.....	.....			$431,277.11	$408,323.44	$839,600.55
				$624,494.82	$428,062.53	$1,052,557.35
# of Claims	9					
# Open	1	Recovery Amount:	-$25.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$648.00	$0.00	$648.00
Medical.....	.....			$7,709.00	$0.00	$7,709.00
				$8,357.00	$0.00	$8,357.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

336 - MCV-NURSING-LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$67,409.89	$0.00	$67,409.89
Medical.....	.....			$31,015.16	$0.00	$31,015.16
				$98,775.05	$0.00	$98,775.05
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$17,836.62	$19,739.09	$37,575.71
Indemnity.....	.....			$251,362.78	$0.00	$251,362.78
Medical.....	.....			$482,355.69	$408,323.44	$890,679.13
				$751,555.09	$428,062.53	$1,179,617.62
# of Claims	131					
# Open	1	Recovery Amount:	-$25.00			

337 - MCV-REHAB MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

337 - MCV-REHAB MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$446.85	$0.00	$446.85
				$446.85	$0.00	$446.85
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$170.00	$0.00	$170.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$637.65	$0.00	$637.65
				$807.65	$0.00	$807.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,135.20	$0.00	$1,135.20
				$1,135.20	$0.00	$1,135.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$170.00	$0.00	$170.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,219.70	$0.00	$2,219.70
				$2,389.70	$0.00	$2,389.70
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

338 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,163.66	$0.00	$1,163.66
Medical.....	.....			$1,019.95	$0.00	$1,019.95
				$2,183.61	$0.00	$2,183.61
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$190.00	$0.00	$190.00
Medical.....	.....			$18.40	$0.00	$18.40
				$208.40	$0.00	$208.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$665.64	$0.00	$665.64
				$665.64	$0.00	$665.64
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,299.57	$0.00	$1,299.57
Medical.....	.....			$968.67	$0.00	$968.67
				$2,268.24	$0.00	$2,268.24
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

338 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,711.47**	**$0.00**	**$2,711.47**
Medical				**$4,854.01**	**$0.00**	**$4,854.01**
				$7,565.48	**$0.00**	**$7,565.48**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,107.26**	**$0.00**	**$1,107.26**
Medical				**$2,967.20**	**$0.00**	**$2,967.20**
				$4,074.46	**$0.00**	**$4,074.46**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,471.96**	**$0.00**	**$6,471.96**
Medical				**$10,493.87**	**$0.00**	**$10,493.87**
				$16,965.83	**$0.00**	**$16,965.83**
# of Claims	**61**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

339 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,263.30**	**$0.00**	**$1,263.30**
Medical				**$1,383.19**	**$0.00**	**$1,383.19**
				$2,646.49	**$0.00**	**$2,646.49**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

339 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$365.00	$0.00	$365.00
Indemnity.....	.....			$4,617.51	$0.00	$4,617.51
Medical.....	.....			$4,240.82	$0.00	$4,240.82
				$9,223.33	$0.00	$9,223.33
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$13,293.38	$0.00	$13,293.38
Indemnity.....	.....			$234,883.60	$0.00	$234,883.60
Medical.....	.....			$345,000.81	$0.00	$345,000.81
				$593,177.79	$0.00	$593,177.79
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,459.96	$0.00	$2,459.96
Medical.....	.....			$5,113.80	$0.00	$5,113.80
				$7,573.76	$0.00	$7,573.76
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$24.75	$0.00	$24.75
Indemnity.....	.....			$27,942.83	$0.00	$27,942.83
Medical.....	.....			$44,254.23	$0.00	$44,254.23
				$72,221.81	$0.00	$72,221.81
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

339 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,619.31**	**$0.00**	**$2,619.31**
Medical				**$2,317.30**	**$0.00**	**$2,317.30**
				$4,936.61	**$0.00**	**$4,936.61**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,482.03**	**$0.00**	**$12,482.03**
Medical				**$27,626.13**	**$0.00**	**$27,626.13**
				$40,108.16	**$0.00**	**$40,108.16**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$140.00**	**$0.00**	**$140.00**
Indemnity				**$39,506.46**	**$0.00**	**$39,506.46**
Medical				**$10,739.29**	**$0.00**	**$10,739.29**
				$50,385.75	**$0.00**	**$50,385.75**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,018.66**	**$0.00**	**$14,018.66**
Medical				**$22,078.67**	**$0.00**	**$22,078.67**
				$36,097.33	**$0.00**	**$36,097.33**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

339 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,862.55	$0.00	$11,862.55
Medical.....	.....			$12,391.44	$0.00	$12,391.44
				$24,253.99	$0.00	$24,253.99
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,095.31	$0.00	$2,095.31
Medical.....	.....			$7,408.14	$0.00	$7,408.14
				$9,503.45	$0.00	$9,503.45
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$536.55	$0.00	$536.55
Medical.....	.....			$1,983.50	$0.00	$1,983.50
				$2,520.05	$0.00	$2,520.05
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,823.13	$0.00	$13,823.13
Indemnity.....	.....			$354,288.07	$0.00	$354,288.07
Medical.....	.....			$484,537.32	$0.00	$484,537.32
				$852,648.52	$0.00	$852,648.52
# of Claims	244					
# Open	0	Recovery Amount:	$0.00			

340 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

340 - MCV-NURSING MED

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$281.52**	**$0.00**	**$281.52**
Medical				**$0.00**	**$0.00**	**$0.00**
				$281.52	**$0.00**	**$281.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$508.50**	**$0.00**	**$508.50**
Indemnity		**$3,504.22**	**$0.00**	**$3,504.22**
Medical		**$1,783.95**	**$0.00**	**$1,783.95**
		$5,796.67	**$0.00**	**$5,796.67**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$1,984.50**	**$0.00**	**$1,984.50**
Indemnity		**$156,990.92**	**$0.00**	**$156,990.92**
Medical		**$6,643.12**	**$0.00**	**$6,643.12**
		$165,618.54	**$0.00**	**$165,618.54**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,537.36**	**$0.00**	**$1,537.36**
Medical		**$1,382.50**	**$0.00**	**$1,382.50**
		$2,919.86	**$0.00**	**$2,919.86**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$625.99**	**$0.00**	**$625.99**
Medical		**$502.32**	**$0.00**	**$502.32**
		$1,128.31	**$0.00**	**$1,128.31**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

340 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.10	$0.00	$309.10
				$309.10	$0.00	$309.10
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$434.55	$0.00	$434.55
				$434.55	$0.00	$434.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$264.72	$0.00	$264.72
Medical.....	.....			$820.89	$0.00	$820.89
				$1,085.61	$0.00	$1,085.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$38.74	$0.00	$38.74
Medical.....	.....			$356.42	$0.00	$356.42
				$395.16	$0.00	$395.16
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

340 - MCV-NURSING MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.14	$0.00	$93.14
Medical.....	.....			$236.62	$0.00	$236.62
				$329.76	$0.00	$329.76
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$23,670.96	$14,373.41	$38,044.37
Indemnity.....	.....			$220,821.80	$0.00	$220,821.80
Medical.....	.....			$1,452,930.61	$125,000.00	$1,577,930.61
				$1,697,423.37	$139,373.41	$1,836,796.78
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,446.38	$0.00	$1,446.38
				$1,446.38	$0.00	$1,446.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.53	$0.00	$93.53
Medical.....	.....			$593.40	$0.00	$593.40
				$686.93	$0.00	$686.93
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26,163.96	$14,373.41	$40,537.37
Indemnity.....	.....			$384,251.94	$0.00	$384,251.94
Medical.....	.....			$1,467,439.86	$125,000.00	$1,592,439.86
				$1,877,855.76	$139,373.41	$2,017,229.17
# of Claims	116					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

341 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$246.30	$0.00	$246.30
				$246.30	$0.00	$246.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$10,472.75	$0.00	$10,472.75
Indemnity.....	.....			$202,773.96	$0.00	$202,773.96
Medical.....	.....			$25,075.39	$0.00	$25,075.39
				$238,322.10	$0.00	$238,322.10
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,978.05	$0.00	$2,978.05
Medical.....	.....			$9,795.54	$0.00	$9,795.54
				$12,773.59	$0.00	$12,773.59
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$7,069.00	$0.00	$7,069.00
Indemnity.....	.....			$217,008.27	$0.00	$217,008.27
Medical.....	.....			$242,757.42	$0.00	$242,757.42
				$466,834.69	$0.00	$466,834.69
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

341 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$419.42	$0.00	$419.42
Medical.....	.....			$1,442.30	$0.00	$1,442.30
				$1,861.72	$0.00	$1,861.72
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,113.90	$0.00	$1,113.90
				$1,113.90	$0.00	$1,113.90
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,553.10	$0.00	$1,553.10
Medical.....	.....			$1,279.16	$0.00	$1,279.16
				$2,832.26	$0.00	$2,832.26
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,304.00	$0.00	$2,304.00
Indemnity.....	.....			$25,845.16	$0.00	$25,845.16
Medical.....	.....			$46,208.07	$0.00	$46,208.07
				$74,357.23	$0.00	$74,357.23
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,022.63	$0.00	$2,022.63
Medical.....	.....			$1,443.37	$0.00	$1,443.37
				$3,466.00	$0.00	$3,466.00
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

341 - MCV-NURSING-MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$402.61	$0.00	$402.61
Medical.....	.....			$446.00	$0.00	$446.00
				$848.61	$0.00	$848.61
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,075.51	$0.00	$2,075.51
Medical.....	.....			$8,187.41	$0.00	$8,187.41
				$10,262.92	$0.00	$10,262.92
# of Claims	9					
# Open	0	Recovery Amount:	-$48.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,260.96	$0.00	$1,260.96
Medical.....	.....			$6,725.01	$0.00	$6,725.01
				$7,985.97	$0.00	$7,985.97
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$19,845.75	$0.00	$19,845.75
Indemnity.....	.....			$456,339.67	$0.00	$456,339.67
Medical.....	.....			$344,719.87	$0.00	$344,719.87
				$820,905.29	$0.00	$820,905.29
# of Claims	181					
# Open	0	Recovery Amount:	-$48.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems
342 - MCV-NURSING-SUB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.30	$0.00	$11.30
				$11.30	$0.00	$11.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$832.25	$0.00	$832.25
				$832.25	$0.00	$832.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$122.25	$0.00	$122.25
				$122.25	$0.00	$122.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$67.55**	**$0.00**	**$67.55**
				$67.55	**$0.00**	**$67.55**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,033.35**	**$0.00**	**$1,033.35**
				$1,033.35	**$0.00**	**$1,033.35**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

343 - MCV-MEDICINE-MI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$70.50**	**$0.00**	**$70.50**
Indemnity				**$870.78**	**$0.00**	**$870.78**
Medical				**$3,862.85**	**$0.00**	**$3,862.85**
				$4,804.13	**$0.00**	**$4,804.13**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

343 - MCV-MEDICINE-MI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$390.34	$0.00	$390.34
Medical.....	.....			$788.75	$0.00	$788.75
				$1,179.09	$0.00	$1,179.09
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$272.93	$0.00	$272.93
				$272.93	$0.00	$272.93
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$70.50	$0.00	$70.50
Indemnity.....	.....			$1,261.12	$0.00	$1,261.12
Medical.....	.....			$4,924.53	$0.00	$4,924.53
				$6,256.15	$0.00	$6,256.15
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

344 - MCV-SURGERY-OFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

344 - MCV-SURGERY-OFF

WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$423.92**	**$0.00**	**$423.92**
				$423.92	**$0.00**	**$423.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$224.15**	**$0.00**	**$224.15**
Medical		**$353.00**	**$0.00**	**$353.00**
		$577.15	**$0.00**	**$577.15**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$207.00**	**$0.00**	**$207.00**
		$207.00	**$0.00**	**$207.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$740.70**	**$0.00**	**$740.70**
		$740.70	**$0.00**	**$740.70**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

344 - MCV-SURGERY-OFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$224.15**	**$0.00**	**$224.15**
Medical				**$1,724.62**	**$0.00**	**$1,724.62**
				$1,948.77	**$0.00**	**$1,948.77**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

345 - MCV-NURSING-BUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$829.50**	**$0.00**	**$829.50**
Indemnity				**$7,521.01**	**$0.00**	**$7,521.01**
Medical				**$3,272.42**	**$0.00**	**$3,272.42**
				$11,622.93	**$0.00**	**$11,622.93**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$128.60**	**$0.00**	**$128.60**
				$128.60	**$0.00**	**$128.60**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

345 - MCV-NURSING-BUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$502.07	$0.00	$502.07
Medical.....	.....			$273.10	$0.00	$273.10
				$775.17	$0.00	$775.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$853.13	$0.00	$853.13
Medical.....	.....			$1,478.90	$0.00	$1,478.90
				$2,332.03	$0.00	$2,332.03
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$431.27	$0.00	$431.27
				$431.27	$0.00	$431.27
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

345 - MCV-NURSING-BUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,976.00**	**$0.00**	**$5,976.00**
Medical				**$15,025.69**	**$0.00**	**$15,025.69**
				$21,001.69	**$0.00**	**$21,001.69**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$212.65**	**$0.00**	**$212.65**
				$212.65	**$0.00**	**$212.65**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

345 - MCV-NURSING-BUR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.35	$0.00	$465.35
				$465.35	$0.00	$465.35
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29.70	$0.00	$29.70
				$29.70	$0.00	$29.70
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$14,852.21	$0.00	$14,852.21
Medical.....	.....			$21,317.68	$0.00	$21,317.68
				$36,999.39	$0.00	$36,999.39
# of Claims	89					
# Open	0	Recovery Amount:	$0.00			

346 - MCV-NURSING-SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.00	$0.00	$141.00
				$141.00	$0.00	$141.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

346 - MCV-NURSING-SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.71	$0.00	$13.71
				$13.71	$0.00	$13.71
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$952.05	$0.00	$952.05
				$952.05	$0.00	$952.05
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$183.93	$0.00	$183.93
Medical.....	.....			$476.81	$0.00	$476.81
				$660.74	$0.00	$660.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,841.42	$0.00	$2,841.42
Medical.....	.....			$5,796.92	$0.00	$5,796.92
				$8,638.34	$0.00	$8,638.34
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

346 - MCV-NURSING-SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,547.24	$0.00	$1,547.24
Medical.....	.....			$1,621.16	$0.00	$1,621.16
				$3,168.40	$0.00	$3,168.40
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$840.16	$0.00	$840.16
Medical.....	.....			$706.77	$0.00	$706.77
				$1,546.93	$0.00	$1,546.93
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$564.77	$0.00	$564.77
Medical.....	.....			$1,308.94	$0.00	$1,308.94
				$1,873.71	$0.00	$1,873.71
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.52	$0.00	$436.52
				$436.52	$0.00	$436.52
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

346 - MCV-NURSING-SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,937.70	$0.00	$27,937.70
Medical.....	.....			$25,043.71	$0.00	$25,043.71
				$52,981.41	$0.00	$52,981.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$533.10	$0.00	$533.10
				$533.10	$0.00	$533.10
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$98.44	$0.00	$98.44
Medical.....	.....			$151.88	$0.00	$151.88
				$250.32	$0.00	$250.32
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$34,013.66	$0.00	$34,013.66
Medical.....	.....			$37,182.57	$0.00	$37,182.57
				$71,196.23	$0.00	$71,196.23
# of Claims	148					
# Open	0	Recovery Amount:	$0.00			

347 - MCV-NURSING SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

347 - MCV-NURSING SURG

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$205.00**	**$0.00**	**$205.00**
				$205.00	**$0.00**	**$205.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$272.02**	**$0.00**	**$272.02**
		$272.02	**$0.00**	**$272.02**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$211.75**	**$0.00**	**$211.75**
		$211.75	**$0.00**	**$211.75**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$326.40**	**$0.00**	**$326.40**
Indemnity		**$168,724.82**	**$0.00**	**$168,724.82**
Medical		**$40,729.54**	**$0.00**	**$40,729.54**
		$209,780.76	**$0.00**	**$209,780.76**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$135.45**	**$0.00**	**$135.45**
		$135.45	**$0.00**	**$135.45**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

347 - MCV-NURSING SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,305.26	$0.00	$1,305.26
Medical.....	.....			$6,059.76	$0.00	$6,059.76
				$7,365.02	$0.00	$7,365.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$326.40	$0.00	$326.40
Indemnity.....	.....			$170,030.08	$0.00	$170,030.08
Medical.....	.....			$47,613.52	$0.00	$47,613.52
				$217,970.00	$0.00	$217,970.00
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

348 - MCV-NURS-SURG-TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

348 - MCV-NURS-SURG-TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.60	$0.00	$141.60
				$141.60	$0.00	$141.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,676.53	$0.00	$4,676.53
Medical.....	.....			$1,923.75	$0.00	$1,923.75
				$6,600.28	$0.00	$6,600.28
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,452.88	$0.00	$4,452.88
Medical.....	.....			$12,198.10	$0.00	$12,198.10
				$16,650.98	$0.00	$16,650.98
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,061.95	$0.00	$2,061.95
Medical.....	.....			$4,732.05	$0.00	$4,732.05
				$6,794.00	$0.00	$6,794.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

348 - MCV-NURS-SURG-TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$188.00	$0.00	$188.00
				$188.00	$0.00	$188.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$253.43	$0.00	$253.43
Medical.....	.....			$439.50	$0.00	$439.50
				$692.93	$0.00	$692.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

348 - MCV-NURS-SURG-TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,494.00**	**$0.00**	**$1,494.00**
				$1,494.00	**$0.00**	**$1,494.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$280.60**	**$0.00**	**$280.60**
				$280.60	**$0.00**	**$280.60**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$380.68**	**$0.00**	**$380.68**
Medical				**$3,344.06**	**$0.00**	**$3,344.06**
				$3,724.74	**$0.00**	**$3,724.74**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,825.47**	**$0.00**	**$11,825.47**
Medical				**$24,741.66**	**$0.00**	**$24,741.66**
				$36,567.13	**$0.00**	**$36,567.13**
# of Claims	**83**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

349 - MCV-NURS-NEUROSURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5.45	$0.00	$5.45
				$67.95	$0.00	$67.95
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34.65	$0.00	$34.65
				$34.65	$0.00	$34.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$259.23	$0.00	$259.23
Medical.....	.....			$2,924.84	$0.00	$2,924.84
				$3,184.07	$0.00	$3,184.07
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$397.37	$0.00	$397.37
				$397.37	$0.00	$397.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

349 - MCV-NURS-NEUROSURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,287.71	$0.00	$1,287.71
Medical.....	.....			$3,752.27	$0.00	$3,752.27
				$5,039.98	$0.00	$5,039.98
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$801.99	$0.00	$801.99
Medical.....	.....			$2,171.50	$0.00	$2,171.50
				$2,973.49	$0.00	$2,973.49
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109.27	$0.00	$109.27
Medical.....	.....			$2,012.90	$0.00	$2,012.90
				$2,122.17	$0.00	$2,122.17
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$433.19	$0.00	$433.19
Medical.....	.....			$2,359.00	$0.00	$2,359.00
				$2,792.19	$0.00	$2,792.19
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$647.50	$0.00	$647.50
Indemnity.....	.....			$39,008.52	$0.00	$39,008.52
Medical.....	.....			$7,078.92	$0.00	$7,078.92
				$46,734.94	$0.00	$46,734.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

349 - MCV-NURS-NEUROSURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$660.21	$0.00	$660.21
Medical.....	.....			$2,578.91	$0.00	$2,578.91
				$3,239.12	$0.00	$3,239.12
# of Claims	14					
# Open	0	Recovery Amount:	-$19.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$777.52	$0.00	$777.52
Medical.....	.....			$1,575.46	$0.00	$1,575.46
				$2,352.98	$0.00	$2,352.98
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,428.53	$0.00	$11,428.53
Medical.....	.....			$17,436.93	$0.00	$17,436.93
				$28,865.46	$0.00	$28,865.46
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$710.00	$0.00	$710.00
Indemnity.....	.....			$54,766.17	$0.00	$54,766.17
Medical.....	.....			$42,328.20	$0.00	$42,328.20
				$97,804.37	$0.00	$97,804.37
# of Claims	162					
# Open	0	Recovery Amount:	-$19.20			

351 - MCV-NURSING-COR

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

351 - MCV-NURSING-COR

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.00**	**$0.00**	**$90.00**
				$90.00	**$0.00**	**$90.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,505.87**	**$0.00**	**$16,505.87**
Medical				**$17,759.34**	**$0.00**	**$17,759.34**
				$34,265.21	**$0.00**	**$34,265.21**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.20**	**$0.00**	**$9.20**
				$9.20	**$0.00**	**$9.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$258.23**	**$0.00**	**$258.23**
				$258.23	**$0.00**	**$258.23**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

351 - MCV-NURSING-COR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$275.40	$0.00	$275.40
				$275.40	$0.00	$275.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.90	$0.00	$7.90
				$7.90	$0.00	$7.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$294.97	$0.00	$294.97
				$294.97	$0.00	$294.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,170.19	$0.00	$1,170.19
Medical.....	.....			$971.34	$0.00	$971.34
				$2,141.53	$0.00	$2,141.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

351 - MCV-NURSING-COR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$302.81	$0.00	$302.81
				$302.81	$0.00	$302.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$326.91	$0.00	$326.91
				$326.91	$0.00	$326.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,676.06	$0.00	$17,676.06
Medical.....	.....			$20,296.10	$0.00	$20,296.10
				$37,972.16	$0.00	$37,972.16
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

352 - MCV-NURS ORTHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

352 - MCV-NURS ORTHOP

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,430.07**	**$0.00**	**$1,430.07**
Medical				**$1,020.05**	**$0.00**	**$1,020.05**
				$2,450.12	**$0.00**	**$2,450.12**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,794.40**	**$0.00**	**$5,794.40**
Medical		**$5,566.70**	**$0.00**	**$5,566.70**
		$11,361.10	**$0.00**	**$11,361.10**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,823.84**	**$0.00**	**$1,823.84**
Medical		**$3,295.55**	**$0.00**	**$3,295.55**
		$5,119.39	**$0.00**	**$5,119.39**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,020.73**	**$0.00**	**$8,020.73**
Medical		**$17,169.56**	**$0.00**	**$17,169.56**
		$25,190.29	**$0.00**	**$25,190.29**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$293.77**	**$0.00**	**$293.77**
Medical		**$705.58**	**$0.00**	**$705.58**
		$999.35	**$0.00**	**$999.35**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

352 - MCV-NURS ORTHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,521.51	$0.00	$2,521.51
Medical.....	.....			$1,111.00	$0.00	$1,111.00
				$3,632.51	$0.00	$3,632.51
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,138.12	$0.00	$9,138.12
Medical.....	.....			$4,390.42	$0.00	$4,390.42
				$13,528.54	$0.00	$13,528.54
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$151.34	$0.00	$151.34
Medical.....	.....			$275.00	$0.00	$275.00
				$426.34	$0.00	$426.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$148.68	$0.00	$148.68
Medical.....	.....			$199.56	$0.00	$199.56
				$348.24	$0.00	$348.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

352 - MCV-NURS ORTHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,085.33	$0.00	$1,085.33
				$1,085.33	$0.00	$1,085.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$423.14	$0.00	$423.14
Medical.....	.....			$2,137.58	$0.00	$2,137.58
				$2,560.72	$0.00	$2,560.72
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,745.60	$0.00	$29,745.60
Medical.....	.....			$36,956.33	$0.00	$36,956.33
				$66,701.93	$0.00	$66,701.93
# of Claims	144					
# Open	0	Recovery Amount:	$0.00			

353 - MCV-NURS-SURG-CARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

353 - MCV-NURS-SURG-CARD

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$4,801.74**	**$0.00**	**$4,801.74**
Medical				**$13,744.25**	**$0.00**	**$13,744.25**
				$18,929.49	**$0.00**	**$18,929.49**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,910.49**	**$0.00**	**$3,910.49**
Medical		**$4,311.76**	**$0.00**	**$4,311.76**
		$8,222.25	**$0.00**	**$8,222.25**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,774.75**	**$0.00**	**$1,774.75**
		$1,774.75	**$0.00**	**$1,774.75**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,869.71**	**$0.00**	**$5,869.71**
Medical		**$2,157.57**	**$0.00**	**$2,157.57**
		$8,027.28	**$0.00**	**$8,027.28**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$11,207.71**	**$0.00**	**$11,207.71**
Medical		**$8,039.69**	**$0.00**	**$8,039.69**
		$19,247.40	**$0.00**	**$19,247.40**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

353 - MCV-NURS-SURG-CARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,162.86	$0.00	$1,162.86
Medical.....	.....			$841.83	$0.00	$841.83
				$2,004.69	$0.00	$2,004.69
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,309.56	$0.00	$3,309.56
Medical.....	.....			$1,518.40	$0.00	$1,518.40
				$4,827.96	$0.00	$4,827.96
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$666.86	$0.00	$666.86
Medical.....	.....			$3,013.05	$0.00	$3,013.05
				$3,679.91	$0.00	$3,679.91
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,671.25	$0.00	$8,671.25
Medical.....	.....			$7,715.55	$0.00	$7,715.55
				$16,386.80	$0.00	$16,386.80
# of Claims	11					
# Open	0	Recovery Amount:	-$24.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

353 - MCV-NURS-SURG-CARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.00	$0.00	$151.00
				$151.00	$0.00	$151.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,569.27	$0.00	$3,569.27
Medical.....	.....			$2,214.06	$0.00	$2,214.06
				$5,783.33	$0.00	$5,783.33
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,215.80	$0.00	$1,215.80
				$1,215.80	$0.00	$1,215.80
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$43,169.45	$0.00	$43,169.45
Medical.....	.....			$46,697.71	$0.00	$46,697.71
				$90,250.66	$0.00	$90,250.66
# of Claims	184					
# Open	0	Recovery Amount:	-$24.00			

354 - MCV-CRITICAL CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

354 - MCV-CRITICAL CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

355 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$3,256.06**	**$0.00**	**$3,256.06**
Medical				**$2,355.20**	**$0.00**	**$2,355.20**
				$5,994.76	**$0.00**	**$5,994.76**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.60**	**$0.00**	**$5.60**
				$5.60	**$0.00**	**$5.60**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

355 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,158.00	$0.00	$1,158.00
				$1,158.00	$0.00	$1,158.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.50	$0.00	$202.50
				$202.50	$0.00	$202.50
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.00	$0.00	$237.00
				$237.00	$0.00	$237.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$188.11	$0.00	$188.11
Medical.....	.....			$7.65	$0.00	$7.65
				$195.76	$0.00	$195.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

355 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$204.85	$0.00	$204.85
				$204.85	$0.00	$204.85
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,028.05	$0.00	$2,028.05
Medical.....	.....			$8,466.32	$0.00	$8,466.32
				$10,494.37	$0.00	$10,494.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33,707.73	$0.00	$33,707.73
Medical.....	.....			$16,625.77	$0.00	$16,625.77
				$50,333.50	$0.00	$50,333.50
# of Claims	17					
# Open	0	Recovery Amount:	-$115.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

355 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,374.34	$0.00	$1,374.34
Medical.....	.....			$1,628.76	$0.00	$1,628.76
				$3,003.10	$0.00	$3,003.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$40,554.29	$0.00	$40,554.29
Medical.....	.....			$30,891.65	$0.00	$30,891.65
				$71,829.44	$0.00	$71,829.44
# of Claims	130					
# Open	0	Recovery Amount:	-$115.00			

356 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

356 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.25	$0.00	$137.25
				$137.25	$0.00	$137.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$192.46	$0.00	$192.46
Medical.....	.....			$1,858.76	$0.00	$1,858.76
				$2,051.22	$0.00	$2,051.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,797.43	$0.00	$1,797.43
Medical.....	.....			$402.04	$0.00	$402.04
				$2,199.47	$0.00	$2,199.47
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

356 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$623.91**	**$0.00**	**$623.91**
				$623.91	**$0.00**	**$623.91**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16.60**	**$0.00**	**$16.60**
				$16.60	**$0.00**	**$16.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

356 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,929.19	$0.00	$1,929.19
Medical.....	.....			$1,160.48	$0.00	$1,160.48
				$3,089.67	$0.00	$3,089.67
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$822.00	$0.00	$822.00
				$822.00	$0.00	$822.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$256.40	$0.00	$256.40
				$256.40	$0.00	$256.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,919.08	$0.00	$3,919.08
Medical.....	.....			$5,277.44	$0.00	$5,277.44
				$9,196.52	$0.00	$9,196.52
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

357 - MCV-NURSING CTC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

357 - MCV-NURSING CTC

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$313.50**	**$0.00**	**$313.50**
		$313.50	**$0.00**	**$313.50**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$92.50**	**$0.00**	**$92.50**
		$92.50	**$0.00**	**$92.50**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

357 - MCV-NURSING CTC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$132.10	$0.00	$132.10
Medical.....	.....			$255.91	$0.00	$255.91
				$388.01	$0.00	$388.01
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.50	$0.00	$27.50
				$27.50	$0.00	$27.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$976.23	$0.00	$976.23
Medical.....	.....			$99.00	$0.00	$99.00
				$1,075.23	$0.00	$1,075.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

357 - MCV-NURSING CTC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.43	$0.00	$324.43
				$324.43	$0.00	$324.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$772.58	$0.00	$772.58
Medical.....	.....			$19.20	$0.00	$19.20
				$791.78	$0.00	$791.78
# of Claims	5					
# Open	0	Recovery Amount:	-$19.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.20	$0.00	$151.20
				$151.20	$0.00	$151.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,880.91	$0.00	$1,880.91
Medical.....	.....			$1,283.24	$0.00	$1,283.24
				$3,164.15	$0.00	$3,164.15
# of Claims	62					
# Open	0	Recovery Amount:	-$19.20			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

358 - MCV-NURS-CHRON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$7,116.35	$0.00	$7,116.35
Indemnity.....	.....			$151,362.50	$0.00	$151,362.50
Medical.....	.....			$59,144.14	$0.00	$59,144.14
				$217,622.99	$0.00	$217,622.99
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.00	$0.00	$16.00
				$16.00	$0.00	$16.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,116.35	$0.00	$7,116.35
Indemnity.....	.....			$151,362.50	$0.00	$151,362.50
Medical.....	.....			$59,160.14	$0.00	$59,160.14
				$217,638.99	$0.00	$217,638.99
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

359 - MCV-NURS NEUROLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

359 - MCV-NURS NEUROLOGY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$80.32**	**$0.00**	**$80.32**
Medical				**$542.10**	**$0.00**	**$542.10**
				$684.92	**$0.00**	**$684.92**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$256.15**	**$0.00**	**$256.15**
		$256.15	**$0.00**	**$256.15**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$3,712.46**	**$0.00**	**$3,712.46**
Indemnity		**$87,152.47**	**$0.00**	**$87,152.47**
Medical		**$505,329.35**	**$0.00**	**$505,329.35**
		$596,194.28	**$0.00**	**$596,194.28**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,023.12**	**$0.00**	**$1,023.12**
Medical		**$610.25**	**$0.00**	**$610.25**
		$1,633.37	**$0.00**	**$1,633.37**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,812.55**	**$0.00**	**$4,812.55**
Medical		**$9,826.35**	**$0.00**	**$9,826.35**
		$14,638.90	**$0.00**	**$14,638.90**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**-$37.58**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

359 - MCV-NURS NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,948.17	$0.00	$1,948.17
Medical.....	.....			$4,200.97	$0.00	$4,200.97
				$6,149.14	$0.00	$6,149.14
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,527.85	$0.00	$2,527.85
Medical.....	.....			$1,654.97	$0.00	$1,654.97
				$4,182.82	$0.00	$4,182.82
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,612.38	$0.00	$1,612.38
Medical.....	.....			$2,298.80	$0.00	$2,298.80
				$3,911.18	$0.00	$3,911.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,774.96	$0.00	$3,774.96
Indemnity.....	.....			$99,156.86	$0.00	$99,156.86
Medical.....	.....			$524,718.94	$0.00	$524,718.94
				$627,650.76	$0.00	$627,650.76
# of Claims	90					
# Open	0	Recovery Amount:	-$37.58			

35 - MCV-SECURITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

35 - MCV-SECURITY

WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$101.74**	**$0.00**	**$101.74**
				$101.74	**$0.00**	**$101.74**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$357.91**	**$0.00**	**$357.91**
		$357.91	**$0.00**	**$357.91**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$784.62**	**$0.00**	**$784.62**
		$784.62	**$0.00**	**$784.62**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

35 - MCV-SECURITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.00	$0.00	$197.00
				$197.00	$0.00	$197.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,254.16	$0.00	$1,254.16
				$1,254.16	$0.00	$1,254.16
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.71	$0.00	$464.71
Medical.....	.....			$911.26	$0.00	$911.26
				$1,375.97	$0.00	$1,375.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.71	$0.00	$464.71
Medical.....	.....			$3,606.69	$0.00	$3,606.69
				$4,071.40	$0.00	$4,071.40
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

360 - MCV-MAIN-ICU-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

360 - MCV-MAIN-ICU-NE

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$62.50**	**$0.00**	**$62.50**
Indemnity			**$1,073.67**	**$0.00**	**$1,073.67**
Medical			**$1,568.00**	**$0.00**	**$1,568.00**
			$2,704.17	**$0.00**	**$2,704.17**
# of Claims	**13**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$16.00**	**$0.00**	**$16.00**
		$16.00	**$0.00**	**$16.00**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,260.91**	**$0.00**	**$2,260.91**
Medical		**$6,105.71**	**$0.00**	**$6,105.71**
		$8,366.62	**$0.00**	**$8,366.62**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$77.80**	**$0.00**	**$77.80**
		$77.80	**$0.00**	**$77.80**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$207.90**	**$0.00**	**$207.90**
Medical		**$484.81**	**$0.00**	**$484.81**
		$692.71	**$0.00**	**$692.71**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

360 - MCV-MAIN-ICU-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,731.23	$0.00	$5,731.23
Medical.....	.....			$11,239.09	$0.00	$11,239.09
				$16,970.32	$0.00	$16,970.32
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,051.84	$0.00	$1,051.84
Medical.....	.....			$977.23	$0.00	$977.23
				$2,029.07	$0.00	$2,029.07
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.00	$0.00	$214.00
				$214.00	$0.00	$214.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

360 - MCV-MAIN-ICU-NE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$147.04	$0.00	$147.04
Medical.....	.....			$366.06	$0.00	$366.06
				$513.10	$0.00	$513.10
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,638.59	$0.00	$1,638.59
				$1,638.59	$0.00	$1,638.59
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.75	$0.00	$201.75
				$201.75	$0.00	$201.75
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$10,472.59	$0.00	$10,472.59
Medical.....	.....			$22,889.04	$0.00	$22,889.04
				$33,424.13	$0.00	$33,424.13
# of Claims	139					
# Open	0	Recovery Amount:	$0.00			

361 - MCV-NURS-ICU-GE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

361 - MCV-NURS-ICU-GE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,114.00**	**$0.00**	**$4,114.00**
Medical		**$364.52**	**$0.00**	**$364.52**
		$4,478.52	**$0.00**	**$4,478.52**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,225.60**	**$0.00**	**$3,225.60**
Medical		**$3,128.78**	**$0.00**	**$3,128.78**
		$6,354.38	**$0.00**	**$6,354.38**
# of Claims	**24**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,406.55**	**$0.00**	**$5,406.55**
Medical		**$3,097.16**	**$0.00**	**$3,097.16**
		$8,503.71	**$0.00**	**$8,503.71**
# of Claims	**32**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$879.28**	**$0.00**	**$879.28**
Medical		**$2,068.30**	**$0.00**	**$2,068.30**
		$2,947.58	**$0.00**	**$2,947.58**
# of Claims	**23**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

361 - MCV-NURS-ICU-GE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,263.84	$0.00	$3,263.84
Medical.....	.....			$2,822.95	$0.00	$2,822.95
				$6,086.79	$0.00	$6,086.79
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$500.66	$0.00	$500.66
Indemnity.....	.....			$1,306.49	$0.00	$1,306.49
Medical.....	.....			$3,118.94	$0.00	$3,118.94
				$4,926.09	$0.00	$4,926.09
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,963.00	$0.00	$6,963.00
Medical.....	.....			$22,866.90	$0.00	$22,866.90
				$29,829.90	$0.00	$29,829.90
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,576.12	$0.00	$10,576.12
Medical.....	.....			$7,543.28	$0.00	$7,543.28
				$18,119.40	$0.00	$18,119.40
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

361 - MCV-NURS-ICU-GE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,303.38	$0.00	$12,303.38
Medical.....	.....			$4,778.82	$0.00	$4,778.82
				$17,082.20	$0.00	$17,082.20
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$386.50	$0.00	$386.50
				$386.50	$0.00	$386.50
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$589.24	$0.00	$589.24
				$589.24	$0.00	$589.24
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,356.66	$0.00	$3,356.66
Medical.....	.....			$2,269.09	$0.00	$2,269.09
				$5,625.75	$0.00	$5,625.75
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$500.66	$0.00	$500.66
Indemnity.....	.....			$51,394.92	$0.00	$51,394.92
Medical.....	.....			$53,034.48	$0.00	$53,034.48
				$104,930.06	$0.00	$104,930.06
# of Claims	247					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

362 - MCV-ICU CORONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.10	$0.00	$13.10
				$13.10	$0.00	$13.10
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,171.00	$0.00	$1,171.00
				$1,171.00	$0.00	$1,171.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

362 - MCV-ICU CORONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.00	$0.00	$187.00
				$187.00	$0.00	$187.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.40	$0.00	$22.40
				$22.40	$0.00	$22.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$49.71	$0.00	$49.71
				$49.71	$0.00	$49.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$146.65	$0.00	$146.65
Medical.....	.....			$1,185.69	$0.00	$1,185.69
				$1,332.34	$0.00	$1,332.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$960.80	$0.00	$960.80
Medical.....	.....			$3,868.96	$0.00	$3,868.96
				$4,829.76	$0.00	$4,829.76
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

362 - MCV-ICU CORONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$181.00**	**$0.00**	**$181.00**
				$181.00	**$0.00**	**$181.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,059.60**	**$0.00**	**$1,059.60**
				$1,059.60	**$0.00**	**$1,059.60**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$956.75**	**$0.00**	**$956.75**
Medical				**$5,541.05**	**$0.00**	**$5,541.05**
				$6,497.80	**$0.00**	**$6,497.80**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,775.29**	**$0.00**	**$9,775.29**
				$9,775.29	**$0.00**	**$9,775.29**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,064.20**	**$0.00**	**$2,064.20**
Medical				**$23,054.80**	**$0.00**	**$23,054.80**
				$25,119.00	**$0.00**	**$25,119.00**
# of Claims	**99**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems
363 - MCV-ICU MED RES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$280.60	$0.00	$280.60
Medical.....	.....			$1,297.30	$0.00	$1,297.30
				$1,577.90	$0.00	$1,577.90
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$519.43	$0.00	$519.43
Medical.....	.....			$614.95	$0.00	$614.95
				$1,134.38	$0.00	$1,134.38
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,233.68	$0.00	$1,233.68
Medical.....	.....			$1,449.40	$0.00	$1,449.40
				$2,683.08	$0.00	$2,683.08
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,050.17	$0.00	$5,050.17
Medical.....	.....			$889.07	$0.00	$889.07
				$5,939.24	$0.00	$5,939.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$436.26**	**$0.00**	**$436.26**
				$436.26	**$0.00**	**$436.26**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$222.72**	**$0.00**	**$222.72**
Medical				**$2,100.07**	**$0.00**	**$2,100.07**
				$2,322.79	**$0.00**	**$2,322.79**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$684.56**	**$0.00**	**$684.56**
				$684.56	**$0.00**	**$684.56**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,987.86**	**$0.00**	**$9,987.86**
Medical				**$7,013.06**	**$0.00**	**$7,013.06**
				$17,000.92	**$0.00**	**$17,000.92**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,447.47**	**$0.00**	**$2,447.47**
				$2,447.47	**$0.00**	**$2,447.47**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$532.21**	**$0.00**	**$532.21**
				$532.21	**$0.00**	**$532.21**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$372.35**	**$0.00**	**$372.35**
				$372.35	**$0.00**	**$372.35**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,294.46**	**$0.00**	**$17,294.46**
Medical				**$17,836.70**	**$0.00**	**$17,836.70**
				$35,131.16	**$0.00**	**$35,131.16**
# of Claims	**159**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

364 - MCV-MED/SURG EMERGENCY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

364 - MCV-MED/SURG EMERGENCY

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$163.71**	**$0.00**	**$163.71**
Medical		**$939.21**	**$0.00**	**$939.21**
		$1,102.92	**$0.00**	**$1,102.92**
# of Claims	**40**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$33.20**	**$0.00**	**$33.20**
		$33.20	**$0.00**	**$33.20**
# of Claims	**34**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,068.62**	**$0.00**	**$1,068.62**
Medical		**$2,547.40**	**$0.00**	**$2,547.40**
		$3,616.02	**$0.00**	**$3,616.02**
# of Claims	**33**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$97.00**	**$0.00**	**$97.00**
Indemnity		**$5,679.40**	**$0.00**	**$5,679.40**
Medical		**$19,439.18**	**$0.00**	**$19,439.18**
		$25,215.58	**$0.00**	**$25,215.58**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

364 - MCV-MED/SURG EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,208.36	$0.00	$12,208.36
Medical.....	.....			$4,106.06	$0.00	$4,106.06
				$16,314.42	$0.00	$16,314.42
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,749.93	$0.00	$3,749.93
Medical.....	.....			$2,955.73	$0.00	$2,955.73
				$6,705.66	$0.00	$6,705.66
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,227.78	$0.00	$2,227.78
Medical.....	.....			$2,274.53	$0.00	$2,274.53
				$4,502.31	$0.00	$4,502.31
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

364 - MCV-MED/SURG EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,849.59	$0.00	$35,849.59
Medical.....	.....			$27,230.84	$0.00	$27,230.84
				$63,080.43	$0.00	$63,080.43
# of Claims	20					
# Open	0	Recovery Amount:	-$33.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,845.79	$0.00	$6,845.79
				$6,845.79	$0.00	$6,845.79
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$97.51	$0.00	$97.51
Indemnity.....	.....			$1,024.52	$0.00	$1,024.52
Medical.....	.....			$19,012.49	$0.00	$19,012.49
				$20,134.52	$0.00	$20,134.52
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,072.00	$0.00	$1,072.00
				$1,072.00	$0.00	$1,072.00
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$194.51	$0.00	$194.51
Indemnity.....	.....			$61,971.91	$0.00	$61,971.91
Medical.....	.....			$86,506.43	$0.00	$86,506.43
				$148,672.85	$0.00	$148,672.85
# of Claims	320					
# Open	0	Recovery Amount:	-$33.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

365 - MCV-NURS-ACUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$36.25	$0.00	$36.25
				$36.25	$0.00	$36.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,338.09	$0.00	$1,338.09
Medical.....	.....			$1,176.30	$0.00	$1,176.30
				$2,514.39	$0.00	$2,514.39
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

365 - MCV-NURS-ACUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13.75**	**$0.00**	**$13.75**
				$13.75	**$0.00**	**$13.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,081.71**	**$0.00**	**$1,081.71**
Medical				**$130.00**	**$0.00**	**$130.00**
				$1,211.71	**$0.00**	**$1,211.71**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$661.10**	**$0.00**	**$661.10**
				$661.10	**$0.00**	**$661.10**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,656.13**	**$0.00**	**$3,656.13**
Medical				**$7,777.01**	**$0.00**	**$7,777.01**
				$11,433.14	**$0.00**	**$11,433.14**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$64.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

365 - MCV-NURS-ACUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$275.83**	**$0.00**	**$275.83**
				$275.83	**$0.00**	**$275.83**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$990.23**	**$0.00**	**$990.23**
Medical				**$748.46**	**$0.00**	**$748.46**
				$1,738.69	**$0.00**	**$1,738.69**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,066.16**	**$0.00**	**$7,066.16**
Medical				**$10,893.70**	**$0.00**	**$10,893.70**
				$17,959.86	**$0.00**	**$17,959.86**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$64.00**			

366 - MCV-SELF CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

366 - MCV-SELF CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

368 - MCV-HOME PERITO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

368 - MCV-HOME PERITO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

369 - MCV-PEDIARIC ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.05	$0.00	$183.05
				$183.05	$0.00	$183.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.05	$0.00	$183.05
				$183.05	$0.00	$183.05

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

369 - MCV-PEDIARIC ADMIN

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

370 - MCV-NEWBORN ICU

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$793.25	$0.00	$793.25
Indemnity.....	.....	$689.57	$0.00	$689.57
Medical.....	.....	$1,874.50	$0.00	$1,874.50
		$3,357.32	$0.00	$3,357.32

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,324.96	$0.00	$1,324.96
		$1,324.96	$0.00	$1,324.96

# of Claims 14

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,851.13	$0.00	$1,851.13
Medical.....	.....	$22,332.80	$0.00	$22,332.80
		$24,183.93	$0.00	$24,183.93

# of Claims 21

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$3,753.24	$0.00	$3,753.24
Medical.....	.....	$6,544.26	$0.00	$6,544.26
		$10,297.50	$0.00	$10,297.50

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

370 - MCV-NEWBORN ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,187.24	$0.00	$1,187.24
				$1,187.24	$0.00	$1,187.24
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,542.44	$0.00	$7,542.44
Medical.....	.....			$2,991.61	$0.00	$2,991.61
				$10,534.05	$0.00	$10,534.05
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,164.86	$0.00	$3,164.86
Medical.....	.....			$3,036.76	$0.00	$3,036.76
				$6,201.62	$0.00	$6,201.62
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$997.92	$0.00	$997.92
Medical.....	.....			$632.69	$0.00	$632.69
				$1,630.61	$0.00	$1,630.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

370 - MCV-NEWBORN ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,859.10**	**$0.00**	**$6,859.10**
Medical				**$11,738.15**	**$0.00**	**$11,738.15**
				$18,597.25	**$0.00**	**$18,597.25**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28.51**	**$0.00**	**$28.51**
Medical				**$1,240.81**	**$0.00**	**$1,240.81**
				$1,269.32	**$0.00**	**$1,269.32**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$325.00**	**$0.00**	**$325.00**
				$325.00	**$0.00**	**$325.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$278.61**	**$0.00**	**$278.61**
				$278.61	**$0.00**	**$278.61**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$793.25**	**$0.00**	**$793.25**
Indemnity				**$24,886.77**	**$0.00**	**$24,886.77**
Medical				**$53,507.39**	**$0.00**	**$53,507.39**
				$79,187.41	**$0.00**	**$79,187.41**
# of Claims	**141**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

371 - MCV-NURS-ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.35	$0.00	$146.35
				$146.35	$0.00	$146.35
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$531.00	$0.00	$531.00
				$531.00	$0.00	$531.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

371 - MCV-NURS-ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$3,105.07**	**$0.00**	**$3,105.07**
Indemnity				**$136,205.99**	**$0.00**	**$136,205.99**
Medical				**$157,840.33**	**$0.00**	**$157,840.33**
				$297,151.39	**$0.00**	**$297,151.39**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$100.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,105.07**	**$0.00**	**$3,105.07**
Indemnity				**$136,205.99**	**$0.00**	**$136,205.99**
Medical				**$158,517.68**	**$0.00**	**$158,517.68**
				$297,828.74	**$0.00**	**$297,828.74**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$100.00**			

372 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$773.76**	**$0.00**	**$773.76**
Medical				**$326.15**	**$0.00**	**$326.15**
				$1,162.41	**$0.00**	**$1,162.41**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

372 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.65	$0.00	$25.65
				$25.65	$0.00	$25.65
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.50	$0.00	$38.50
				$38.50	$0.00	$38.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

372 - MCV-NURSING-PEDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$41.20**	**$0.00**	**$41.20**
				$41.20	**$0.00**	**$41.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$773.76**	**$0.00**	**$773.76**
Medical				**$541.50**	**$0.00**	**$541.50**
				$1,377.76	**$0.00**	**$1,377.76**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

373 - MCV-NURS-PEDS-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$257.37**	**$0.00**	**$257.37**
Medical				**$0.00**	**$0.00**	**$0.00**
				$257.37	**$0.00**	**$257.37**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$318.50**	**$0.00**	**$318.50**
				$318.50	**$0.00**	**$318.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.30**	**$0.00**	**$7.30**
				$7.30	**$0.00**	**$7.30**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$868.00**	**$0.00**	**$868.00**
Medical				**$1,230.71**	**$0.00**	**$1,230.71**
				$2,098.71	**$0.00**	**$2,098.71**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

373 - MCV-NURS-PEDS-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$579.86**	**$0.00**	**$579.86**
Medical				**$309.23**	**$0.00**	**$309.23**
				$889.09	**$0.00**	**$889.09**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$495.65**	**$0.00**	**$495.65**
				$495.65	**$0.00**	**$495.65**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$137.53**	**$0.00**	**$137.53**
Medical				**$2,138.67**	**$0.00**	**$2,138.67**
				$2,276.20	**$0.00**	**$2,276.20**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$496.00**	**$0.00**	**$496.00**
Medical				**$2,292.77**	**$0.00**	**$2,292.77**
				$2,788.77	**$0.00**	**$2,788.77**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$620.20**	**$0.00**	**$620.20**
Indemnity				**$58,796.70**	**$0.00**	**$58,796.70**
Medical				**$12,844.74**	**$0.00**	**$12,844.74**
				$72,261.64	**$0.00**	**$72,261.64**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$517.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

373 - MCV-NURS-PEDS-MAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$962.48**	**$0.00**	**$962.48**
				$962.48	**$0.00**	**$962.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$96.49**	**$0.00**	**$96.49**
Medical				**$3,957.32**	**$0.00**	**$3,957.32**
				$4,053.81	**$0.00**	**$4,053.81**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$896.70**	**$0.00**	**$896.70**
Medical				**$746.53**	**$0.00**	**$746.53**
				$1,643.23	**$0.00**	**$1,643.23**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$620.20**	**$0.00**	**$620.20**
Indemnity				**$62,128.65**	**$0.00**	**$62,128.65**
Medical				**$25,303.90**	**$0.00**	**$25,303.90**
				$88,052.75	**$0.00**	**$88,052.75**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**-$517.00**			

374 - MCV-NURS-PEDS-EMERGENCY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

374 - MCV-NURS-PEDS-EMERGENCY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$533.50**	**$0.00**	**$533.50**
Indemnity			**$11,245.52**	**$0.00**	**$11,245.52**
Medical			**$19,722.94**	**$0.00**	**$19,722.94**
			$31,501.96	**$0.00**	**$31,501.96**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$67.95**	**$0.00**	**$67.95**
		$67.95	**$0.00**	**$67.95**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$408.05**	**$0.00**	**$408.05**
		$408.05	**$0.00**	**$408.05**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,295.95**	**$0.00**	**$1,295.95**
		$1,295.95	**$0.00**	**$1,295.95**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$209.65**	**$0.00**	**$209.65**
		$209.65	**$0.00**	**$209.65**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

374 - MCV-NURS-PEDS-EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$233.10**	**$0.00**	**$233.10**
				$233.10	**$0.00**	**$233.10**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$34.10**	**$0.00**	**$34.10**
				$34.10	**$0.00**	**$34.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$82.93**	**$0.00**	**$82.93**
				$82.93	**$0.00**	**$82.93**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$139.00**	**$0.00**	**$139.00**
				$139.00	**$0.00**	**$139.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

374 - MCV-NURS-PEDS-EMERGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$246.19	$0.00	$246.19
				$246.19	$0.00	$246.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$681.00	$0.00	$681.00
				$681.00	$0.00	$681.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.60	$0.00	$345.60
				$345.60	$0.00	$345.60
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$533.50	$0.00	$533.50
Indemnity.....	.....			$11,245.52	$0.00	$11,245.52
Medical.....	.....			$23,466.46	$0.00	$23,466.46
				$35,245.48	$0.00	$35,245.48
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

375 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

375 - MCV-NURS-ICU

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$272.85**	**$0.00**	**$272.85**
Medical				**$18.60**	**$0.00**	**$18.60**
				$291.45	**$0.00**	**$291.45**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$304.00**	**$0.00**	**$304.00**
		$304.00	**$0.00**	**$304.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$195.25**	**$0.00**	**$195.25**
		$195.25	**$0.00**	**$195.25**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$35.40**	**$0.00**	**$35.40**
		$35.40	**$0.00**	**$35.40**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

375 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,922.10**	**$0.00**	**$15,922.10**
Medical				**$16,839.13**	**$0.00**	**$16,839.13**
				$32,761.23	**$0.00**	**$32,761.23**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.39**	**$0.00**	**$207.39**
				$207.39	**$0.00**	**$207.39**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.03**	**$0.00**	**$171.03**
				$171.03	**$0.00**	**$171.03**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

375 - MCV-NURS-ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$314.75	$0.00	$314.75
				$314.75	$0.00	$314.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$59.94	$0.00	$59.94
				$59.94	$0.00	$59.94
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,194.95	$0.00	$16,194.95
Medical.....	.....			$18,145.49	$0.00	$18,145.49
				$34,340.44	$0.00	$34,340.44
# of Claims	97					
# Open	0	Recovery Amount:	$0.00			

376 - MCV-NEWBORN INTER CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

376 - MCV-NEWBORN INTER CARE

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$59.00**	**$0.00**	**$59.00**
			$59.00	**$0.00**	**$59.00**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$3,879.60**	**$0.00**	**$3,879.60**
Indemnity		**$114,819.82**	**$0.00**	**$114,819.82**
Medical		**$98,062.39**	**$0.00**	**$98,062.39**
		$216,761.81	**$0.00**	**$216,761.81**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,336.02**	**$0.00**	**$4,336.02**
Medical		**$2,087.64**	**$0.00**	**$2,087.64**
		$6,423.66	**$0.00**	**$6,423.66**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,540.95**	**$0.00**	**$4,540.95**
Medical		**$725.03**	**$0.00**	**$725.03**
		$5,265.98	**$0.00**	**$5,265.98**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,176.21**	**$0.00**	**$2,176.21**
Medical		**$9,753.17**	**$0.00**	**$9,753.17**
		$11,929.38	**$0.00**	**$11,929.38**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

376 - MCV-NEWBORN INTER CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$28.35**	**$0.00**	**$28.35**
Indemnity				**$149,471.99**	**$0.00**	**$149,471.99**
Medical				**$141,256.29**	**$0.00**	**$141,256.29**
				$290,756.63	**$0.00**	**$290,756.63**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$98.57**	**$0.00**	**$98.57**
Medical				**$209.25**	**$0.00**	**$209.25**
				$307.82	**$0.00**	**$307.82**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,907.95**	**$0.00**	**$3,907.95**
Indemnity				**$275,443.56**	**$0.00**	**$275,443.56**
Medical				**$252,152.77**	**$0.00**	**$252,152.77**
				$531,504.28	**$0.00**	**$531,504.28**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

377 - MCV-MEDICINE-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

377 - MCV-MEDICINE-ADMIN

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$339.45**	**$0.00**	**$339.45**
				$339.45	**$0.00**	**$339.45**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$108.99**	**$0.00**	**$108.99**
		$108.99	**$0.00**	**$108.99**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

377 - MCV-MEDICINE-ADMIN

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$448.44**	**$0.00**	**$448.44**
	$448.44	**$0.00**	**$448.44**

# of Claims 9

 # Open 0 **Recovery Amount:** $0.00

378 - MCV-NURSING ONOCOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....	**$62.50**	**$0.00**	**$62.50**
Indemnity.....	**$5,851.23**	**$0.00**	**$5,851.23**
Medical.....	**$6,483.35**	**$0.00**	**$6,483.35**
	$12,397.08	**$0.00**	**$12,397.08**
# of Claims	9			
# Open	0	**Recovery Amount:**	$0.00	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$3,812.75**	**$0.00**	**$3,812.75**
	$3,812.75	**$0.00**	**$3,812.75**
# of Claims	8			
# Open	0	**Recovery Amount:**	$0.00	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$270.00**	**$0.00**	**$270.00**
	$270.00	**$0.00**	**$270.00**
# of Claims	7			
# Open	0	**Recovery Amount:**	$0.00	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

378 - MCV-NURSING ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$208.40**	**$0.00**	**$208.40**
Medical				**$1,113.39**	**$0.00**	**$1,113.39**
				$1,321.79	**$0.00**	**$1,321.79**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,383.10**	**$0.00**	**$7,383.10**
Medical				**$3,622.12**	**$0.00**	**$3,622.12**
				$11,005.22	**$0.00**	**$11,005.22**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$435.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,597.38**	**$0.00**	**$5,597.38**
Medical				**$23,354.05**	**$0.00**	**$23,354.05**
				$28,951.43	**$0.00**	**$28,951.43**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,920.58**	**$0.00**	**$3,920.58**
Medical				**$4,824.13**	**$0.00**	**$4,824.13**
				$8,744.71	**$0.00**	**$8,744.71**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

378 - MCV-NURSING ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,469.06	$0.00	$1,469.06
Medical.....	.....			$2,300.23	$0.00	$2,300.23
				$3,769.29	$0.00	$3,769.29
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,000.35	$0.00	$1,000.35
Medical.....	.....			$1,681.71	$0.00	$1,681.71
				$2,682.06	$0.00	$2,682.06
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$49.68	$0.00	$49.68
Medical.....	.....			$530.79	$0.00	$530.79
				$580.47	$0.00	$580.47
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,418.17	$0.00	$2,418.17
Medical.....	.....			$2,012.37	$0.00	$2,012.37
				$4,430.54	$0.00	$4,430.54
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

378 - MCV-NURSING ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,860.57	$0.00	$1,860.57
Medical.....	.....			$2,214.22	$0.00	$2,214.22
				$4,074.79	$0.00	$4,074.79
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$29,758.52	$0.00	$29,758.52
Medical.....	.....			$52,219.11	$0.00	$52,219.11
				$82,040.13	$0.00	$82,040.13
# of Claims	162					
# Open	0	Recovery Amount:	-$435.05			

380 - MCV-OR/RR ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$180.95	$0.00	$180.95
				$180.95	$0.00	$180.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

380 - MCV-OR/RR ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

380 - MCV-OR/RR ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$180.95**	**$0.00**	**$180.95**
				$180.95	**$0.00**	**$180.95**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

381 - MCV-NURS-CARDIAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$800.99	$0.00	$800.99
Medical.....	.....			$3,817.46	$0.00	$3,817.46
				$5,001.95	$0.00	$5,001.95
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$278.44	$0.00	$278.44
Medical.....	.....			$1,810.75	$0.00	$1,810.75
				$2,089.19	$0.00	$2,089.19
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$13,019.34	$0.00	$13,019.34
Indemnity.....	.....			$245,299.87	$0.00	$245,299.87
Medical.....	.....			$642,453.98	$0.00	$642,453.98
				$900,773.19	$0.00	$900,773.19
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

381 - MCV-NURS-CARDIAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$371.43	$0.00	$371.43
Medical.....	.....			$7,202.92	$0.00	$7,202.92
				$7,574.35	$0.00	$7,574.35
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,430.49	$0.00	$3,430.49
Medical.....	.....			$4,024.51	$0.00	$4,024.51
				$7,455.00	$0.00	$7,455.00
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$52,829.56	$0.00	$52,829.56
Medical.....	.....			$32,237.75	$0.00	$32,237.75
				$85,067.31	$0.00	$85,067.31
# of Claims	106					
# Open	0	Recovery Amount:	-$2,298.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$15,460.75	$0.00	$15,460.75
Indemnity.....	.....			$182,571.64	$0.00	$182,571.64
Medical.....	.....			$192,308.45	$18,553.37	$210,861.82
				$390,340.84	$18,553.37	$408,894.21
# of Claims	71					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$555.15	$0.00	$555.15
				$555.15	$0.00	$555.15
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

381 - MCV-NURS-CARDIAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$28,863.59	$0.00	$28,863.59
Indemnity.....	.....			$485,582.42	$0.00	$485,582.42
Medical.....	.....			$884,410.97	$18,553.37	$902,964.34
				$1,398,856.98	$18,553.37	$1,417,410.35
# of Claims	598					
# Open	1	Recovery Amount:	-$2,298.60			

382 - MCV-POST ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$1,865.82	$0.00	$1,865.82
Medical.....	.....			$4,527.40	$0.00	$4,527.40
				$6,455.72	$0.00	$6,455.72
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,483.91	$0.00	$1,483.91
Medical.....	.....			$24.06	$0.00	$24.06
				$1,507.97	$0.00	$1,507.97
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

382 - MCV-POST ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$308.00	$0.00	$308.00
				$308.00	$0.00	$308.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$292.43	$0.00	$292.43
				$292.43	$0.00	$292.43
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,611.69	$0.00	$10,611.69
Medical.....	.....			$1,698.48	$0.00	$1,698.48
				$12,310.17	$0.00	$12,310.17
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$105.00	$0.00	$105.00
				$105.00	$0.00	$105.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

382 - MCV-POST ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$311.17	$0.00	$311.17
Medical.....	.....			$565.68	$0.00	$565.68
				$876.85	$0.00	$876.85
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,371.69	$0.00	$1,371.69
Medical.....	.....			$15,072.38	$0.00	$15,072.38
				$16,444.07	$0.00	$16,444.07
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,024.00	$0.00	$1,024.00
				$1,024.00	$0.00	$1,024.00
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,306.63	$0.00	$1,306.63
Medical.....	.....			$4,501.50	$0.00	$4,501.50
				$5,808.13	$0.00	$5,808.13
# of Claims	14					
# Open	0	Recovery Amount:	-$19.20			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

382 - MCV-POST ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,148.78	$0.00	$2,148.78
Medical.....	.....			$780.26	$0.00	$780.26
				$2,929.04	$0.00	$2,929.04
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,520.62	$0.00	$2,520.62
Medical.....	.....			$1,638.55	$0.00	$1,638.55
				$4,159.17	$0.00	$4,159.17
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$21,620.31	$0.00	$21,620.31
Medical.....	.....			$30,537.74	$0.00	$30,537.74
				$52,220.55	$0.00	$52,220.55
# of Claims	169					
# Open	0	Recovery Amount:	-$19.20			

383 - MCV-NURS-EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14.00	$0.00	$14.00
				$14.00	$0.00	$14.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

383 - MCV-NURS-EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.83	$0.00	$192.83
				$192.83	$0.00	$192.83
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$206.83	$0.00	$206.83
				$206.83	$0.00	$206.83
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

387 - MCV-OB/SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

387 - MCV-OB/SPECIALTY

WC2001	**7/1/2000 - 6/30/2001**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

389 - 1

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

389 - 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

38 - MCV-MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$408.50**	**$0.00**	**$408.50**
Indemnity				**$722.02**	**$0.00**	**$722.02**
Medical				**$12,888.74**	**$0.00**	**$12,888.74**
				$14,019.26	**$0.00**	**$14,019.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

38 - MCV-MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$408.50	$0.00	$408.50
Indemnity.....	.....			$722.02	$0.00	$722.02
Medical.....	.....			$12,888.74	$0.00	$12,888.74
				$14,019.26	$0.00	$14,019.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

391 - MCV-NURS-PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

391 - MCV-NURS-PEDIATRIC

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

393 - MCV-NURSING-COM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$157.22	$0.00	$157.22
			$157.22	$0.00	$157.22

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$21.00	$0.00	$21.00
			$21.00	$0.00	$21.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

393 - MCV-NURSING-COM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.22	$0.00	$178.22
				$178.22	$0.00	$178.22
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

395 - MCV-PSYCH REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

395 - MCV-PSYCH REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$220.58**	**$0.00**	**$220.58**
				$220.58	**$0.00**	**$220.58**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.62**	**$0.00**	**$114.62**
				$114.62	**$0.00**	**$114.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24.00**	**$0.00**	**$24.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

395 - MCV-PSYCH REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$359.20**	**$0.00**	**$359.20**
				$359.20	**$0.00**	**$359.20**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

396 - MCV-NURSING PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$411.10**	**$0.00**	**$411.10**
				$411.10	**$0.00**	**$411.10**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.15**	**$0.00**	**$9.15**
				$9.15	**$0.00**	**$9.15**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

396 - MCV-NURSING PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.75	$0.00	$304.75
				$304.75	$0.00	$304.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$382.40	$0.00	$382.40
				$382.40	$0.00	$382.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.48	$0.00	$85.48
				$85.48	$0.00	$85.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

396 - MCV-NURSING PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$111.22	$0.00	$111.22
Medical.....	.....			$28.00	$0.00	$28.00
				$139.22	$0.00	$139.22
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$689.24	$0.00	$689.24
Medical.....	.....			$3,663.12	$0.00	$3,663.12
				$4,352.36	$0.00	$4,352.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$533.34	$0.00	$533.34
Medical.....	.....			$415.80	$0.00	$415.80
				$949.14	$0.00	$949.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$76.33	$0.00	$76.33
Medical.....	.....			$164.56	$0.00	$164.56
				$240.89	$0.00	$240.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

396 - MCV-NURSING PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$115.91**	**$0.00**	**$115.91**
Medical				**$698.75**	**$0.00**	**$698.75**
				$814.66	**$0.00**	**$814.66**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,818.44**	**$0.00**	**$18,818.44**
Medical				**$32,820.17**	**$0.00**	**$32,820.17**
				$51,638.61	**$0.00**	**$51,638.61**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,344.48**	**$0.00**	**$20,344.48**
Medical				**$38,983.28**	**$0.00**	**$38,983.28**
				$59,327.76	**$0.00**	**$59,327.76**
# of Claims	**89**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

399 - MCV-SYSTEM SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

399 - MCV-SYSTEM SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

400 - MCV-FINANCIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$660.35**	**$0.00**	**$660.35**
				$660.35	**$0.00**	**$660.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

400 - MCV-FINANCIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.25	$0.00	$147.25
				$147.25	$0.00	$147.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$603.75	$0.00	$603.75
Indemnity.....	.....			$97,216.91	$0.00	$97,216.91
Medical.....	.....			$9,197.80	$0.00	$9,197.80
				$107,018.46	$0.00	$107,018.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$603.75	$0.00	$603.75
Indemnity.....	.....			$97,216.91	$0.00	$97,216.91
Medical.....	.....			$10,005.40	$0.00	$10,005.40
				$107,826.06	$0.00	$107,826.06
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

401 - MCV-OPERATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

401 - MCV-OPERATIONS

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$399.50**	**$0.00**	**$399.50**
Indemnity			**$7,878.34**	**$0.00**	**$7,878.34**
Medical			**$26,135.96**	**$0.00**	**$26,135.96**
			$34,413.80	**$0.00**	**$34,413.80**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$499.92**	**$0.00**	**$499.92**
Medical		**$168.69**	**$0.00**	**$168.69**
		$668.61	**$0.00**	**$668.61**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$9.50**	**$0.00**	**$9.50**
		$9.50	**$0.00**	**$9.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

401 - MCV-OPERATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.67	$0.00	$27.67
				$27.67	$0.00	$27.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$399.50	$0.00	$399.50
Indemnity.....	.....			$8,378.26	$0.00	$8,378.26
Medical.....	.....			$26,341.82	$0.00	$26,341.82
				$35,119.58	$0.00	$35,119.58
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

402 - MCV-PATIENT CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

402 - MCV-PATIENT CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

409 - MCV-REHAB HEAD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$446.00**	**$0.00**	**$446.00**
Indemnity				**$1,043.13**	**$0.00**	**$1,043.13**
Medical				**$953.70**	**$0.00**	**$953.70**
				$2,442.83	**$0.00**	**$2,442.83**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

409 - MCV-REHAB HEAD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.25	$0.00	$6.25
				$6.25	$0.00	$6.25
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$779.84	$0.00	$779.84
Medical.....	.....			$196.61	$0.00	$196.61
				$976.45	$0.00	$976.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$773.66	$0.00	$773.66
Medical.....	.....			$985.39	$0.00	$985.39
				$1,759.05	$0.00	$1,759.05
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,603.24	$0.00	$2,603.24
Medical.....	.....			$2,722.70	$0.00	$2,722.70
				$5,325.94	$0.00	$5,325.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

409 - MCV-REHAB HEAD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,104.68	$0.00	$1,104.68
Medical.....	.....			$395.25	$0.00	$395.25
				$1,499.93	$0.00	$1,499.93
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27.26	$0.00	$27.26
Medical.....	.....			$123.00	$0.00	$123.00
				$150.26	$0.00	$150.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$994.64	$0.00	$994.64
Medical.....	.....			$966.46	$0.00	$966.46
				$1,961.10	$0.00	$1,961.10
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

409 - MCV-REHAB HEAD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,825.77	$0.00	$10,825.77
Medical.....	.....			$15,745.01	$0.00	$15,745.01
				$26,570.78	$0.00	$26,570.78
# of Claims	9					
# Open	0	Recovery Amount:	-$230.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$881.26	$0.00	$881.26
Medical.....	.....			$2,888.74	$0.00	$2,888.74
				$3,770.00	$0.00	$3,770.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$19,033.48	$0.00	$19,033.48
Medical.....	.....			$25,073.11	$0.00	$25,073.11
				$44,552.59	$0.00	$44,552.59
# of Claims	114					
# Open	0	Recovery Amount:	-$230.00			

413 - MCV-MAINFRAME D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$98.37	$0.00	$98.37
Medical.....	.....			$586.00	$0.00	$586.00
				$746.87	$0.00	$746.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

413 - MCV-MAINFRAME D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$126.20**	**$0.00**	**$126.20**
				$126.20	**$0.00**	**$126.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$266.11**	**$0.00**	**$266.11**
Medical				**$117.34**	**$0.00**	**$117.34**
				$383.45	**$0.00**	**$383.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$112.68**	**$0.00**	**$112.68**
Medical				**$183.06**	**$0.00**	**$183.06**
				$295.74	**$0.00**	**$295.74**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$201.71**	**$0.00**	**$201.71**
Medical				**$165.25**	**$0.00**	**$165.25**
				$366.96	**$0.00**	**$366.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

413 - MCV-MAINFRAME D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.20	$0.00	$62.20
				$62.20	$0.00	$62.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$678.87	$0.00	$678.87
Medical.....	.....			$1,240.05	$0.00	$1,240.05
				$1,981.42	$0.00	$1,981.42
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

415 - MCV-AD WILLIAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$125.55	$0.00	$125.55
Medical.....	.....			$82.55	$0.00	$82.55
				$208.10	$0.00	$208.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$93.00	$0.00	$93.00
				$93.00	$0.00	$93.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

415 - MCV-AD WILLIAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10.70	$0.00	$10.70
				$10.70	$0.00	$10.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$564.67	$0.00	$564.67
				$564.67	$0.00	$564.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.75	$0.00	$132.75
				$132.75	$0.00	$132.75
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$125.55	$0.00	$125.55
Medical.....	.....			$883.67	$0.00	$883.67
				$1,009.22	$0.00	$1,009.22
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

416 - MCV-NURSING-AMB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

417 - MCV-REFERRING PHYSICIAN SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

417 - MCV-REFERRING PHYSICIAN SERVICES

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$2,923.08**	**$0.00**	**$2,923.08**
Indemnity			**$132,856.66**	**$0.00**	**$132,856.66**
Medical			**$303,879.48**	**$0.00**	**$303,879.48**
			$439,659.22	**$0.00**	**$439,659.22**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,570.43**	**$0.00**	**$1,570.43**
Medical		**$1,046.99**	**$0.00**	**$1,046.99**
		$2,617.42	**$0.00**	**$2,617.42**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,004.11**	**$0.00**	**$1,004.11**
		$1,004.11	**$0.00**	**$1,004.11**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,517.61**	**$0.00**	**$4,517.61**
Medical		**$9,212.32**	**$0.00**	**$9,212.32**
		$13,729.93	**$0.00**	**$13,729.93**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

417 - MCV-REFERRING PHYSICIAN SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$2,923.08	$0.00	$2,923.08
Indemnity.....	.....			$138,944.70	$0.00	$138,944.70
Medical.....	.....			$315,142.90	$0.00	$315,142.90
				$457,010.68	$0.00	$457,010.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

418 - MCV-NELSON CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

418 - MCV-NELSON CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$847.32	$0.00	$847.32
Medical.....	.....			$2,128.30	$0.00	$2,128.30
				$2,975.62	$0.00	$2,975.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,691.63	$0.00	$8,691.63
Medical.....	.....			$19,904.88	$0.00	$19,904.88
				$28,596.51	$0.00	$28,596.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,072.29	$0.00	$2,072.29
Medical.....	.....			$9,759.53	$0.00	$9,759.53
				$11,831.82	$0.00	$11,831.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

418 - MCV-NELSON CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,611.24	$0.00	$11,611.24
Medical.....	.....			$31,847.71	$0.00	$31,847.71
				$43,458.95	$0.00	$43,458.95
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

419 - MCV-PHARMACY CONTROLLED SUBSTANC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

422 - MCV-PUBLIC RELATIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

422 - MCV-PUBLIC RELATIONS

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$121.00**	**$0.00**	**$121.00**
			$121.00	**$0.00**	**$121.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$54.00**	**$0.00**	**$54.00**
		$54.00	**$0.00**	**$54.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$2,326.00**	**$0.00**	**$2,326.00**
Indemnity		**$2,692.74**	**$0.00**	**$2,692.74**
Medical		**$107,095.74**	**$0.00**	**$107,095.74**
		$112,114.48	**$0.00**	**$112,114.48**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$2,326.00**	**$0.00**	**$2,326.00**
Indemnity	**$2,692.74**	**$0.00**	**$2,692.74**
Medical	**$107,270.74**	**$0.00**	**$107,270.74**
	$112,289.48	**$0.00**	**$112,289.48**
# of Claims	**6**		
# Open	**0**	**Recovery Amount:**	**$0.00**

429 - MCV-RESP CARE-E

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

429 - MCV-RESP CARE-E

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

42 - MCV-PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$43.85**	**$0.00**	**$43.85**
				$43.85	**$0.00**	**$43.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

42 - MCV-PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.00	$0.00	$139.00
				$139.00	$0.00	$139.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$105.00	$0.00	$105.00
				$105.00	$0.00	$105.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

42 - MCV-PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$287.85	$0.00	$287.85
				$287.85	$0.00	$287.85
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

430 - MCV-RESP CARE-P

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

431 - MCV-LABORATORY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

431 - MCV-LABORATORY

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$132.50**	**$0.00**	**$132.50**
		$132.50	**$0.00**	**$132.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$135.00**	**$0.00**	**$135.00**
		$135.00	**$0.00**	**$135.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

431 - MCV-LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.25	$0.00	$144.25
Medical.....	.....			$0.00	$0.00	$0.00
				$144.25	$0.00	$144.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.50	$0.00	$174.50
				$174.50	$0.00	$174.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.25	$0.00	$144.25
Medical.....	.....			$442.00	$0.00	$442.00
				$586.25	$0.00	$586.25
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

43 - MCV-GENERAL STORES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$57.00	$0.00	$57.00
				$57.00	$0.00	$57.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

43 - MCV-GENERAL STORES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$852.82	$0.00	$852.82
				$852.82	$0.00	$852.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$325.27	$0.00	$325.27
				$325.27	$0.00	$325.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,664.48	$0.00	$1,664.48
Medical.....	.....			$6,344.23	$0.00	$6,344.23
				$8,008.71	$0.00	$8,008.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$447.51	$0.00	$447.51
Medical.....	.....			$1,046.42	$0.00	$1,046.42
				$1,493.93	$0.00	$1,493.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

43 - MCV-GENERAL STORES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$2,195.83	$113.00	$2,308.83
Indemnity.....	.....			$138,119.88	$0.00	$138,119.88
Medical.....	.....			$169,525.88	$40,090.79	$209,616.67
				$309,841.59	$40,203.79	$350,045.38
# of Claims	5					
# Open	1	Recovery Amount:	-$217.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,769.89	$0.00	$2,769.89
Medical.....	.....			$5,002.56	$0.00	$5,002.56
				$7,772.45	$0.00	$7,772.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,790.20	$0.00	$2,790.20
Medical.....	.....			$5,200.93	$0.00	$5,200.93
				$7,991.13	$0.00	$7,991.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$581.32	$0.00	$581.32
Medical.....	.....			$829.35	$0.00	$829.35
				$1,410.67	$0.00	$1,410.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

43 - MCV-GENERAL STORES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,007.45	$0.00	$2,007.45
Medical.....	.....			$1,516.70	$0.00	$1,516.70
				$3,524.15	$0.00	$3,524.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.60	$0.00	$156.60
				$156.60	$0.00	$156.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,195.83	$113.00	$2,308.83
Indemnity.....	.....			$148,380.73	$0.00	$148,380.73
Medical.....	.....			$190,857.76	$40,090.79	$230,948.55
				$341,434.32	$40,203.79	$381,638.11
# of Claims	44					
# Open	1	Recovery Amount:	-$217.00			

443 - MCV-PATHOLOGY-C

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

443 - MCV-PATHOLOGY-C

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

446 - MCV-GENERAL DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

446 - MCV-GENERAL DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.00	$0.00	$135.00
				$135.00	$0.00	$135.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$72,741.78	$0.00	$72,741.78
Medical.....	.....			$30,732.14	$0.00	$30,732.14
				$103,473.92	$0.00	$103,473.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.52	$0.00	$685.52
				$685.52	$0.00	$685.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

446 - MCV-GENERAL DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.80	$0.00	$153.80
				$153.80	$0.00	$153.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

446 - MCV-GENERAL DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,631.00	$0.00	$2,631.00
				$2,631.00	$0.00	$2,631.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.24	$0.00	$52.24
				$52.24	$0.00	$52.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$72,741.78	$0.00	$72,741.78
Medical.....	.....			$34,389.70	$0.00	$34,389.70
				$107,131.48	$0.00	$107,131.48
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

459 - MCV-TRAUMA/ER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

459 - MCV-TRAUMA/ER

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

460 - MCV-NON-ACUTE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$144.75	$0.00	$144.75
		$144.75	$0.00	$144.75

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$229.84	$0.00	$229.84
		$229.84	$0.00	$229.84

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,053.13	$0.00	$1,053.13
Medical.....	.....	$2,042.25	$0.00	$2,042.25
		$3,095.38	$0.00	$3,095.38

# of Claims 11

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$325.99	$0.00	$325.99
		$325.99	$0.00	$325.99

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

460 - MCV-NON-ACUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,688.46	$0.00	$2,688.46
Indemnity.....	.....			$252,507.84	$0.00	$252,507.84
Medical.....	.....			$344,357.72	$0.00	$344,357.72
				$599,554.02	$0.00	$599,554.02
# of Claims	4					
# Open	0	Recovery Amount:	-$125.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$188.66	$0.00	$188.66
				$188.66	$0.00	$188.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,688.46	$0.00	$2,688.46
Indemnity.....	.....			$253,560.97	$0.00	$253,560.97
Medical.....	.....			$347,289.21	$0.00	$347,289.21
				$603,538.64	$0.00	$603,538.64
# of Claims	34					
# Open	0	Recovery Amount:	-$125.00			

463 - MCV-TECHNICAL S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.20	$0.00	$115.20
				$115.20	$0.00	$115.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

463 - MCV-TECHNICAL S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$22,627.29**	**$0.00**	**$22,627.29**
Medical				**$40,818.98**	**$0.00**	**$40,818.98**
				$63,446.27	**$0.00**	**$63,446.27**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$313.00**	**$0.00**	**$313.00**
				$313.00	**$0.00**	**$313.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

463 - MCV-TECHNICAL S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$163.96	$0.00	$163.96
Medical.....	.....			$1,239.72	$0.00	$1,239.72
				$1,403.68	$0.00	$1,403.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,791.25	$0.00	$22,791.25
Medical.....	.....			$42,486.90	$0.00	$42,486.90
				$65,278.15	$0.00	$65,278.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

465 - MCV-PERSONNEL G

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

465 - MCV-PERSONNEL G

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$771.09**	**$0.00**	**$771.09**
Medical				**$769.40**	**$0.00**	**$769.40**
				$1,540.49	**$0.00**	**$1,540.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$228.00**	**$0.00**	**$228.00**
				$228.00	**$0.00**	**$228.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

465 - MCV-PERSONNEL G

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$771.09**	**$0.00**	**$771.09**
Medical	**$997.40**	**$0.00**	**$997.40**
	$1,768.49	**$0.00**	**$1,768.49**

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

468 - MCV-LITHOTROPSY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$377.73**	**$0.00**	**$377.73**
Medical		**$0.00**	**$0.00**	**$0.00**
		$377.73	**$0.00**	**$377.73**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

468 - MCV-LITHOTROPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$377.73**	**$0.00**	**$377.73**
Medical				**$0.00**	**$0.00**	**$0.00**
				$377.73	**$0.00**	**$377.73**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

469 - MCV-TRANSPLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

469 - MCV-TRANSPLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$806.30	$0.00	$806.30
Medical.....	.....			$568.25	$0.00	$568.25
				$1,374.55	$0.00	$1,374.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.00	$0.00	$21.00
				$21.00	$0.00	$21.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.50	$0.00	$367.50
				$367.50	$0.00	$367.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

469 - MCV-TRANSPLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$93.80**	**$0.00**	**$93.80**
				$93.80	**$0.00**	**$93.80**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$806.30**	**$0.00**	**$806.30**
Medical				**$1,050.55**	**$0.00**	**$1,050.55**
				$1,856.85	**$0.00**	**$1,856.85**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

471 - MCV-NURSING IV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$98.00**	**$0.00**	**$98.00**
				$98.00	**$0.00**	**$98.00**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

471 - MCV-NURSING IV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,093.68	$0.00	$1,093.68
Medical.....	.....			$4,629.83	$0.00	$4,629.83
				$5,723.51	$0.00	$5,723.51
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,144.21	$0.00	$1,144.21
Medical.....	.....			$577.45	$0.00	$577.45
				$1,721.66	$0.00	$1,721.66
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,963.50	$0.00	$20,963.50
Medical.....	.....			$15,685.33	$0.00	$15,685.33
				$36,648.83	$0.00	$36,648.83
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$6,142.34	$456.44	$6,598.78
Indemnity.....	.....			$25,043.59	$0.00	$25,043.59
Medical.....	.....			$186,814.86	$150,455.24	$337,270.10
				$218,000.79	$150,911.68	$368,912.47
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

471 - MCV-NURSING IV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.00	$0.00	$311.00
				$311.00	$0.00	$311.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$6,142.34	$456.44	$6,598.78
Indemnity.....	.....			$48,244.98	$0.00	$48,244.98
Medical.....	.....			$208,116.47	$150,455.24	$358,571.71
				$262,503.79	$150,911.68	$413,415.47
# of Claims	88					
# Open	1	Recovery Amount:	$0.00			

472 - MCV-GEN MED/SURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.00	$0.00	$120.00
				$120.00	$0.00	$120.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.60	$0.00	$11.60
				$11.60	$0.00	$11.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.60	$0.00	$131.60
				$131.60	$0.00	$131.60

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

472 - MCV-GEN MED/SURG

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

473 - MCV-PEDIATRIC

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$135.00	$0.00	$135.00
			$135.00	$0.00	$135.00
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$135.00	$0.00	$135.00
			$135.00	$0.00	$135.00
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

475 - MCV-ICU

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$223.95	$0.00	$223.95
			$223.95	$0.00	$223.95
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$223.95	$0.00	$223.95
			$223.95	$0.00	$223.95
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

476 - MCV-OR/PACU

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

476 - MCV-OR/PACU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$107.00**	**$0.00**	**$107.00**
				$107.00	**$0.00**	**$107.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$107.00**	**$0.00**	**$107.00**
				$107.00	**$0.00**	**$107.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

477 - MCV-ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

477 - MCV-ONCOLOGY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$360.39**	**$0.00**	**$360.39**
			$360.39	**$0.00**	**$360.39**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$360.39**	**$0.00**	**$360.39**
		$360.39	**$0.00**	**$360.39**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

479 - MCV-REFERRING PHYSICIAN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$412.52**	**$0.00**	**$412.52**
		$412.52	**$0.00**	**$412.52**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

479 - MCV-REFERRING PHYSICIAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.52	$0.00	$412.52
				$412.52	$0.00	$412.52
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

480 - MCV-CV/T RELIEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.35	$0.00	$289.35
				$289.35	$0.00	$289.35
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

206 - VCU Health Systems

480 - MCV-CV/T RELIEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$99.68	$0.00	$99.68
Medical.....	.....			$162.97	$0.00	$162.97
				$262.65	$0.00	$262.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$99.68	$0.00	$99.68
Medical.....	.....			$452.32	$0.00	$452.32
				$552.00	$0.00	$552.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

481 - MCV-CV/T PREMIUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$509.23	$0.00	$509.23
				$509.23	$0.00	$509.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$509.23	$0.00	$509.23
				$509.23	$0.00	$509.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

482 - MCV-PHARMACY HOME CARE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

482 - MCV-PHARMACY HOME CARE

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

484 - MCV-PHARMACY BULK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$333.00**	**$0.00**	**$333.00**
				$333.00	**$0.00**	**$333.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$333.00**	**$0.00**	**$333.00**
				$333.00	**$0.00**	**$333.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

484 - MCV-PHARMACY BULK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$333.00**	**$0.00**	**$333.00**
				$333.00	**$0.00**	**$333.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$333.00**	**$0.00**	**$333.00**
				$333.00	**$0.00**	**$333.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

485 - MCV-DTC NORTH SATELLITE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,348.81**	**$0.00**	**$1,348.81**
Medical				**$2,632.69**	**$0.00**	**$2,632.69**
				$3,981.50	**$0.00**	**$3,981.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

485 - MCV-DTC NORTH SATELLITE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,848.18**	**$0.00**	**$1,848.18**
				$1,848.18	**$0.00**	**$1,848.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,348.81**	**$0.00**	**$1,348.81**
Medical				**$4,480.87**	**$0.00**	**$4,480.87**
				$5,829.68	**$0.00**	**$5,829.68**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

486 - MCV-HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$158.65**	**$0.00**	**$158.65**
Medical				**$293.70**	**$0.00**	**$293.70**
				$514.85	**$0.00**	**$514.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$158.65**	**$0.00**	**$158.65**
Medical				**$293.70**	**$0.00**	**$293.70**
				$514.85	**$0.00**	**$514.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

487 - MCV-DIETARY-NON

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

487 - MCV-DIETARY-NON

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$25.78**	**$0.00**	**$25.78**
Medical			**$282.00**	**$0.00**	**$282.00**
			$307.78	**$0.00**	**$307.78**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$54.00**	**$0.00**	**$54.00**
			$54.00	**$0.00**	**$54.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$25.78**	**$0.00**	**$25.78**
Medical			**$336.00**	**$0.00**	**$336.00**
			$361.78	**$0.00**	**$361.78**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

488 - MCV-CANCER REHAB

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$168.60**	**$0.00**	**$168.60**
			$168.60	**$0.00**	**$168.60**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

488 - MCV-CANCER REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,527.90	$0.00	$1,527.90
				$1,527.90	$0.00	$1,527.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,696.50	$0.00	$1,696.50
				$1,696.50	$0.00	$1,696.50
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

489 - MCV-NURSING-GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

489 - MCV-NURSING-GYN

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$33.00**	**$0.00**	**$33.00**
			$33.00	**$0.00**	**$33.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$127.64**	**$0.00**	**$127.64**
		$127.64	**$0.00**	**$127.64**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

489 - MCV-NURSING-GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.50	$0.00	$154.50
				$154.50	$0.00	$154.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.14	$0.00	$315.14
				$315.14	$0.00	$315.14
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

490 - MCV-NURSING-PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

490 - MCV-NURSING-PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.05	$0.00	$226.05
				$226.05	$0.00	$226.05
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$279.65	$0.00	$279.65
Medical.....	.....			$2,919.55	$0.00	$2,919.55
				$3,199.20	$0.00	$3,199.20
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,449.21	$0.00	$35,449.21
Medical.....	.....			$17,008.26	$0.00	$17,008.26
				$52,457.47	$0.00	$52,457.47
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$2,150.00	$0.00	$2,150.00
Indemnity.....	.....			$201,217.47	$0.00	$201,217.47
Medical.....	.....			$56,267.06	$0.00	$56,267.06
				$259,634.53	$0.00	$259,634.53
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

490 - MCV-NURSING-PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$532.57	$0.00	$532.57
Medical.....	.....			$1,109.68	$0.00	$1,109.68
				$1,642.25	$0.00	$1,642.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$759.63	$0.00	$759.63
Medical.....	.....			$958.00	$0.00	$958.00
				$1,717.63	$0.00	$1,717.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

490 - MCV-NURSING-PSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.56	$0.00	$216.56
				$216.56	$0.00	$216.56
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,086.19	$0.00	$2,086.19
				$2,086.19	$0.00	$2,086.19
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$81.84	$0.00	$81.84
Medical.....	.....			$2,165.58	$0.00	$2,165.58
				$2,247.42	$0.00	$2,247.42
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,150.00	$0.00	$2,150.00
Indemnity.....	.....			$238,320.37	$0.00	$238,320.37
Medical.....	.....			$82,956.93	$0.00	$82,956.93
				$323,427.30	$0.00	$323,427.30
# of Claims	104					
# Open	0	Recovery Amount:	$0.00			

491 - MCV-NURSE-MED/ONC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

491 - MCV-NURSE-MED/ONC

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$164.70**	**$0.00**	**$164.70**
				$164.70	**$0.00**	**$164.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$67.18**	**$0.00**	**$67.18**
Medical				**$16.65**	**$0.00**	**$16.65**
				$83.83	**$0.00**	**$83.83**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

491 - MCV-NURSE-MED/ONC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$305.08	$0.00	$305.08
				$305.08	$0.00	$305.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,090.34	$0.00	$3,090.34
Medical.....	.....			$2,538.74	$0.00	$2,538.74
				$5,629.08	$0.00	$5,629.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

491 - MCV-NURSE-MED/ONC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$88.20	$0.00	$88.20
Medical.....	.....			$435.30	$0.00	$435.30
				$523.50	$0.00	$523.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.72	$0.00	$203.72
				$203.72	$0.00	$203.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,245.72	$0.00	$3,245.72
Medical.....	.....			$3,664.19	$0.00	$3,664.19
				$6,909.91	$0.00	$6,909.91
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

492 - MCV-PED/ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

492 - MCV-PED/ADOLESCENT

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

493 - MCV-ULTRASOUND

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$263.64	$0.00	$263.64
Medical.....	.....		$103.76	$0.00	$103.76
			$367.40	$0.00	$367.40
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$263.64	$0.00	$263.64
Medical.....	.....		$103.76	$0.00	$103.76
			$367.40	$0.00	$367.40
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

496 - MCV-PHYSICAL THERAPY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

496 - MCV-PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.27	$0.00	$201.27
				$201.27	$0.00	$201.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$46.15	$0.00	$46.15
				$46.15	$0.00	$46.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.42	$0.00	$271.42
				$271.42	$0.00	$271.42
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

497 - MCV-PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

497 - MCV-PHYSICAL THERAPY

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$335.77**	**$0.00**	**$335.77**
				$335.77	**$0.00**	**$335.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$335.77**	**$0.00**	**$335.77**
				$335.77	**$0.00**	**$335.77**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

498 - MCV-NURSING CONTINUING ED

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

498 - MCV-NURSING CONTINUING ED

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

499 - MCV-INFECTIOUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.30**	**$0.00**	**$7.30**
				$7.30	**$0.00**	**$7.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.62**	**$0.00**	**$147.62**
				$147.62	**$0.00**	**$147.62**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

499 - MCV-INFECTIOUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.75	$0.00	$18.75
				$18.75	$0.00	$18.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$748.00	$0.00	$748.00
				$748.00	$0.00	$748.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

499 - MCV-INFECTIOUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,969.74	$0.00	$1,969.74
				$1,969.74	$0.00	$1,969.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$918.41	$0.00	$918.41
				$918.41	$0.00	$918.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,809.82	$0.00	$3,809.82
				$3,809.82	$0.00	$3,809.82
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

4 - MCV-ADMIN EXEC DIR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.79	$0.00	$151.79
				$151.79	$0.00	$151.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

4 - MCV-ADMIN EXEC DIR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$98.60**	**$0.00**	**$98.60**
				$98.60	**$0.00**	**$98.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$93.50**	**$0.00**	**$93.50**
				$93.50	**$0.00**	**$93.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$294.03**	**$0.00**	**$294.03**
				$294.03	**$0.00**	**$294.03**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,880.85**	**$0.00**	**$7,880.85**
				$7,880.85	**$0.00**	**$7,880.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$35.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,518.77**	**$0.00**	**$8,518.77**
				$8,518.77	**$0.00**	**$8,518.77**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$35.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

508 - MCV-NURSING GUMENICK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,255.88	$0.00	$2,255.88
Medical.....	.....			$596.43	$0.00	$596.43
				$2,852.31	$0.00	$2,852.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.75	$0.00	$193.75
				$193.75	$0.00	$193.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$180.15	$0.00	$180.15
				$180.15	$0.00	$180.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$222,025.92	$0.00	$222,025.92
Medical.....	.....			$19,684.81	$0.00	$19,684.81
				$241,710.73	$0.00	$241,710.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

508 - MCV-NURSING GUMENICK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,933.42	$0.00	$2,933.42
				$2,933.42	$0.00	$2,933.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.50	$0.00	$141.50
				$141.50	$0.00	$141.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$528.52	$0.00	$528.52
				$528.52	$0.00	$528.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

508 - MCV-NURSING GUMENICK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,085.66**	**$0.00**	**$1,085.66**
Medical				**$9,043.12**	**$0.00**	**$9,043.12**
				$10,128.78	**$0.00**	**$10,128.78**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$300.80**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$225,367.46**	**$0.00**	**$225,367.46**
Medical				**$33,301.70**	**$0.00**	**$33,301.70**
				$258,669.16	**$0.00**	**$258,669.16**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$300.80**			

509 - MCV-VIP SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$424.25**	**$0.00**	**$424.25**
				$424.25	**$0.00**	**$424.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

509 - MCV-VIP SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$105.28	$0.00	$105.28
Medical.....	.....			$823.49	$0.00	$823.49
				$928.77	$0.00	$928.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,484.89	$0.00	$1,484.89
Medical.....	.....			$2,412.47	$0.00	$2,412.47
				$3,897.36	$0.00	$3,897.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$240.00	$0.00	$240.00
				$240.00	$0.00	$240.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

509 - MCV-VIP SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$51.80	$0.00	$51.80
Medical.....	.....			$19.00	$0.00	$19.00
				$70.80	$0.00	$70.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,641.97	$0.00	$1,641.97
Medical.....	.....			$3,919.21	$0.00	$3,919.21
				$5,561.18	$0.00	$5,561.18
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

511 - VTCC- MCV ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,233.96	$0.00	$1,233.96
				$1,233.96	$0.00	$1,233.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

511 - VTCC- MCV ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,233.96	$0.00	$1,233.96
				$1,233.96	$0.00	$1,233.96
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

512 - VTCC-RECREATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$173.40	$0.00	$173.40
				$173.40	$0.00	$173.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,008.32	$0.00	$1,008.32
Medical.....	.....			$1,633.42	$0.00	$1,633.42
				$2,641.74	$0.00	$2,641.74
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

512 - VTCC-RECREATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.12	$0.00	$52.12
				$52.12	$0.00	$52.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$273.47	$0.00	$273.47
Medical.....	.....			$137.18	$0.00	$137.18
				$410.65	$0.00	$410.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,281.79	$0.00	$1,281.79
Medical.....	.....			$1,996.12	$0.00	$1,996.12
				$3,277.91	$0.00	$3,277.91
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

513 - VTCC-MCV FISCAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

513 - VTCC-MCV FISCAL SERVICES

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,838.76**	**$0.00**	**$1,838.76**
				$1,838.76	**$0.00**	**$1,838.76**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,838.76**	**$0.00**	**$1,838.76**
			$1,838.76	**$0.00**	**$1,838.76**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

514 - VTCC-MEDICAL RECORDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$690.56**	**$0.00**	**$690.56**
				$690.56	**$0.00**	**$690.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

514 - VTCC-MEDICAL RECORDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.20	$0.00	$315.20
				$315.20	$0.00	$315.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,005.76	$0.00	$1,005.76
				$1,005.76	$0.00	$1,005.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

515 - VTCC-MCV PERSONNEL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

517 - VTCC-MCV ADMISSIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

517 - VTCC-MCV ADMISSIONS

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$1,400.80**	**$0.00**	**$1,400.80**
Medical			**$2,623.66**	**$0.00**	**$2,623.66**
			$4,024.46	**$0.00**	**$4,024.46**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$1,400.80**	**$0.00**	**$1,400.80**
Medical			**$2,623.66**	**$0.00**	**$2,623.66**
			$4,024.46	**$0.00**	**$4,024.46**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

519 - MCV-VTCC-ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$219.65**	**$0.00**	**$219.65**
Medical				**$1,332.30**	**$0.00**	**$1,332.30**
				$1,551.95	**$0.00**	**$1,551.95**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,225.62**	**$0.00**	**$2,225.62**
Medical				**$15,632.88**	**$0.00**	**$15,632.88**
				$17,858.50	**$0.00**	**$17,858.50**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

519 - MCV-VTCC-ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$51.19	$0.00	$51.19
Medical.....	.....			$192.65	$0.00	$192.65
				$243.84	$0.00	$243.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$48.47	$0.00	$48.47
Medical.....	.....			$616.15	$0.00	$616.15
				$664.62	$0.00	$664.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$631.89	$0.00	$631.89
Medical.....	.....			$797.55	$0.00	$797.55
				$1,429.44	$0.00	$1,429.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,238.36	$0.00	$15,238.36
Medical.....	.....			$2,780.84	$0.00	$2,780.84
				$18,019.20	$0.00	$18,019.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

519 - MCV-VTCC-ADOLESCENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,251.58	$0.00	$2,251.58
Medical.....	.....			$2,128.17	$0.00	$2,128.17
				$4,379.75	$0.00	$4,379.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$31.86	$0.00	$31.86
Medical.....	.....			$306.76	$0.00	$306.76
				$338.62	$0.00	$338.62
# of Claims	5					
# Open	0	Recovery Amount:	-$121.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,784.74	$0.00	$1,784.74
Medical.....	.....			$1,936.65	$0.00	$1,936.65
				$3,721.39	$0.00	$3,721.39
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$829.82	$0.00	$829.82
Medical.....	.....			$6,297.15	$0.00	$6,297.15
				$7,126.97	$0.00	$7,126.97
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,313.18	$0.00	$23,313.18
Medical.....	.....			$32,021.10	$0.00	$32,021.10
				$55,334.28	$0.00	$55,334.28
# of Claims	88					
# Open	0	Recovery Amount:	-$121.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

520 - MCV-VTCC-CHILDREN'S SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$793.65	$0.00	$793.65
				$793.65	$0.00	$793.65
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,104.30	$0.00	$1,104.30
Medical.....	.....			$7,217.74	$0.00	$7,217.74
				$8,322.04	$0.00	$8,322.04
# of Claims	19					
# Open	0	Recovery Amount:	-$4,852.54			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,016.49	$0.00	$1,016.49
				$1,016.49	$0.00	$1,016.49
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$984.57	$0.00	$984.57
Medical.....	.....			$1,605.95	$0.00	$1,605.95
				$2,590.52	$0.00	$2,590.52
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

520 - MCV-VTCC-CHILDREN'S SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$414.31	$0.00	$414.31
Medical.....	.....			$1,624.39	$0.00	$1,624.39
				$2,038.70	$0.00	$2,038.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.50	$0.00	$30.50
				$30.50	$0.00	$30.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,503.18	$0.00	$2,503.18
Medical.....	.....			$12,288.72	$0.00	$12,288.72
				$14,791.90	$0.00	$14,791.90
# of Claims	79					
# Open	0	Recovery Amount:	-$4,852.54			

521 - VTCC NURSING ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.50	$0.00	$6.50
				$6.50	$0.00	$6.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

521 - VTCC NURSING ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.50	$0.00	$6.50
				$6.50	$0.00	$6.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

524 - VTCC-MCV OCCUP THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

524 - VTCC-MCV OCCUP THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

528 - MCV-VTCC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.50	$0.00	$32.50
				$32.50	$0.00	$32.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.50	$0.00	$32.50
				$32.50	$0.00	$32.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

529 - VTCC-MCV EXT STAFF TRN/DEV

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

529 - VTCC-MCV EXT STAFF TRN/DEV

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

52 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20.50**	**$0.00**	**$20.50**
				$20.50	**$0.00**	**$20.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

52 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$10.00	$0.00	$10.00
Indemnity.....	.....			$140,870.30	$0.00	$140,870.30
Medical.....	.....			$60,046.19	$0.00	$60,046.19
				$200,926.49	$0.00	$200,926.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.89	$0.00	$315.89
				$315.89	$0.00	$315.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10.00	$0.00	$10.00
Indemnity.....	.....			$140,870.30	$0.00	$140,870.30
Medical.....	.....			$60,382.58	$0.00	$60,382.58
				$201,262.88	$0.00	$201,262.88
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

535 - MCV-VTCC-FOOD SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

535 - MCV-VTCC-FOOD SERVICES

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$106.55**	**$0.00**	**$106.55**
Medical				**$3,209.90**	**$0.00**	**$3,209.90**
				$3,316.45	**$0.00**	**$3,316.45**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$83.68**	**$0.00**	**$83.68**
Medical		**$7.65**	**$0.00**	**$7.65**
		$91.33	**$0.00**	**$91.33**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$7.65**	**$0.00**	**$7.65**
		$7.65	**$0.00**	**$7.65**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$344.61**	**$0.00**	**$344.61**
Medical		**$1,149.69**	**$0.00**	**$1,149.69**
		$1,494.30	**$0.00**	**$1,494.30**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$25.50**	**$0.00**	**$25.50**
Medical		**$0.00**	**$0.00**	**$0.00**
		$25.50	**$0.00**	**$25.50**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

535 - MCV-VTCC-FOOD SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54.36	$0.00	$54.36
Medical.....	.....			$19.00	$0.00	$19.00
				$73.36	$0.00	$73.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$614.70	$0.00	$614.70
Medical.....	.....			$4,393.89	$0.00	$4,393.89
				$5,008.59	$0.00	$5,008.59
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

536 - VTCC HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

536 - VTCC HOUSEKEEPING

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$110.76**	**$0.00**	**$110.76**
Medical				**$533.20**	**$0.00**	**$533.20**
				$643.96	**$0.00**	**$643.96**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$57.95**	**$0.00**	**$57.95**
Medical		**$1,230.66**	**$0.00**	**$1,230.66**
		$1,288.61	**$0.00**	**$1,288.61**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$396.32**	**$0.00**	**$396.32**
Medical		**$670.94**	**$0.00**	**$670.94**
		$1,067.26	**$0.00**	**$1,067.26**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,326.44**	**$0.00**	**$2,326.44**
Medical		**$19,351.13**	**$0.00**	**$19,351.13**
		$21,677.57	**$0.00**	**$21,677.57**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

536 - VTCC HOUSEKEEPING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$418.69	$0.00	$418.69
Medical.....	.....			$572.00	$0.00	$572.00
				$990.69	$0.00	$990.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$322.56	$0.00	$322.56
				$322.56	$0.00	$322.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$717.70	$0.00	$717.70
				$717.70	$0.00	$717.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,310.16	$0.00	$3,310.16
Medical.....	.....			$23,448.19	$0.00	$23,448.19
				$26,758.35	$0.00	$26,758.35
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

538 - VTCC-MCV PHYSICAL PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.04	$0.00	$150.04
				$150.04	$0.00	$150.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$152.00	$0.00	$152.00
				$152.00	$0.00	$152.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.11	$0.00	$100.11
				$100.11	$0.00	$100.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.00	$0.00	$260.00
				$260.00	$0.00	$260.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$662.15	$0.00	$662.15
				$662.15	$0.00	$662.15
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

538 - VTCC-MCV PHYSICAL PLANT

539 - MCV-EPILEPSY MONITORING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$327.51	$0.00	$327.51
				$327.51	$0.00	$327.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$158.93	$0.00	$158.93
				$158.93	$0.00	$158.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

539 - MCV-EPILEPSY MONITORING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.00	$0.00	$6.00
				$6.00	$0.00	$6.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16.47	$0.00	$16.47
Medical.....	.....			$408.89	$0.00	$408.89
				$425.36	$0.00	$425.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

539 - MCV-EPILEPSY MONITORING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$605.50	$0.00	$605.50
				$605.50	$0.00	$605.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$496.20	$0.00	$496.20
Medical.....	.....			$6,280.46	$0.00	$6,280.46
				$6,776.66	$0.00	$6,776.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$512.67	$0.00	$512.67
Medical.....	.....			$7,787.29	$0.00	$7,787.29
				$8,299.96	$0.00	$8,299.96
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

53 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$158.74	$0.00	$158.74
Medical.....	.....			$2,032.55	$0.00	$2,032.55
				$2,191.29	$0.00	$2,191.29
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

53 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$15,790.06	$0.00	$15,790.06
Indemnity.....	.....			$84,827.61	$0.00	$84,827.61
Medical.....	.....			$36,102.37	$0.00	$36,102.37
				$136,720.04	$0.00	$136,720.04
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,062.32	$0.00	$1,062.32
Medical.....	.....			$3,004.88	$0.00	$3,004.88
				$4,067.20	$0.00	$4,067.20
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,241.86	$0.00	$4,241.86
Medical.....	.....			$3,052.81	$0.00	$3,052.81
				$7,294.67	$0.00	$7,294.67
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,975.45	$0.00	$3,975.45
Medical.....	.....			$2,648.05	$0.00	$2,648.05
				$6,623.50	$0.00	$6,623.50
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

53 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,377.08	$0.00	$4,377.08
Medical.....	.....			$5,214.09	$0.00	$5,214.09
				$9,591.17	$0.00	$9,591.17
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,140.93	$0.00	$1,140.93
Medical.....	.....			$2,844.42	$0.00	$2,844.42
				$3,985.35	$0.00	$3,985.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$132.67	$0.00	$132.67
Medical.....	.....			$1,894.69	$0.00	$1,894.69
				$2,027.36	$0.00	$2,027.36
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$57,743.81	$0.00	$57,743.81
Medical.....	.....			$25,924.85	$0.00	$25,924.85
				$83,668.66	$0.00	$83,668.66
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

53 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$952.24	$0.00	$952.24
Medical.....	.....			$662.58	$0.00	$662.58
				$1,614.82	$0.00	$1,614.82
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$213.16	$0.00	$213.16
Medical.....	.....			$484.76	$0.00	$484.76
				$697.92	$0.00	$697.92
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$15,790.06	$0.00	$15,790.06
Indemnity.....	.....			$158,825.87	$0.00	$158,825.87
Medical.....	.....			$83,866.05	$0.00	$83,866.05
				$258,481.98	$0.00	$258,481.98
# of Claims	158					
# Open	0	Recovery Amount:	$0.00			

540 - VTCC-MCV NRS GENERAL SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

540 - VTCC-MCV NRS GENERAL SPECIALTY

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

544 - MCV NS-ORTHOPEDIC SPECIALTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

548 - MCV SPECIAL STUDIES LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

549 - MCV CHILD LIFE

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

549 - MCV CHILD LIFE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$80.00**	**$0.00**	**$80.00**
				$80.00	**$0.00**	**$80.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$80.00**	**$0.00**	**$80.00**
				$80.00	**$0.00**	**$80.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

54 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$146.35**	**$0.00**	**$146.35**
				$146.35	**$0.00**	**$146.35**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

54 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,517.57	$0.00	$1,517.57
Medical.....	.....			$1,543.98	$0.00	$1,543.98
				$3,061.55	$0.00	$3,061.55
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,094.00	$0.00	$1,094.00
Medical.....	.....			$4,431.18	$0.00	$4,431.18
				$5,525.18	$0.00	$5,525.18
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,060.09	$0.00	$1,060.09
Medical.....	.....			$1,152.60	$0.00	$1,152.60
				$2,212.69	$0.00	$2,212.69
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

54 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$335.28	$0.00	$335.28
Medical.....	.....			$1,080.57	$0.00	$1,080.57
				$1,415.85	$0.00	$1,415.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$51.72	$0.00	$51.72
Medical.....	.....			$0.00	$0.00	$0.00
				$51.72	$0.00	$51.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$203.53	$0.00	$203.53
Medical.....	.....			$940.27	$0.00	$940.27
				$1,143.80	$0.00	$1,143.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.96	$0.00	$348.96
				$348.96	$0.00	$348.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,262.19	$0.00	$4,262.19
Medical.....	.....			$9,651.21	$0.00	$9,651.21
				$13,913.40	$0.00	$13,913.40
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

551 - MCV INFORM SYST ADMN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$203.00**	**$0.00**	**$203.00**
				$203.00	**$0.00**	**$203.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$203.00**	**$0.00**	**$203.00**
				$203.00	**$0.00**	**$203.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

55 - MCV-CENTRAL SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,557.50**	**$0.00**	**$1,557.50**
Medical				**$4,860.42**	**$0.00**	**$4,860.42**
				$6,417.92	**$0.00**	**$6,417.92**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24.12**	**$0.00**	**$24.12**
				$24.12	**$0.00**	**$24.12**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,557.50**	**$0.00**	**$1,557.50**
Medical				**$4,884.54**	**$0.00**	**$4,884.54**
				$6,442.04	**$0.00**	**$6,442.04**

206 - VCU Health Systems

55 - MCV-CENTRAL SUPPLY

# of Claims 13

 # Open 0 **Recovery Amount:** $0.00

562 - MCV-SAME DAY SURGERY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$561.36	$0.00	$561.36
		$561.36	$0.00	$561.36

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$850.98	$0.00	$850.98
		$850.98	$0.00	$850.98

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$301.03	$0.00	$301.03
Medical.....	.....	$97.05	$0.00	$97.05
		$398.08	$0.00	$398.08

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

562 - MCV-SAME DAY SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,851.41	$0.00	$1,851.41
Medical.....	.....			$209.71	$0.00	$209.71
				$2,061.12	$0.00	$2,061.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$633.13	$0.00	$633.13
				$633.13	$0.00	$633.13
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

562 - MCV-SAME DAY SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,942.04	$0.00	$3,942.04
				$3,942.04	$0.00	$3,942.04
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,349.14	$0.00	$2,349.14
Medical.....	.....			$8,253.91	$0.00	$8,253.91
				$10,603.05	$0.00	$10,603.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,501.58	$0.00	$4,501.58
Medical.....	.....			$14,572.18	$0.00	$14,572.18
				$19,073.76	$0.00	$19,073.76
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

564 - STONY POINT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

564 - STONY POINT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.00	$0.00	$81.00
				$81.00	$0.00	$81.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.00	$0.00	$81.00
				$81.00	$0.00	$81.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

566 - MCV-ANGIOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.17	$0.00	$315.17
				$315.17	$0.00	$315.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

566 - MCV-ANGIOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.00	$0.00	$119.00
				$119.00	$0.00	$119.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$194.00	$0.00	$194.00
				$194.00	$0.00	$194.00
# of Claims	1					
# Open	0	Recovery Amount:	-$45.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

566 - MCV-ANGIOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.14	$0.00	$225.14
				$225.14	$0.00	$225.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$278.65	$0.00	$278.65
				$278.65	$0.00	$278.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$209.70	$0.00	$209.70
				$209.70	$0.00	$209.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,341.66	$0.00	$1,341.66
				$1,341.66	$0.00	$1,341.66
# of Claims	20					
# Open	0	Recovery Amount:	-$45.00			

568 - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

568 - RADIOLOGY

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$712.55**	**$0.00**	**$712.55**
				$712.55	**$0.00**	**$712.55**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$264.10**	**$0.00**	**$264.10**
		$264.10	**$0.00**	**$264.10**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,245.66**	**$0.00**	**$2,245.66**
		$2,245.66	**$0.00**	**$2,245.66**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$23.65**	**$0.00**	**$23.65**
		$23.65	**$0.00**	**$23.65**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

568 - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.87	$0.00	$63.87
Medical.....	.....			$439.20	$0.00	$439.20
				$503.07	$0.00	$503.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.87	$0.00	$63.87
Medical.....	.....			$3,685.16	$0.00	$3,685.16
				$3,749.03	$0.00	$3,749.03
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

569 - MCV-THERAPHY REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

569 - MCV-THERAPHY REHAB

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.62**	**$0.00**	**$114.62**
				$114.62	**$0.00**	**$114.62**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$106.00**	**$0.00**	**$106.00**
				$106.00	**$0.00**	**$106.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$525.56**	**$0.00**	**$525.56**
				$525.56	**$0.00**	**$525.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

569 - MCV-THERAPHY REHAB

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$746.18**	**$0.00**	**$746.18**
	$746.18	**$0.00**	**$746.18**

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

56 - MCV-LINEN/ADMIN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$65.93**	**$0.00**	**$65.93**
		$65.93	**$0.00**	**$65.93**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$3,335.87**	**$0.00**	**$3,335.87**
Medical.....		**$1,977.32**	**$0.00**	**$1,977.32**
		$5,313.19	**$0.00**	**$5,313.19**

# of Claims 10

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

56 - MCV-LINEN/ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$100.70	$0.00	$100.70
Medical.....	.....			$926.72	$0.00	$926.72
				$1,027.42	$0.00	$1,027.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,436.57	$0.00	$3,436.57
Medical.....	.....			$2,969.97	$0.00	$2,969.97
				$6,406.54	$0.00	$6,406.54
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

570 - HANOVER MEDICAL PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

570 - HANOVER MEDICAL PARK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

571 - MCV REHAB PSYCH/NEUROPSYCHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19.50**	**$0.00**	**$19.50**
				$19.50	**$0.00**	**$19.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19.50**	**$0.00**	**$19.50**
				$19.50	**$0.00**	**$19.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

572 - MCV-SPEECH PATHOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

572 - MCV-SPEECH PATHOLOGY

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$82.68**	**$0.00**	**$82.68**
			$82.68	**$0.00**	**$82.68**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$82.68**	**$0.00**	**$82.68**
			$82.68	**$0.00**	**$82.68**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

573 - MCV CONT NRS EDUC RVN & EXPENSES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

206 - VCU Health Systems

573 - MCV CONT NRS EDUC RVN & EXPENSES

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,462.00**	**$0.00**	**$1,462.00**
			$1,462.00	**$0.00**	**$1,462.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,462.00**	**$0.00**	**$1,462.00**
			$1,462.00	**$0.00**	**$1,462.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

576 - MCV RADIATION THERAPY NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$193.68**	**$0.00**	**$193.68**
Medical				**$956.00**	**$0.00**	**$956.00**
				$1,149.68	**$0.00**	**$1,149.68**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

576 - MCV RADIATION THERAPY NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$193.68	$0.00	$193.68
Medical.....	.....			$956.00	$0.00	$956.00
				$1,149.68	$0.00	$1,149.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

578 - MCV CHESTER PHYS THERP CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

579 - MCV SP-ONCOLOGY CENTER

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

579 - MCV SP-ONCOLOGY CENTER

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8.35**	**$0.00**	**$8.35**
				$8.35	**$0.00**	**$8.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$246.27**	**$0.00**	**$246.27**
Medical		**$1,986.45**	**$0.00**	**$1,986.45**
		$2,232.72	**$0.00**	**$2,232.72**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$977.45**	**$0.00**	**$977.45**
Medical		**$2,547.58**	**$0.00**	**$2,547.58**
		$3,525.03	**$0.00**	**$3,525.03**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$40.59**	**$0.00**	**$40.59**
		$40.59	**$0.00**	**$40.59**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

579 - MCV SP-ONCOLOGY CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.46	$0.00	$119.46
				$119.46	$0.00	$119.46
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,223.72	$0.00	$1,223.72
Medical.....	.....			$4,702.43	$0.00	$4,702.43
				$5,926.15	$0.00	$5,926.15
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

57 - MCV-LINEN PRODUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$55.08	$0.00	$55.08
Medical.....	.....			$233.45	$0.00	$233.45
				$288.53	$0.00	$288.53
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,763.78	$0.00	$1,763.78
Medical.....	.....			$3,370.70	$0.00	$3,370.70
				$5,134.48	$0.00	$5,134.48
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

57 - MCV-LINEN PRODUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,566.89	$0.00	$6,566.89
Medical.....	.....			$6,331.68	$0.00	$6,331.68
				$12,898.57	$0.00	$12,898.57
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.79	$0.00	$303.79
				$303.79	$0.00	$303.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$43.40	$0.00	$43.40
				$43.40	$0.00	$43.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$243.36	$0.00	$243.36
Medical.....	.....			$15.33	$0.00	$15.33
				$258.69	$0.00	$258.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

57 - MCV-LINEN PRODUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$37.08**	**$0.00**	**$37.08**
				$37.08	**$0.00**	**$37.08**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,629.11**	**$0.00**	**$8,629.11**
Medical				**$10,335.43**	**$0.00**	**$10,335.43**
				$18,964.54	**$0.00**	**$18,964.54**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

581 - SP-JOINT REG STRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

581 - SP-JOINT REG STRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

589 - STONY POINT LAB O/P

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

589 - STONY POINT LAB O/P

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

596 - MCV TRANSPLANT CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

59 - MCV-LINEN-SEWING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$98.08**	**$0.00**	**$98.08**
Medical				**$13.10**	**$0.00**	**$13.10**
				$111.18	**$0.00**	**$111.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$78.41**	**$0.00**	**$78.41**
Medical				**$0.00**	**$0.00**	**$0.00**
				$78.41	**$0.00**	**$78.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

59 - MCV-LINEN-SEWING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$176.49**	**$0.00**	**$176.49**
Medical				**$13.10**	**$0.00**	**$13.10**
				$189.59	**$0.00**	**$189.59**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

603 - MCV AD WILLIAMS NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

603 - MCV AD WILLIAMS NEUROLOGY

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

604 - LUCY CORR PHARMACY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$495.52	$0.00	$495.52
			$495.52	$0.00	$495.52
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$495.52	$0.00	$495.52
			$495.52	$0.00	$495.52
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

610 - MCV NELSON II CLINIC PHARMACY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

Grand Totals					

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

610 - MCV NELSON II CLINIC PHARMACY

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

613 - FAMILY MED S. RICH HLTH CNTR

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$328.65**	**$0.00**	**$328.65**
				$328.65	**$0.00**	**$328.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$777.53**	**$0.00**	**$777.53**
Medical				**$56.88**	**$0.00**	**$56.88**
				$834.41	**$0.00**	**$834.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$777.53**	**$0.00**	**$777.53**
Medical			**$385.53**	**$0.00**	**$385.53**
			$1,163.06	**$0.00**	**$1,163.06**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

649 - MEDICAL COLLEGE OF VIRGINIA

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

649 - MEDICAL COLLEGE OF VIRGINIA

WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$5,546.34**	**$8,489.82**	**$14,036.16**
Indemnity				**$3,047.69**	**$0.00**	**$3,047.69**
Medical				**$438,313.42**	**$515,600.67**	**$953,914.09**
				$446,907.45	**$524,090.49**	**$970,997.94**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$141.52**	**$0.00**	**$141.52**
Medical				**$489.00**	**$0.00**	**$489.00**
				$630.52	**$0.00**	**$630.52**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$23,100.30**	**$0.00**	**$23,100.30**
Medical				**$32,718.32**	**$0.00**	**$32,718.32**
				$55,818.62	**$0.00**	**$55,818.62**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**-$5,380.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$49,813.93**	**$0.00**	**$49,813.93**
Medical				**$60,495.86**	**$0.00**	**$60,495.86**
				$110,309.79	**$0.00**	**$110,309.79**
# of Claims	**123**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

649 - MEDICAL COLLEGE OF VIRGINIA

Grand Totals

Expense			**$5,546.34**	**$8,489.82**	**$14,036.16**
Indemnity			**$76,103.44**	**$0.00**	**$76,103.44**
Medical			**$532,016.60**	**$515,600.67**	**$1,047,617.27**
			$613,666.38	**$524,090.49**	**$1,137,756.87**
# of Claims	**220**				
# Open	**1**	**Recovery Amount:**	**-$5,380.69**		

6 - MCV-MANAGED CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

73 - MCV-FISCAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$143.00**	**$0.00**	**$143.00**
				$143.00	**$0.00**	**$143.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$143.00**	**$0.00**	**$143.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

73 - MCV-FISCAL SERVICES

				$143.00	$0.00	$143.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

7 - MCV-FISCAL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,932.16	$0.00	$1,932.16
Medical.....	.....			$2,372.97	$0.00	$2,372.97
				$4,305.13	$0.00	$4,305.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.14	$0.00	$80.14
				$80.14	$0.00	$80.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$181.11	$0.00	$181.11
Medical.....	.....			$64.58	$0.00	$64.58
				$245.69	$0.00	$245.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,113.27	$0.00	$2,113.27
Medical.....	.....			$2,517.69	$0.00	$2,517.69
				$4,630.96	$0.00	$4,630.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

81 - MCV-MANAGEMENT

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

81 - MCV-MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

82 - MCV-BUDGET & FINANCIAL PLANNING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$328.99**	**$0.00**	**$328.99**
				$328.99	**$0.00**	**$328.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$259.00**	**$0.00**	**$259.00**
				$259.00	**$0.00**	**$259.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$587.99**	**$0.00**	**$587.99**
				$587.99	**$0.00**	**$587.99**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

82 - MCV-BUDGET & FINANCIAL PLANNING

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

84 - MCV-CONTROLLER

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

85 - MCV-OFFICE OF PATIENTS ACCOUNTS

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$49.34	$0.00	$49.34
Medical.....	.....	$233.50	$0.00	$233.50
		$282.84	$0.00	$282.84

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

85 - MCV-OFFICE OF PATIENTS ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$106.58	$0.00	$106.58
Medical.....	.....			$310.40	$0.00	$310.40
				$416.98	$0.00	$416.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$969.54	$0.00	$969.54
				$969.54	$0.00	$969.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$251.70	$0.00	$251.70
Indemnity.....	.....			$1,874.34	$0.00	$1,874.34
Medical.....	.....			$1,502.98	$0.00	$1,502.98
				$3,629.02	$0.00	$3,629.02
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,325.23	$0.00	$4,325.23
Medical.....	.....			$13,608.37	$0.00	$13,608.37
				$17,933.60	$0.00	$17,933.60
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

85 - MCV-OFFICE OF PATIENTS ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,943.99	$0.00	$1,943.99
Medical.....	.....			$9,500.90	$0.00	$9,500.90
				$11,444.89	$0.00	$11,444.89
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,515.69	$0.00	$1,515.69
Medical.....	.....			$8,334.97	$0.00	$8,334.97
				$9,850.66	$0.00	$9,850.66
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$384.73	$0.00	$384.73
Medical.....	.....			$1,088.25	$0.00	$1,088.25
				$1,472.98	$0.00	$1,472.98
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$332.88	$0.00	$332.88
				$332.88	$0.00	$332.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

85 - MCV-OFFICE OF PATIENTS ACCOUNTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,897.04	$0.00	$2,897.04
				$2,897.04	$0.00	$2,897.04
# of Claims	7					
# Open	0	Recovery Amount:	-$182.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$549.30	$0.00	$549.30
				$549.30	$0.00	$549.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$251.70	$0.00	$251.70
Indemnity.....	.....			$10,199.90	$0.00	$10,199.90
Medical.....	.....			$39,328.13	$0.00	$39,328.13
				$49,779.73	$0.00	$49,779.73
# of Claims	61					
# Open	0	Recovery Amount:	-$182.70			

86 - MCV-PATIENT RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29.65	$0.00	$29.65
				$29.65	$0.00	$29.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29.65	$0.00	$29.65
				$29.65	$0.00	$29.65

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

86 - MCV-PATIENT RESOURCES

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

87 - MCV-BILLING

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

88 - MCV-CASH CONTROL

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$2,432.05	$0.00	$2,432.05
Medical.....	.....		$8,536.70	$0.00	$8,536.70
			$10,968.75	$0.00	$10,968.75
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

88 - MCV-CASH CONTROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,536.00	$0.00	$1,536.00
				$1,536.00	$0.00	$1,536.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,432.05	$0.00	$2,432.05
Medical.....	.....			$10,072.70	$0.00	$10,072.70
				$12,504.75	$0.00	$12,504.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

8 - MCV-SUPPORT SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

8 - MCV-SUPPORT SERVICES

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

91 - MCV-COLLECTIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,612.87**	**$0.00**	**$5,612.87**
Medical		**$4,342.07**	**$0.00**	**$4,342.07**
		$9,954.94	**$0.00**	**$9,954.94**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$5,612.87**	**$0.00**	**$5,612.87**
Medical	**$4,342.07**	**$0.00**	**$4,342.07**
	$9,954.94	**$0.00**	**$9,954.94**

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

94 - MCV-GENERAL ACCOUNTING

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$196.71**	**$0.00**	**$196.71**
Medical		**$706.80**	**$0.00**	**$706.80**
		$903.51	**$0.00**	**$903.51**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

94 - MCV-GENERAL ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$99.76	$0.00	$99.76
Medical.....	.....			$0.00	$0.00	$0.00
				$99.76	$0.00	$99.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.02	$0.00	$83.02
				$83.02	$0.00	$83.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$368.28	$0.00	$368.28
				$368.28	$0.00	$368.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$296.47	$0.00	$296.47
Medical.....	.....			$1,158.10	$0.00	$1,158.10
				$1,454.57	$0.00	$1,454.57
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

97 - MCV-FINANCIAL ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,302.20**	**$0.00**	**$2,302.20**
Medical				**$2,509.96**	**$0.00**	**$2,509.96**
				$4,812.16	**$0.00**	**$4,812.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,302.20**	**$0.00**	**$2,302.20**
Medical				**$2,509.96**	**$0.00**	**$2,509.96**
				$4,812.16	**$0.00**	**$4,812.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

99 - MCV-CUSTOMER SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

99 - MCV-CUSTOMER SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,246.44	$0.00	$14,246.44
Medical.....	.....			$1,498.71	$0.00	$1,498.71
				$15,745.15	$0.00	$15,745.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,246.44	$0.00	$14,246.44
Medical.....	.....			$1,498.71	$0.00	$1,498.71
				$15,745.15	$0.00	$15,745.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

S206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,932.84	$0.00	$4,932.84
Indemnity.....	.....			$163,405.49	$0.00	$163,405.49
Medical.....	.....			$387,654.68	$0.00	$387,654.68
				$555,993.01	$0.00	$555,993.01
# of Claims	1,215					
# Open	0	Recovery Amount:	-$1,955.90			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,844.06	$0.00	$2,844.06
Indemnity.....	.....			$123,243.78	$0.00	$123,243.78
Medical.....	.....			$162,141.43	$0.00	$162,141.43
				$288,229.27	$0.00	$288,229.27
# of Claims	1,187					
# Open	0	Recovery Amount:	-$2,875.72			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

S206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$30,917.93	$0.00	$30,917.93
Indemnity.....	.....			$484,729.54	$0.00	$484,729.54
Medical.....	.....			$608,409.45	$246,991.16	$855,400.61
				$1,124,056.92	$246,991.16	$1,371,048.08
# of Claims	1,158					
# Open	1	Recovery Amount:	-$345.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.00	$0.00	$28.00
				$28.00	$0.00	$28.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,265.33	$0.00	$2,265.33
Medical.....	.....			$7,336.95	$0.00	$7,336.95
				$9,602.28	$0.00	$9,602.28
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54,031.39	$0.00	$54,031.39
Medical.....	.....			$40,670.55	$0.00	$40,670.55
				$94,701.94	$0.00	$94,701.94
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

S206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$212.25	$0.00	$212.25
Indemnity.....	.....			$4,041.56	$0.00	$4,041.56
Medical.....	.....			$22,419.25	$0.00	$22,419.25
				$26,673.06	$0.00	$26,673.06
# of Claims	51					
# Open	0	Recovery Amount:	-$869.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$6,198.79	$889.35	$7,088.14
Indemnity.....	.....			$59,189.18	$2,762.19	$61,951.37
Medical.....	.....			$424,875.93	$1,165,392.23	$1,590,268.16
				$490,263.90	$1,169,043.77	$1,659,307.67
# of Claims	76					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,599.58	$0.00	$5,599.58
Medical.....	.....			$14,932.21	$0.00	$14,932.21
				$20,531.79	$0.00	$20,531.79
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,024.10	$0.00	$3,024.10
Indemnity.....	.....			$123,370.11	$0.00	$123,370.11
Medical.....	.....			$141,675.99	$0.00	$141,675.99
				$268,070.20	$0.00	$268,070.20
# of Claims	88					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

206 - VCU Health Systems

S206 - VCU Health Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$11,712.57**	**$0.00**	**$11,712.57**
Indemnity				**$162,278.40**	**$0.00**	**$162,278.40**
Medical				**$628,507.65**	**$269,512.94**	**$898,020.59**
				$802,498.62	**$269,512.94**	**$1,072,011.56**
# of Claims	**82**					
# Open	**1**	**Recovery Amount:**	**-$143.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$59,842.54**	**$889.35**	**$60,731.89**
Indemnity				**$1,182,154.36**	**$2,762.19**	**$1,184,916.55**
Medical				**$2,438,652.09**	**$1,681,896.33**	**$4,120,548.42**
				$3,680,648.99	**$1,685,547.87**	**$5,366,196.86**
# of Claims	**3,940**					
# Open	**3**	**Recovery Amount:**	**-$6,190.61**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

101 - UVA-CTZ SCH OF CONT & PROF STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,798.77	$0.00	$3,798.77
				$3,817.27	$0.00	$3,817.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,798.77	$0.00	$3,798.77
				$3,817.27	$0.00	$3,817.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

102 - UVA-CVC CAVALIER COMPUTERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.00	$0.00	$309.00
				$309.00	$0.00	$309.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$803.60	$0.00	$803.60
Medical.....	.....			$1,174.20	$0.00	$1,174.20
				$1,996.30	$0.00	$1,996.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$803.60	$0.00	$803.60
Medical.....	.....			$1,483.20	$0.00	$1,483.20

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

102 - UVA-CVC CAVALIER COMPUTERS

				$2,305.30	$0.00	$2,305.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

103 - UVA-CYC UVA COUNSELING CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.30	$0.00	$248.30
				$248.30	$0.00	$248.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.30	$0.00	$248.30
				$248.30	$0.00	$248.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

104 - UVA-DAA DARDEN SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.08	$0.00	$231.08
				$231.08	$0.00	$231.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,162.34	$0.00	$4,162.34
				$4,162.34	$0.00	$4,162.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

104 - UVA-DAA DARDEN SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,500.81	$0.00	$1,500.81
				$1,519.31	$0.00	$1,519.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,343.24	$0.00	$1,343.24
				$1,380.24	$0.00	$1,380.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

104 - UVA-DAA DARDEN SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$422.56	$0.00	$422.56
				$441.06	$0.00	$441.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,595.00	$0.00	$2,595.00
Medical.....	.....			$14,377.81	$0.00	$14,377.81
				$16,972.81	$0.00	$16,972.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,456.08	$0.00	$1,456.08
				$1,456.08	$0.00	$1,456.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,210.60	$0.00	$2,210.60
				$2,210.60	$0.00	$2,210.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

104 - UVA-DAA DARDEN SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$209.37	$0.00	$209.37
				$209.37	$0.00	$209.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$13.70	$0.00	$13.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,278.22	$0.00	$1,278.22
				$1,291.92	$0.00	$1,291.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$324.70	$0.00	$324.70
Medical.....	.....			$7,462.17	$0.00	$7,462.17
				$7,794.87	$0.00	$7,794.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

104 - UVA-DAA DARDEN SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$114.20	$0.00	$114.20
Indemnity.....	.....			$2,919.70	$0.00	$2,919.70
Medical.....	.....			$34,654.28	$0.00	$34,654.28
				$37,688.18	$0.00	$37,688.18
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

106 - UVA-DES DEAN OF STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$400.85	$0.00	$400.85
				$400.85	$0.00	$400.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

106 - UVA-DES DEAN OF STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$400.85	$0.00	$400.85
				$400.85	$0.00	$400.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

107 - UVA-DEV DEVELOPMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,573.90	$0.00	$4,573.90
				$4,573.90	$0.00	$4,573.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$58.83	$0.00	$58.83
Medical.....	.....			$10,593.95	$0.00	$10,593.95
				$10,652.78	$0.00	$10,652.78
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

107 - UVA-DEV DEVELOPMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,026.65	$0.00	$2,026.65
				$2,026.65	$0.00	$2,026.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

107 - UVA-DEV DEVELOPMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,832.64	$0.00	$1,832.64
				$1,832.64	$0.00	$1,832.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

107 - UVA-DEV DEVELOPMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$13.68	$0.00	$13.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,818.83	$0.00	$1,818.83
				$1,832.51	$0.00	$1,832.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$103.65	$0.00	$103.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.90	$0.00	$466.90
				$570.55	$0.00	$570.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$29.68	$0.00	$29.68
Indemnity.....	.....			$709.06	$0.00	$709.06
Medical.....	.....			$18,043.63	$0.00	$18,043.63
				$18,782.37	$0.00	$18,782.37
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$202.51	$0.00	$202.51
Indemnity.....	.....			$767.89	$0.00	$767.89
Medical.....	.....			$39,356.50	$0.00	$39,356.50
				$40,326.90	$0.00	$40,326.90
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

108 - UVA-DFO ACCOUNTING OPERATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

108 - UVA-DFO ACCOUNTING OPERATIONS

WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$18.50	**$0.00**	**$18.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$18.50	**$0.00**	**$18.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

109 - UVA-DMS FINANCIAL ANALYSIS & PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$259.30**	**$0.00**	**$259.30**
				$259.30	**$0.00**	**$259.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$307.25**	**$0.00**	**$307.25**
				$307.25	**$0.00**	**$307.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

109 - UVA-DMS FINANCIAL ANALYSIS & PLANT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$72.00	$0.00	$72.00
				$90.50	$0.00	$90.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$638.55	$0.00	$638.55
				$657.05	$0.00	$657.05
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

10 - UVA-ALH CLEMONS LIBRARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$923.88	$0.00	$923.88
				$923.88	$0.00	$923.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

10 - UVA-ALH CLEMONS LIBRARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$9,858.26	$0.00	$9,858.26
Indemnity.....	.....			$185,155.16	$0.00	$185,155.16
Medical.....	.....			$40,701.71	$0.00	$40,701.71
				$235,715.13	$0.00	$235,715.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$966.96	$0.00	$966.96
				$966.96	$0.00	$966.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$3,500.00	$3,500.00
Medical.....	.....			$1,262.31	$15,737.69	$17,000.00
				$1,281.13	$19,237.69	$20,518.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$9,877.08	$0.00	$9,877.08
Indemnity.....	.....			$185,155.16	$3,500.00	$188,655.16
Medical.....	.....			$43,854.86	$15,737.69	$59,592.55
				$238,887.10	$19,237.69	$258,124.79
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

111 - UVA-DRA DRAMA DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

111 - UVA-DRA DRAMA DEPT

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$200.00**	**$0.00**	**$200.00**
			$200.00	**$0.00**	**$200.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$564.13**	**$0.00**	**$564.13**
		$564.13	**$0.00**	**$564.13**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,209.05**	**$0.00**	**$1,209.05**
		$1,209.05	**$0.00**	**$1,209.05**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$23,107.81**	**$0.00**	**$23,107.81**
		$23,107.81	**$0.00**	**$23,107.81**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$148.00**	**$0.00**	**$148.00**
Indemnity		**$2,914.85**	**$0.00**	**$2,914.85**
Medical		**$20,332.01**	**$0.00**	**$20,332.01**
		$23,394.86	**$0.00**	**$23,394.86**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

111 - UVA-DRA DRAMA DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$185.00	$0.00	$185.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,997.24	$0.00	$2,997.24
				$3,182.24	$0.00	$3,182.24
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$936.09	$0.00	$936.09
				$1,028.59	$0.00	$1,028.59
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,386.00	$0.00	$2,386.00
				$2,404.50	$0.00	$2,404.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.69	$0.00	$352.69
				$352.69	$0.00	$352.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

111 - UVA-DRA DRAMA DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,534.55	$0.00	$12,534.55
				$12,534.55	$0.00	$12,534.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$795.76	$0.00	$795.76
				$795.76	$0.00	$795.76
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$574.54	$0.00	$574.54
				$574.54	$0.00	$574.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

111 - UVA-DRA DRAMA DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$12.21	$0.00	$12.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,695.28	$0.00	$4,695.28
				$4,707.49	$0.00	$4,707.49
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,107.62	$0.00	$2,107.62
Indemnity.....	.....			$1,410.48	$0.00	$1,410.48
Medical.....	.....			$21,912.97	$0.00	$21,912.97
				$25,431.07	$0.00	$25,431.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,689.39	$0.00	$4,689.39
				$4,689.39	$0.00	$4,689.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$413.50	$0.00	$413.50
				$413.50	$0.00	$413.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,563.83	$0.00	$2,563.83
Indemnity.....	.....			$4,325.33	$0.00	$4,325.33
Medical.....	.....			$97,701.01	$0.00	$97,701.01
				$104,590.17	$0.00	$104,590.17
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

112 - UVA-ECO ECONOMICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

113 - UVA-EDC EDUCATION-CURR INST &SP ED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$239.74**	**$0.00**	**$239.74**
Indemnity				**$7,509.13**	**$0.00**	**$7,509.13**
Medical				**$14,286.41**	**$0.00**	**$14,286.41**
				$22,035.28	**$0.00**	**$22,035.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

113 - UVA-EDC EDUCATION-CURR INST &SP ED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,042.86	$0.00	$3,042.86
				$3,042.86	$0.00	$3,042.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$239.74	$0.00	$239.74
Indemnity.....	.....			$7,509.13	$0.00	$7,509.13
Medical.....	.....			$17,329.27	$0.00	$17,329.27
				$25,078.14	$0.00	$25,078.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

114 - UVA-EDE EDUCATION-EDU LDSP &POL ST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,115.06	$0.00	$1,115.06
				$1,152.06	$0.00	$1,152.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

114 - UVA-EDE EDUCATION-EDU LDSP &POL ST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,115.06	$0.00	$1,115.06
				$1,170.56	$0.00	$1,170.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

115 - UVA-EDF EDUCATION-EDU LDRSHP FNDTN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.39	$0.00	$220.39
				$220.39	$0.00	$220.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,898.00	$0.00	$4,898.00
				$4,898.00	$0.00	$4,898.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

115 - UVA-EDF EDUCATION-EDU LDRSHP FNDTN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,118.88	$0.00	$2,118.88
				$2,137.38	$0.00	$2,137.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,237.27	$0.00	$7,237.27
				$7,255.77	$0.00	$7,255.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

116 - UVA-EDG EDUCATION-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

116 - UVA-EDG EDUCATION-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,575.18	$0.00	$1,575.18
				$1,575.18	$0.00	$1,575.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,694.77	$0.00	$2,694.77
				$2,694.77	$0.00	$2,694.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,269.95	$0.00	$4,269.95
				$4,306.95	$0.00	$4,306.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

117 - UVA-EDH EDUCATION-HUMAN SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

117 - UVA-EDH EDUCATION-HUMAN SERVICES

WC2005	**7/1/2004 - 6/30/2005**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,244.70**	**$0.00**	**$1,244.70**
			$1,263.20	**$0.00**	**$1,263.20**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,075.10**	**$0.00**	**$3,075.10**
		$3,093.60	**$0.00**	**$3,093.60**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,119.80**	**$0.00**	**$2,119.80**
		$2,119.80	**$0.00**	**$2,119.80**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

117 - UVA-EDH EDUCATION-HUMAN SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$539.71	$0.00	$539.71
				$539.71	$0.00	$539.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.33	$0.00	$378.33
				$378.33	$0.00	$378.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,357.64	$0.00	$7,357.64
				$7,394.64	$0.00	$7,394.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

118 - UVA-EDJ EDUCATION-INST CLIN PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

118 - UVA-EDJ EDUCATION-INST CLIN PSYCH

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$24.84**	**$0.00**	**$24.84**
Medical				**$190.70**	**$0.00**	**$190.70**
				$599.04	**$0.00**	**$599.04**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$191.00**	**$0.00**	**$191.00**
		$191.00	**$0.00**	**$191.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,126.16**	**$0.00**	**$2,126.16**
		$2,126.16	**$0.00**	**$2,126.16**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$59.21**	**$0.00**	**$59.21**
		$59.21	**$0.00**	**$59.21**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$50.00**	**$0.00**	**$50.00**
		$50.00	**$0.00**	**$50.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

118 - UVA-EDJ EDUCATION-INST CLIN PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,263.71	$0.00	$5,263.71
Medical.....	.....			$17,321.79	$0.00	$17,321.79
				$22,585.50	$0.00	$22,585.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$796.00	$0.00	$796.00
				$796.00	$0.00	$796.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$5,288.55	$0.00	$5,288.55
Medical.....	.....			$20,837.86	$0.00	$20,837.86
				$26,509.91	$0.00	$26,509.91
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

119 - UVA-EDL EDUCATION-LIBRARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

119 - UVA-EDL EDUCATION-LIBRARY

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$631.28**	**$0.00**	**$631.28**
			$631.28	**$0.00**	**$631.28**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$18.50	**$0.00**	**$18.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$631.28**	**$0.00**	**$631.28**
			$649.78	**$0.00**	**$649.78**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

11 - UVA-ALI ALD LIB-INTERLIBRARY SVCS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

11 - UVA-ALI ALD LIB-INTERLIBRARY SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$33.25**	**$0.00**	**$33.25**
				$33.25	**$0.00**	**$33.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$492.00**	**$0.00**	**$492.00**
				$492.00	**$0.00**	**$492.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$129.20**	**$0.00**	**$129.20**
				$129.20	**$0.00**	**$129.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

11 - UVA-ALI ALD LIB-INTERLIBRARY SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,492.89**	**$0.00**	**$1,492.89**
				$1,492.89	**$0.00**	**$1,492.89**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$220.50**	**$0.00**	**$220.50**
				$220.50	**$0.00**	**$220.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$437.20**	**$0.00**	**$437.20**
				$437.20	**$0.00**	**$437.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$294.38**	**$0.00**	**$294.38**
				$294.38	**$0.00**	**$294.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

11 - UVA-ALI ALD LIB-INTERLIBRARY SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.00	$0.00	$233.00
				$233.00	$0.00	$233.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,027.38	$0.00	$1,027.38
				$1,027.38	$0.00	$1,027.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$55.50	$0.00	$55.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

11 - UVA-ALI ALD LIB-INTERLIBRARY SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$271.35**	**$0.00**	**$271.35**
				$289.85	**$0.00**	**$289.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$628.69**	**$0.00**	**$628.69**
				$628.69	**$0.00**	**$628.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,900.30**	**$0.00**	**$4,900.30**
Medical				**$15,173.53**	**$0.00**	**$15,173.53**
				$20,073.83	**$0.00**	**$20,073.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$4,900.30**	**$0.00**	**$4,900.30**
Medical				**$20,433.37**	**$0.00**	**$20,433.37**
				$25,407.67	**$0.00**	**$25,407.67**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

121 - UVA-EDT EDUCATION-SUMMER ENRICHMNT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

121 - UVA-EDT EDUCATION-SUMMER ENRICHMNT

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

122 - UVA-EHS ENVIRONMNTL HEALTH &SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$85.83**	**$0.00**	**$85.83**
				$85.83	**$0.00**	**$85.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$175.52**	**$0.00**	**$175.52**
				$175.52	**$0.00**	**$175.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

122 - UVA-EHS ENVIRONMNTL HEALTH &SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.00	$0.00	$53.00
				$53.00	$0.00	$53.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,371.43	$0.00	$1,371.43
				$1,426.93	$0.00	$1,426.93
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$20.89	$0.00	$20.89
Indemnity.....	.....			$4,704.30	$0.00	$4,704.30
Medical.....	.....			$12,438.29	$0.00	$12,438.29
				$17,163.48	$0.00	$17,163.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

122 - UVA-EHS ENVIRONMNTL HEALTH &SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,883.22	$0.00	$1,883.22
				$1,883.22	$0.00	$1,883.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,758.66	$0.00	$1,758.66
				$1,758.66	$0.00	$1,758.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.80	$0.00	$433.80
				$433.80	$0.00	$433.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.30	$0.00	$195.30
				$195.30	$0.00	$195.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

122 - UVA-EHS ENVIRONMNTL HEALTH &SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$620.10**	**$0.00**	**$620.10**
				$620.10	**$0.00**	**$620.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,015.73**	**$0.00**	**$2,015.73**
				$2,015.73	**$0.00**	**$2,015.73**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$12.68**	**$0.00**	**$12.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$984.22**	**$0.00**	**$984.22**
				$996.90	**$0.00**	**$996.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$22.70**	**$0.00**	**$22.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$678.32**	**$0.00**	**$678.32**
				$701.02	**$0.00**	**$701.02**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$111.77**	**$0.00**	**$111.77**
Indemnity				**$4,704.30**	**$0.00**	**$4,704.30**
Medical				**$22,796.42**	**$0.00**	**$22,796.42**
				$27,612.49	**$0.00**	**$27,612.49**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

123 - UVA-ENA ENGINEERING-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.00	$0.00	$406.00
				$406.00	$0.00	$406.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.00	$0.00	$53.00
				$53.00	$0.00	$53.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$844.00	$0.00	$844.00
				$844.00	$0.00	$844.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

123 - UVA-ENA ENGINEERING-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$699.13	$0.00	$699.13
				$717.63	$0.00	$717.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.53	$0.00	$465.53
				$484.03	$0.00	$484.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,096.18	$0.00	$2,096.18
				$2,114.68	$0.00	$2,114.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,818.33	$0.00	$1,818.33
				$1,836.83	$0.00	$1,836.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$3,507.37	$0.00	$3,507.37
Indemnity.....	.....			$5,242.15	$0.00	$5,242.15
Medical.....	.....			$38,504.45	$0.00	$38,504.45
				$47,253.97	$0.00	$47,253.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

123 - UVA-ENA ENGINEERING-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$696.60	$0.00	$696.60
				$696.60	$0.00	$696.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.32	$0.00	$21.32
				$21.32	$0.00	$21.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$12.21	$0.00	$12.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,022.15	$0.00	$1,022.15
				$1,034.36	$0.00	$1,034.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$23.36	$0.00	$23.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,449.12	$0.00	$1,449.12
				$1,472.48	$0.00	$1,472.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,616.94	$0.00	$3,616.94
Indemnity.....	.....			$5,242.15	$0.00	$5,242.15
Medical.....	.....			$48,075.81	$0.00	$48,075.81
				$56,934.90	$0.00	$56,934.90
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

124 - UVA-ENC ENGINEERING-APPLIED MATH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$932.00	$0.00	$932.00
				$932.00	$0.00	$932.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.38	$0.00	$97.38
				$97.38	$0.00	$97.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,029.38	$0.00	$1,029.38
				$1,029.38	$0.00	$1,029.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

125 - UVA-END ENGINEERING-COMPUTER SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.95	$0.00	$199.95
				$199.95	$0.00	$199.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

125 - UVA-END ENGINEERING-COMPUTER SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$343.68	$0.00	$343.68
Medical.....	.....			$1,849.50	$0.00	$1,849.50
				$2,193.18	$0.00	$2,193.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$343.68	$0.00	$343.68
Medical.....	.....			$2,049.45	$0.00	$2,049.45
				$2,393.13	$0.00	$2,393.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

126 - UVA-ENH NATURAL HIS MUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$448.65	$0.00	$448.65
				$448.65	$0.00	$448.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$574.68	$0.00	$574.68
				$574.68	$0.00	$574.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.19	$0.00	$195.19
				$195.19	$0.00	$195.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,218.52	$0.00	$1,218.52
				$1,218.52	$0.00	$1,218.52
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

127 - UVA-ENK ENGINEERING-BIOMEDICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

127 - UVA-ENK ENGINEERING-BIOMEDICAL DEP

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$92.67**	**$0.00**	**$92.67**
			$92.67	**$0.00**	**$92.67**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$905.20**	**$0.00**	**$905.20**
		$905.20	**$0.00**	**$905.20**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$253.51**	**$0.00**	**$253.51**
		$253.51	**$0.00**	**$253.51**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$288.22**	**$0.00**	**$288.22**
		$288.22	**$0.00**	**$288.22**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$152.58**	**$0.00**	**$152.58**
		$152.58	**$0.00**	**$152.58**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

127 - UVA-ENK ENGINEERING-BIOMEDICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,233.06	$0.00	$1,233.06
				$1,233.06	$0.00	$1,233.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.00	$0.00	$241.00
				$241.00	$0.00	$241.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,146.80	$0.00	$1,146.80
				$1,146.80	$0.00	$1,146.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.00	$0.00	$132.00
				$132.00	$0.00	$132.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

127 - UVA-ENK ENGINEERING-BIOMEDICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.04	$0.00	$147.04
				$147.04	$0.00	$147.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.00	$0.00	$193.00
				$211.50	$0.00	$211.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.00	$0.00	$129.00
				$129.00	$0.00	$129.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$545.01	$0.00	$545.01
				$545.01	$0.00	$545.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

127 - UVA-ENK ENGINEERING-BIOMEDICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.30	$0.00	$436.30
				$473.30	$0.00	$473.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$827.04	$0.00	$827.04
				$827.04	$0.00	$827.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,722.43	$0.00	$6,722.43
				$6,777.93	$0.00	$6,777.93
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

128 - UVA-ENM ENGINEERING-CHEMICAL DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$205.27	$0.00	$205.27
				$205.27	$0.00	$205.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

128 - UVA-ENM ENGINEERING-CHEMICAL DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$395.52	$0.00	$395.52
				$395.52	$0.00	$395.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$407.45	$0.00	$407.45
				$407.45	$0.00	$407.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$396.75	$0.00	$396.75
				$415.25	$0.00	$415.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,216.32	$0.00	$5,216.32
				$5,234.82	$0.00	$5,234.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

128 - UVA-ENM ENGINEERING-CHEMICAL DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,883.03	$0.00	$8,883.03
				$8,901.53	$0.00	$8,901.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$419.73	$0.00	$419.73
				$419.73	$0.00	$419.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$20.18	$0.00	$20.18
Indemnity.....	.....			$2,739.36	$0.00	$2,739.36
Medical.....	.....			$1,214.71	$0.00	$1,214.71
				$3,974.25	$0.00	$3,974.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$75.68	$0.00	$75.68
Indemnity.....	.....			$2,739.36	$0.00	$2,739.36
Medical.....	.....			$17,138.78	$0.00	$17,138.78
				$19,953.82	$0.00	$19,953.82
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

129 - UVA-ENQ ENGINEERING-CIVIL DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$113.18	$0.00	$113.18
				$113.18	$0.00	$113.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$547.59	$0.00	$547.59
Medical.....	.....			$1,640.36	$0.00	$1,640.36
				$2,187.95	$0.00	$2,187.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.85	$0.00	$199.85
				$199.85	$0.00	$199.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

129 - UVA-ENQ ENGINEERING-CIVIL DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$837.70	$0.00	$837.70
				$837.70	$0.00	$837.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$155.12	$0.00	$155.12
Indemnity.....	.....			$922.08	$0.00	$922.08
Medical.....	.....			$39,164.01	$0.00	$39,164.01
				$40,241.21	$0.00	$40,241.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.50	$0.00	$254.50
				$254.50	$0.00	$254.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

207 - UNIVERSITY OF VIRGINIA

129 - UVA-ENQ ENGINEERING-CIVIL DEPT

Grand Totals

Expense			**$173.62**	**$0.00**	**$173.62**
Indemnity			**$1,469.67**	**$0.00**	**$1,469.67**
Medical			**$42,209.60**	**$0.00**	**$42,209.60**
			$43,852.89	**$0.00**	**$43,852.89**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

12 - UVA-ALL ALD LIB-CIRCULATION DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$665.32**	**$0.00**	**$665.32**
				$665.32	**$0.00**	**$665.32**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$344.85**	**$0.00**	**$344.85**
				$344.85	**$0.00**	**$344.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,010.17**	**$0.00**	**$1,010.17**
			$1,010.17	**$0.00**	**$1,010.17**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

130 - UVA-ENU ENGINEERING-ELECTRICAL DEP

Policy	Policy Period	Paid to Date	Outstanding	Incurred

207 - UNIVERSITY OF VIRGINIA

130 - UVA-ENU ENGINEERING-ELECTRICAL DEP

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,538.15**	**$0.00**	**$1,538.15**
				$1,538.15	**$0.00**	**$1,538.15**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,137.86**	**$0.00**	**$1,137.86**
				$1,137.86	**$0.00**	**$1,137.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$12.50**	**$0.00**	**$12.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,555.70**	**$0.00**	**$1,555.70**
				$1,568.20	**$0.00**	**$1,568.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,549.93**	**$0.00**	**$4,549.93**
				$4,565.93	**$0.00**	**$4,565.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$28.50**	**$0.00**	**$28.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,781.64**	**$0.00**	**$8,781.64**
				$8,810.14	**$0.00**	**$8,810.14**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

131 - UVA-EOP EQUAL OPPORTUNITY PROGRAMS

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

131 - UVA-EOP EQUAL OPPORTUNITY PROGRAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.30	$0.00	$104.30
				$104.30	$0.00	$104.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.00	$0.00	$115.00
				$115.00	$0.00	$115.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.93	$0.00	$172.93
				$172.93	$0.00	$172.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

131 - UVA-EOP EQUAL OPPORTUNITY PROGRAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$611.70	$0.00	$611.70
				$611.70	$0.00	$611.70
# of Claims	5					
# Open	0	Recovery Amount:	-$54.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.31	$0.00	$333.31
				$333.31	$0.00	$333.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$268.98	$0.00	$268.98
Medical.....	.....			$487.96	$0.00	$487.96
				$1,106.94	$0.00	$1,106.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

131 - UVA-EOP EQUAL OPPORTUNITY PROGRAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.68	$0.00	$168.68
				$168.68	$0.00	$168.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.24	$0.00	$341.24
				$341.24	$0.00	$341.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,782.78	$0.00	$1,782.78
				$1,782.78	$0.00	$1,782.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,453.76	$0.00	$2,453.76
				$2,453.76	$0.00	$2,453.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

131 - UVA-EOP EQUAL OPPORTUNITY PROGRAMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$368.50	$0.00	$368.50
Indemnity.....	.....			$268.98	$0.00	$268.98
Medical.....	.....			$6,609.66	$0.00	$6,609.66
				$7,247.14	$0.00	$7,247.14
# of Claims	37					
# Open	0	Recovery Amount:	-$54.00			

134 - UVA-ERM ENGINEERING-MATERIALS SCIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,029.39	$0.00	$18,029.39
				$18,029.39	$0.00	$18,029.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

134 - UVA-ERM ENGINEERING-MATERIALS SCIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$575.21	$0.00	$575.21
				$575.21	$0.00	$575.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$198.25	$0.00	$198.25
				$216.75	$0.00	$216.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,728.98	$0.00	$1,728.98
				$1,765.98	$0.00	$1,765.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$558.20	$0.00	$558.20
				$576.70	$0.00	$576.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

134 - UVA-ERM ENGINEERING-MATERIALS SCIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,940.68	$0.00	$1,940.68
				$1,940.68	$0.00	$1,940.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,215.62	$0.00	$2,215.62
				$2,215.62	$0.00	$2,215.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$576.50	$0.00	$576.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,329.58	$0.00	$10,329.58
				$10,906.08	$0.00	$10,906.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$389.30	$0.00	$389.30
				$389.30	$0.00	$389.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

134 - UVA-ERM ENGINEERING-MATERIALS SCIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$21.28	$0.00	$21.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,876.08	$0.00	$1,876.08
				$1,897.36	$0.00	$1,897.36
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$671.78	$0.00	$671.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37,841.29	$0.00	$37,841.29
				$38,513.07	$0.00	$38,513.07
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

135 - UVA-ERN ENGINEERING-MECHANICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$585.60	$0.00	$585.60
				$585.60	$0.00	$585.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

135 - UVA-ERN ENGINEERING-MECHANICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,019.29	$0.00	$1,019.29
				$1,019.29	$0.00	$1,019.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$29.30	$0.00	$29.30
Medical.....	.....			$15,624.94	$0.00	$15,624.94
				$15,691.24	$0.00	$15,691.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$834.55	$0.00	$834.55
				$871.55	$0.00	$871.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$843.63	$0.00	$843.63
				$843.63	$0.00	$843.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

135 - UVA-ERN ENGINEERING-MECHANICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,646.19	$0.00	$6,646.19
				$6,757.19	$0.00	$6,757.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.85	$0.00	$268.85
				$268.85	$0.00	$268.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$51.50	$0.00	$51.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,380.94	$0.00	$1,380.94
				$1,432.44	$0.00	$1,432.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

135 - UVA-ERN ENGINEERING-MECHANICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,564.28	$0.00	$1,564.28
				$1,564.28	$0.00	$1,564.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$12.16	$0.00	$12.16
Indemnity.....	.....			$534.26	$0.00	$534.26
Medical.....	.....			$14,832.14	$0.00	$14,832.14
				$15,378.56	$0.00	$15,378.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,403.08	$0.00	$2,403.08
				$2,403.08	$0.00	$2,403.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

135 - UVA-ERN ENGINEERING-MECHANICAL DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$35.41	$0.00	$35.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21,745.75	$0.00	$21,745.75
				$21,781.16	$0.00	$21,781.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$20.14	$0.00	$20.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,315.63	$0.00	$2,315.63
				$2,335.77	$0.00	$2,335.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,775.80	$0.00	$1,775.80
				$1,775.80	$0.00	$1,775.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$341.21	$0.00	$341.21
Indemnity.....	.....			$563.56	$0.00	$563.56
Medical.....	.....			$71,840.67	$0.00	$71,840.67
				$72,745.44	$0.00	$72,745.44
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

139 - UVA-ERS ENGINEERING-SYSTEMS ENG

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

139 - UVA-ERS ENGINEERING-SYSTEMS ENG

WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$388.00**	**$0.00**	**$388.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,007.20**	**$0.00**	**$2,007.20**
		$2,395.20	**$0.00**	**$2,395.20**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,128.80**	**$0.00**	**$1,128.80**
		$1,128.80	**$0.00**	**$1,128.80**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$13.70**	**$0.00**	**$13.70**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,819.09**	**$0.00**	**$1,819.09**
		$1,832.79	**$0.00**	**$1,832.79**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

139 - UVA-ERS ENGINEERING-SYSTEMS ENG

Grand Totals

Expense.....	**$401.70**	**$0.00**	**$401.70**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$4,955.09**	**$0.00**	**$4,955.09**
	$5,356.79	**$0.00**	**$5,356.79**

# of Claims **5**

 # Open **0** **Recovery Amount:** **$0.00**

13 - UVA-ALM ALD LIB-SPEC COLLECTIONS-MA

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$53.00**	**$0.00**	**$53.00**
		$53.00	**$0.00**	**$53.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$53.00**	**$0.00**	**$53.00**
	$53.00	**$0.00**	**$53.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

13 - UVA-ALM ALD LIB-SPEC COLLECTIONS-MA

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

141 - UVA-ETD ENGLISH LANGUAGE & LIT DEP

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$509.60	$0.00	$509.60
			$509.60	$0.00	$509.60

# of Claims 1

 # Open 0 **Recovery Amount:** -$509.60

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$182.64	$0.00	$182.64
			$182.64	$0.00	$182.64

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,801.30	$0.00	$1,801.30
			$1,801.30	$0.00	$1,801.30

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

141 - UVA-ETD ENGLISH LANGUAGE & LIT DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$882.03	$0.00	$882.03
				$900.53	$0.00	$900.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$13.70	$0.00	$13.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$852.66	$0.00	$852.66
				$866.36	$0.00	$866.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32.20	$0.00	$32.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,228.23	$0.00	$4,228.23
				$4,260.43	$0.00	$4,260.43
# of Claims	13					
# Open	0	Recovery Amount:	-$509.60			

142 - UVA-EVD ENVIRONMENTAL SCIENCES DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

142 - UVA-EVD ENVIRONMENTAL SCIENCES DEP

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$5,022.72**	**$0.00**	**$5,022.72**
Medical			**$10,023.15**	**$0.00**	**$10,023.15**
			$15,045.87	**$0.00**	**$15,045.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$784.56**	**$0.00**	**$784.56**
		$784.56	**$0.00**	**$784.56**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$56.79**	**$0.00**	**$56.79**
		$75.29	**$0.00**	**$75.29**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$581.25**	**$0.00**	**$581.25**
		$581.25	**$0.00**	**$581.25**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$284.25**	**$0.00**	**$284.25**
		$284.25	**$0.00**	**$284.25**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

142 - UVA-EVD ENVIRONMENTAL SCIENCES DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$10,177.11	$0.00	$10,177.11
Indemnity.....	.....			$210,398.62	$0.00	$210,398.62
Medical.....	.....			$202,358.62	$0.00	$202,358.62
				$422,934.35	$0.00	$422,934.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$190.00	$0.00	$190.00
Indemnity.....	.....			$793.72	$0.00	$793.72
Medical.....	.....			$12,952.31	$0.00	$12,952.31
				$13,936.03	$0.00	$13,936.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,273.90	$0.00	$1,273.90
				$1,273.90	$0.00	$1,273.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

142 - UVA-EVD ENVIRONMENTAL SCIENCES DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$13,096.09**	**$0.00**	**$13,096.09**
Medical				**$39,013.95**	**$0.00**	**$39,013.95**
				$52,118.04	**$0.00**	**$52,118.04**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,577.30**	**$0.00**	**$2,577.30**
				$2,577.30	**$0.00**	**$2,577.30**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$653.75**	**$0.00**	**$653.75**
Medical				**$4,478.90**	**$0.00**	**$4,478.90**
				$5,140.65	**$0.00**	**$5,140.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$157.42**	**$0.00**	**$157.42**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$88.86**	**$0.00**	**$88.86**
				$246.28	**$0.00**	**$246.28**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$10,559.03**	**$0.00**	**$10,559.03**
Indemnity				**$229,964.90**	**$0.00**	**$229,964.90**
Medical				**$274,473.84**	**$0.00**	**$274,473.84**
				$514,997.77	**$0.00**	**$514,997.77**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

143 - UVA-FAC FACULTY OF ARTS & SCI-DEAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$840.26	$0.00	$840.26
				$840.26	$0.00	$840.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$635.62	$0.00	$635.62
				$654.12	$0.00	$654.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.19	$0.00	$271.19
				$289.69	$0.00	$289.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,747.07	$0.00	$1,747.07
				$1,784.07	$0.00	$1,784.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

143 - UVA-FAC FACULTY OF ARTS & SCI-DEAN

144 - UVA-FIN FINANCIAL AID TO STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$583.42	$0.00	$583.42
Medical.....	.....			$15,960.26	$0.00	$15,960.26
				$16,551.68	$0.00	$16,551.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$45.00	$0.00	$45.00
Indemnity.....	.....			$583.42	$0.00	$583.42
Medical.....	.....			$15,960.26	$0.00	$15,960.26
				$16,588.68	$0.00	$16,588.68

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

144 - UVA-FIN FINANCIAL AID TO STUDENTS

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

147 - UVA-FNC DINING SVCS-UVA STUDENTS

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$377.25	$0.00	$377.25
		$377.25	$0.00	$377.25

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$2,273.15	$0.00	$2,273.15
Medical.....	.....	$8,701.71	$0.00	$8,701.71
		$10,974.86	$0.00	$10,974.86

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$145.25	$0.00	$145.25
		$145.25	$0.00	$145.25

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,120.31	$0.00	$1,120.31
		$1,120.31	$0.00	$1,120.31

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

147 - UVA-FNC DINING SVCS-UVA STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$560.84	$0.00	$560.84
Medical.....	.....			$1,785.29	$0.00	$1,785.29
				$2,346.13	$0.00	$2,346.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$206.28	$0.00	$206.28
				$206.28	$0.00	$206.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.32	$0.00	$270.32
				$270.32	$0.00	$270.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.96	$0.00	$186.96
				$186.96	$0.00	$186.96
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

147 - UVA-FNC DINING SVCS-UVA STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$497.27	$0.00	$497.27
				$497.27	$0.00	$497.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,529.00	$0.00	$1,529.00
Medical.....	.....			$3,238.70	$0.00	$3,238.70
				$4,767.70	$0.00	$4,767.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,362.99	$0.00	$4,362.99
Medical.....	.....			$16,529.34	$0.00	$16,529.34
				$20,892.33	$0.00	$20,892.33
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

148 - UVA-FND DINING SVCS-CHARLOTTESVILE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,098.89	$0.00	$1,098.89
				$1,098.89	$0.00	$1,098.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

148 - UVA-FND DINING SVCS-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$426.53	$0.00	$426.53
				$426.53	$0.00	$426.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,723.18	$0.00	$1,723.18
				$1,723.18	$0.00	$1,723.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.40	$0.00	$220.40
				$220.40	$0.00	$220.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$581.98	$0.00	$581.98
				$581.98	$0.00	$581.98
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

148 - UVA-FND DINING SVCS-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.76	$0.00	$472.76
				$472.76	$0.00	$472.76
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,200.00	$0.00	$19,200.00
Medical.....	.....			$10,466.17	$0.00	$10,466.17
				$29,666.17	$0.00	$29,666.17
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,730.88	$0.00	$12,730.88
Medical.....	.....			$35,776.48	$0.00	$35,776.48
				$48,507.36	$0.00	$48,507.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,325.61	$0.00	$2,325.61
				$2,325.61	$0.00	$2,325.61
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

148 - UVA-FND DINING SVCS-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.40	$0.00	$557.40
				$557.40	$0.00	$557.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.00	$0.00	$186.00
				$186.00	$0.00	$186.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$31,930.88	$0.00	$31,930.88
Medical.....	.....			$53,835.40	$0.00	$53,835.40
				$85,766.28	$0.00	$85,766.28
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

14 - UVA-ALP ALD LIB-PUBLIC INFO & EDUC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

14 - UVA-ALP ALD LIB-PUBLIC INFO & EDUC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$783.73**	**$0.00**	**$783.73**
				$802.23	**$0.00**	**$802.23**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.00**	**$0.00**	**$195.00**
				$213.50	**$0.00**	**$213.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$491.19**	**$0.00**	**$491.19**
				$491.19	**$0.00**	**$491.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,469.92**	**$0.00**	**$1,469.92**
				$1,506.92	**$0.00**	**$1,506.92**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

156 - UVA-FOA DINING SVCS-NEWCOMB HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.83	$0.00	$203.83
				$203.83	$0.00	$203.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.83	$0.00	$203.83
				$203.83	$0.00	$203.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

15 - UVA-ALR ALD LIB-SYSTEMS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$546.12	$0.00	$546.12
				$546.12	$0.00	$546.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$891.32	$0.00	$891.32
				$909.82	$0.00	$909.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

15 - UVA-ALR ALD LIB-SYSTEMS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,206.12	$0.00	$6,206.12
Medical.....	.....			$6,545.04	$0.00	$6,545.04
				$12,759.16	$0.00	$12,759.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26.50	$0.00	$26.50
Indemnity.....	.....			$6,206.12	$0.00	$6,206.12
Medical.....	.....			$7,982.48	$0.00	$7,982.48
				$14,215.10	$0.00	$14,215.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

160 - UVA-FOF DINING SVCS-TREE HOUSE SB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$136.65	$0.00	$136.65
				$136.65	$0.00	$136.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$136.65	$0.00	$136.65
				$136.65	$0.00	$136.65

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

160 - UVA-FOF DINING SVCS-TREE HOUSE SB

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

161 - UVA-FOG DINING SVCS-LAMBETH STORE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

169 - UVA-FOS DINING SVCS-ADMINISTRATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

16 - UVA-ALS ALD LIB-RESEARCH &INFO SVCS

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

16 - UVA-ALS ALD LIB-RESEARCH &INFO SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17.20**	**$0.00**	**$17.20**
				$17.20	**$0.00**	**$17.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$410.12**	**$0.00**	**$410.12**
Medical				**$614.25**	**$0.00**	**$614.25**
				$1,024.37	**$0.00**	**$1,024.37**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$281.52**	**$0.00**	**$281.52**
				$281.52	**$0.00**	**$281.52**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$958.48**	**$0.00**	**$958.48**
				$958.48	**$0.00**	**$958.48**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

16 - UVA-ALS ALD LIB-RESEARCH &INFO SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$148.45	$0.00	$148.45
Medical.....	.....			$1,636.18	$0.00	$1,636.18
				$1,784.63	$0.00	$1,784.63
# of Claims	6					
# Open	0	Recovery Amount:	-$105.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$222.44	$0.00	$222.44
Medical.....	.....			$616.85	$0.00	$616.85
				$839.29	$0.00	$839.29
# of Claims	5					
# Open	0	Recovery Amount:	-$156.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$467.40	$0.00	$467.40
Indemnity.....	.....			$9,007.55	$0.00	$9,007.55
Medical.....	.....			$49,297.89	$0.00	$49,297.89
				$58,772.84	$0.00	$58,772.84
# of Claims	10					
# Open	0	Recovery Amount:	-$478.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

16 - UVA-ALS ALD LIB-RESEARCH &INFO SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$397.40	$0.00	$397.40
Medical.....	.....			$7,464.26	$0.00	$7,464.26
				$7,861.66	$0.00	$7,861.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$580.88	$0.00	$580.88
				$580.88	$0.00	$580.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$63.95	$0.00	$63.95
				$63.95	$0.00	$63.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

16 - UVA-ALS ALD LIB-RESEARCH &INFO SVCS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$425.69	$0.00	$425.69
				$444.19	$0.00	$444.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$485.90	$0.00	$485.90
Indemnity.....	.....			$10,185.96	$0.00	$10,185.96
Medical.....	.....			$61,957.15	$0.00	$61,957.15
				$72,629.01	$0.00	$72,629.01
# of Claims	56					
# Open	0	Recovery Amount:	-$739.54			

171 - UVA-FOU DINING SVCS-NEWCOMB THEATR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.62	$0.00	$191.62
				$191.62	$0.00	$191.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.62	$0.00	$191.62
				$191.62	$0.00	$191.62

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

171 - UVA-FOU DINING SVCS-NEWCOMB THEATR

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

173 - UVA-FOW DINING SVCS-ITZA PIZZA

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,724.13**	**$0.00**	**$2,724.13**
		$2,724.13	**$0.00**	**$2,724.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,402.15**	**$0.00**	**$1,402.15**
		$1,402.15	**$0.00**	**$1,402.15**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$38.00**	**$0.00**	**$38.00**
		$38.00	**$0.00**	**$38.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$4,164.28**	**$0.00**	**$4,164.28**
	$4,164.28	**$0.00**	**$4,164.28**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

174 - UVA-FOX DINING SVCS-COMMISSARY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

174 - UVA-FOX DINING SVCS-COMMISSARY

WC1989	**7/1/1988 - 6/30/1989**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$148.30**	**$0.00**	**$148.30**
			$148.30	**$0.00**	**$148.30**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$207.43**	**$0.00**	**$207.43**
Medical		**$2,092.20**	**$0.00**	**$2,092.20**
		$2,299.63	**$0.00**	**$2,299.63**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$827.60**	**$0.00**	**$827.60**
		$827.60	**$0.00**	**$827.60**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,001.00**	**$0.00**	**$1,001.00**
		$1,001.00	**$0.00**	**$1,001.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$147.55**	**$0.00**	**$147.55**
		$147.55	**$0.00**	**$147.55**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

174 - UVA-FOX DINING SVCS-COMMISSARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.00	$0.00	$260.00
				$260.00	$0.00	$260.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$597.59	$0.00	$597.59
Medical.....	.....			$1,827.85	$0.00	$1,827.85
				$2,425.44	$0.00	$2,425.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$805.02	$0.00	$805.02
Medical.....	.....			$6,304.50	$0.00	$6,304.50
				$7,109.52	$0.00	$7,109.52
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

175 - UVA-FOY DINING SVCS-CATERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.95	$0.00	$40.95
				$40.95	$0.00	$40.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

175 - UVA-FOY DINING SVCS-CATERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$887.12	$0.00	$887.12
Medical.....	.....			$713.86	$0.00	$713.86
				$1,600.98	$0.00	$1,600.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$887.12	$0.00	$887.12
Medical.....	.....			$754.81	$0.00	$754.81
				$1,641.93	$0.00	$1,641.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

176 - UVA-FOZ DINING SVCS-AUTOMATIC FOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.07	$0.00	$221.07
				$221.07	$0.00	$221.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

176 - UVA-FOZ DINING SVCS-AUTOMATIC FOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.07	$0.00	$221.07
				$221.07	$0.00	$221.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

178 - UVA-GER GERMAN LITERATURE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,998.13	$0.00	$20,998.13
Medical.....	.....			$20,473.27	$0.00	$20,473.27
				$41,471.40	$0.00	$41,471.40
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

178 - UVA-GER GERMAN LITERATURE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$20,998.13	$0.00	$20,998.13
Medical.....	.....			$20,473.27	$0.00	$20,473.27
				$41,508.40	$0.00	$41,508.40
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

179 - UVA-GFA GOVERNMENT & FOREIGN AFFRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$627.75	$0.00	$627.75
Medical.....	.....			$2,887.17	$0.00	$2,887.17
				$3,514.92	$0.00	$3,514.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$870.91	$0.00	$870.91
				$889.41	$0.00	$889.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$627.75	$0.00	$627.75
Medical.....	.....			$3,758.08	$0.00	$3,758.08
				$4,404.33	$0.00	$4,404.33

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

179 - UVA-GFA GOVERNMENT & FOREIGN AFFRS

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

17 - UVA-ALT ALD LIB-ADMINISTRATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005			
Expense.....	.....	$92.50	$0.00	$92.50
Indemnity.....	.....	$1,269.88	$0.00	$1,269.88
Medical.....	.....	$21,376.95	$0.00	$21,376.95
		$22,739.33	$0.00	$22,739.33

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006			
Expense.....	.....	$37.00	$0.00	$37.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$37.00	$0.00	$37.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007			
Expense.....	.....	$18.50	$0.00	$18.50
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$2,957.02	$0.00	$2,957.02
		$2,975.52	$0.00	$2,975.52

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

17 - UVA-ALT ALD LIB-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$228.65**	**$0.00**	**$228.65**
				$228.65	**$0.00**	**$228.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,921.56**	**$0.00**	**$1,921.56**
				$1,921.56	**$0.00**	**$1,921.56**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$276.00**	**$0.00**	**$276.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$550.28**	**$0.00**	**$550.28**
				$826.28	**$0.00**	**$826.28**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310.08**	**$0.00**	**$310.08**
				$310.08	**$0.00**	**$310.08**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

17 - UVA-ALT ALD LIB-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,417.76	$0.00	$1,417.76
				$1,417.76	$0.00	$1,417.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$943.49	$0.00	$943.49
				$943.49	$0.00	$943.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$48.32	$0.00	$48.32
Indemnity.....	.....			$2,666.44	$0.00	$2,666.44
Medical.....	.....			$27,143.69	$0.00	$27,143.69
				$29,858.45	$0.00	$29,858.45
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$27.04	$0.00	$27.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$505.72	$0.00	$505.72
				$532.76	$0.00	$532.76
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$499.36	$0.00	$499.36
Indemnity.....	.....			$3,936.32	$0.00	$3,936.32
Medical.....	.....			$57,355.20	$0.00	$57,355.20
				$61,790.88	$0.00	$61,790.88
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

182 - UVA-GRD GRADUATE ARTS & SCI-DEAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$12.18**	**$0.00**	**$12.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$12.18	**$0.00**	**$12.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$12.18**	**$0.00**	**$12.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$12.18	**$0.00**	**$12.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

183 - UVA-GRP PRINTING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$267.30**	**$0.00**	**$267.30**
				$267.30	**$0.00**	**$267.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,639.47**	**$0.00**	**$6,639.47**
				$6,639.47	**$0.00**	**$6,639.47**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,906.77**	**$0.00**	**$6,906.77**
				$6,906.77	**$0.00**	**$6,906.77**

207 - UNIVERSITY OF VIRGINIA

183 - UVA-GRP PRINTING SERVICES

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

184 - UVA-HCA MC-MEDICAL CENTER ADMIN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$23.70	$0.00	$23.70
		$23.70	$0.00	$23.70

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$62.50	$0.00	$62.50
Indemnity.....	.....	$3,918.84	$0.00	$3,918.84
Medical.....	.....	$7,808.88	$0.00	$7,808.88
		$11,790.22	$0.00	$11,790.22

# of Claims 41

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

184 - UVA-HCA MC-MEDICAL CENTER ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,218.80	$0.00	$7,218.80
				$7,218.80	$0.00	$7,218.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$843.70	$0.00	$843.70
				$843.70	$0.00	$843.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

184 - UVA-HCA MC-MEDICAL CENTER ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,701.46	$0.00	$3,701.46
				$3,701.46	$0.00	$3,701.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$3,918.84	$0.00	$3,918.84
Medical.....	.....			$19,631.54	$0.00	$19,631.54
				$23,612.88	$0.00	$23,612.88
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

185 - UVA-HEA MEDICINE-HEALTH SCIENCESVP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$483.94	$0.00	$483.94
				$483.94	$0.00	$483.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

185 - UVA-HEA MEDICINE-HEALTH SCIENCESVP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$505.79	$0.00	$505.79
				$505.79	$0.00	$505.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,092.73	$0.00	$1,092.73
				$1,092.73	$0.00	$1,092.73
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

186 - UVA-FM-E&U Heat Plants

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.00	$0.00	$165.00
				$165.00	$0.00	$165.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

186 - UVA-FM-E&U Heat Plants

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$525.37**	**$0.00**	**$525.37**
				$580.87	**$0.00**	**$580.87**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$462.58**	**$0.00**	**$462.58**
				$481.08	**$0.00**	**$481.08**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,564.92**	**$0.00**	**$4,564.92**
				$4,638.92	**$0.00**	**$4,638.92**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,659.12**	**$0.00**	**$1,659.12**
				$1,659.12	**$0.00**	**$1,659.12**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

186 - UVA-FM-E&U Heat Plants

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$760.30	$0.00	$760.30
				$760.30	$0.00	$760.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,895.06	$0.00	$1,895.06
				$1,895.06	$0.00	$1,895.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,264.73	$0.00	$2,264.73
Medical.....	.....			$6,342.21	$0.00	$6,342.21
				$8,606.94	$0.00	$8,606.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$275.67	$48.00	$323.67
Indemnity.....	.....			$31,096.44	$0.00	$31,096.44
Medical.....	.....			$276,610.86	$685,193.36	$961,804.22
				$307,982.97	$685,241.36	$993,224.33
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

186 - UVA-FM-E&U Heat Plants

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$918.94**	**$0.00**	**$918.94**
Medical				**$4,794.56**	**$0.00**	**$4,794.56**
				$5,721.50	**$0.00**	**$5,721.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,151.28**	**$0.00**	**$1,151.28**
Medical				**$4,166.60**	**$0.00**	**$4,166.60**
				$5,325.88	**$0.00**	**$5,325.88**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,274.17**	**$0.00**	**$1,274.17**
				$1,274.17	**$0.00**	**$1,274.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$24.33**	**$0.00**	**$24.33**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,217.01**	**$0.00**	**$1,217.01**
				$1,241.34	**$0.00**	**$1,241.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$482.50**	**$48.00**	**$530.50**
Indemnity				**$35,431.39**	**$0.00**	**$35,431.39**
Medical				**$304,437.76**	**$685,193.36**	**$989,631.12**
				$340,351.65	**$685,241.36**	**$1,025,593.01**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

187 - UVA-HIS HISTORY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$270.85**	**$0.00**	**$270.85**
				$270.85	**$0.00**	**$270.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$270.85**	**$0.00**	**$270.85**
				$270.85	**$0.00**	**$270.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

191 - UVA-HRO MC-RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.00**	**$0.00**	**$103.00**
				$103.00	**$0.00**	**$103.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

191 - UVA-HRO MC-RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$121.50	$0.00	$121.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

192 - UVA-HRT HOSP-VOICE COMMUNICATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

193 - UVA-HSC HOUSING-BUSINESS MANAGER

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

193 - UVA-HSC HOUSING-BUSINESS MANAGER

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$392.27**	**$0.00**	**$392.27**
				$392.27	**$0.00**	**$392.27**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$283.79**	**$0.00**	**$283.79**
Medical		**$7,354.39**	**$0.00**	**$7,354.39**
		$7,638.18	**$0.00**	**$7,638.18**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,878.24**	**$0.00**	**$1,878.24**
Medical		**$26,823.11**	**$0.00**	**$26,823.11**
		$28,701.35	**$0.00**	**$28,701.35**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$26.50**	**$292.00**	**$318.50**
Indemnity		**$2,136.26**	**$0.00**	**$2,136.26**
Medical		**$185,511.07**	**$108,618.73**	**$294,129.80**
		$187,673.83	**$108,910.73**	**$296,584.56**
# of Claims	**21**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$259.00**	**$0.00**	**$259.00**
Indemnity		**$149.00**	**$0.00**	**$149.00**
Medical		**$11,473.25**	**$0.00**	**$11,473.25**
		$11,881.25	**$0.00**	**$11,881.25**
# of Claims	**21**			
# Open	**0**	**Recovery Amount:**	**-$87.36**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

193 - UVA-HSC HOUSING-BUSINESS MANAGER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$8,237.78	$0.00	$8,237.78
Indemnity.....	.....			$90,811.33	$0.00	$90,811.33
Medical.....	.....			$152,603.01	$0.00	$152,603.01
				$251,652.12	$0.00	$251,652.12
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$17,621.82	$0.00	$17,621.82
Indemnity.....	.....			$142,773.09	$0.00	$142,773.09
Medical.....	.....			$538,392.18	$197,907.89	$736,300.07
				$698,787.09	$197,907.89	$896,694.98
# of Claims	44					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,774.16	$0.00	$1,774.16
Indemnity.....	.....			$17,368.98	$0.00	$17,368.98
Medical.....	.....			$45,290.05	$0.00	$45,290.05
				$64,433.19	$0.00	$64,433.19
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$2,469.46	$0.00	$2,469.46
Indemnity.....	.....			$8,320.97	$0.00	$8,320.97
Medical.....	.....			$150,090.96	$0.00	$150,090.96
				$160,881.39	$0.00	$160,881.39
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

193 - UVA-HSC HOUSING-BUSINESS MANAGER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,368.80	$0.00	$7,368.80
Medical.....	.....			$16,287.68	$0.00	$16,287.68
				$23,656.48	$0.00	$23,656.48
# of Claims	20					
# Open	0	Recovery Amount:	-$206.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$5,767.61	$0.00	$5,767.61
Indemnity.....	.....			$309,828.50	$0.00	$309,828.50
Medical.....	.....			$210,612.31	$0.00	$210,612.31
				$526,208.42	$0.00	$526,208.42
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,981.84	$0.00	$1,981.84
				$1,981.84	$0.00	$1,981.84
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$71.04	$0.00	$71.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.30	$0.00	$195.30
				$266.34	$0.00	$266.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

193 - UVA-HSC HOUSING-BUSINESS MANAGER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,756.80	$0.00	$1,756.80
				$1,756.80	$0.00	$1,756.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,516.34	$0.00	$1,516.34
Medical.....	.....			$2,459.86	$0.00	$2,459.86
				$3,976.20	$0.00	$3,976.20
# of Claims	1					
# Open	0	Recovery Amount:	-$3,976.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,753.74	$0.00	$4,753.74
				$4,753.74	$0.00	$4,753.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$36,227.37	$292.00	$36,519.37
Indemnity.....	.....			$582,435.30	$0.00	$582,435.30
Medical.....	.....			$1,355,977.82	$306,526.62	$1,662,504.44
				$1,974,640.49	$306,818.62	$2,281,459.11
# of Claims	300					
# Open	2	Recovery Amount:	-$4,269.56			

195 - UVA-INE UNIVERSITY NEWS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

195 - UVA-INE UNIVERSITY NEWS OFFICE

WC1989	**7/1/1988 - 6/30/1989**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$951.15**	**$0.00**	**$951.15**
				$951.15	**$0.00**	**$951.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$951.15**	**$0.00**	**$951.15**
			$951.15	**$0.00**	**$951.15**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

201 - UVA-ISP INTEGRATED SYSTEMS PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

201 - UVA-ISP INTEGRATED SYSTEMS PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

202 - UVA-ITC ITC-CURRUTHERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$884.35**	**$0.00**	**$884.35**
				$884.35	**$0.00**	**$884.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

202 - UVA-ITC ITC-CURRUTHERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$664.25	$0.00	$664.25
				$682.75	$0.00	$682.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.42	$0.00	$221.42
				$276.92	$0.00	$276.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,924.50	$0.00	$2,924.50
				$2,980.00	$0.00	$2,980.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.22	$0.00	$352.22
				$352.22	$0.00	$352.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

202 - UVA-ITC ITC-CURRUTHERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,353.15	$0.00	$4,353.15
				$4,353.15	$0.00	$4,353.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,881.71	$0.00	$2,881.71
				$2,881.71	$0.00	$2,881.71
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$21,977.51	$0.00	$21,977.51
Indemnity.....	.....			$149,946.07	$0.00	$149,946.07
Medical.....	.....			$27,773.43	$0.00	$27,773.43
				$199,697.01	$0.00	$199,697.01
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

202 - UVA-ITC ITC-CURRUTHERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,153.97	$0.00	$6,153.97
				$6,153.97	$0.00	$6,153.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$631.20	$0.00	$631.20
				$631.20	$0.00	$631.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.50	$0.00	$178.50
				$178.50	$0.00	$178.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,574.58	$0.00	$8,574.58
				$8,574.58	$0.00	$8,574.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

202 - UVA-ITC ITC-CURRUTHERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$22.34	$0.00	$22.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$22.34	$0.00	$22.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$22,129.35	$0.00	$22,129.35
Indemnity.....	.....			$149,946.07	$0.00	$149,946.07
Medical.....	.....			$55,593.28	$0.00	$55,593.28
				$227,668.70	$0.00	$227,668.70
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

207 - UVA-ITR ITC-CRESAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$497.25	$0.00	$497.25
				$497.25	$0.00	$497.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$497.25	$0.00	$497.25
				$497.25	$0.00	$497.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

208 - UVA-ITW ITC-WILSON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

208 - UVA-ITW ITC-WILSON HALL

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$145.00**	**$0.00**	**$145.00**
				$145.00	**$0.00**	**$145.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Grand Totals				
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$145.00**	**$0.00**	**$145.00**
		$163.50	**$0.00**	**$163.50**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:** **$0.00**		

209 - UVA-JAG JAG SCHOOL

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

209 - UVA-JAG JAG SCHOOL

WC1989	**7/1/1988 - 6/30/1989**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$1,801.25**	**$0.00**	**$1,801.25**
Medical			**$3,810.30**	**$0.00**	**$3,810.30**
			$5,611.55	**$0.00**	**$5,611.55**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$1,801.25**	**$0.00**	**$1,801.25**
Medical			**$3,810.30**	**$0.00**	**$3,810.30**
			$5,611.55	**$0.00**	**$5,611.55**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

20 - UVA-ANT ANTHROPOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.27**	**$0.00**	**$64.27**
				$82.77	**$0.00**	**$82.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$64.27**	**$0.00**	**$64.27**
			$82.77	**$0.00**	**$82.77**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

213 - UVA-LAS LAW SCHOOL

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

213 - UVA-LAS LAW SCHOOL

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$260.00**	**$0.00**	**$260.00**
			$260.00	**$0.00**	**$260.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$221.96**	**$0.00**	**$221.96**
		$221.96	**$0.00**	**$221.96**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$174.25**	**$0.00**	**$174.25**
		$192.75	**$0.00**	**$192.75**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,662.68**	**$0.00**	**$3,662.68**
		$3,681.18	**$0.00**	**$3,681.18**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$55.50**	**$0.00**	**$55.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$289.62**	**$0.00**	**$289.62**
		$345.12	**$0.00**	**$345.12**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

213 - UVA-LAS LAW SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,551.46**	**$0.00**	**$2,551.46**
				$2,569.96	**$0.00**	**$2,569.96**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$206.00**	**$0.00**	**$206.00**
				$206.00	**$0.00**	**$206.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$709.77**	**$0.00**	**$709.77**
Medical				**$10,655.62**	**$0.00**	**$10,655.62**
				$11,365.39	**$0.00**	**$11,365.39**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$557.96**	**$8.00**	**$565.96**
Indemnity				**$6,619.07**	**$0.00**	**$6,619.07**
Medical				**$231,810.92**	**$388,208.77**	**$620,019.69**
				$238,987.95	**$388,216.77**	**$627,204.72**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

213 - UVA-LAS LAW SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$668.96	$8.00	$676.96
Indemnity.....	.....			$7,328.84	$0.00	$7,328.84
Medical.....	.....			$249,832.51	$388,208.77	$638,041.28
				$257,830.31	$388,216.77	$646,047.08
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

219 - UVA-MAT MATHEMATICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,154.74	$0.00	$1,154.74
				$1,173.24	$0.00	$1,173.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

219 - UVA-MAT MATHEMATICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.85	$0.00	$268.85
				$287.35	$0.00	$287.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,694.86	$0.00	$3,694.86
				$3,694.86	$0.00	$3,694.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,118.45	$0.00	$5,118.45
				$5,155.45	$0.00	$5,155.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

221 - UVA-MEC MEDICINE-ANESTHESIOLOGY DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

221 - UVA-MEC MEDICINE-ANESTHESIOLOGY DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.00	$0.00	$170.00
				$170.00	$0.00	$170.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.60	$0.00	$298.60
				$298.60	$0.00	$298.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.55	$0.00	$165.55
				$184.05	$0.00	$184.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

221 - UVA-MEC MEDICINE-ANESTHESIOLOGY DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,045.09	$0.00	$1,045.09
				$1,045.09	$0.00	$1,045.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$209.37	$0.00	$209.37
				$209.37	$0.00	$209.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.53	$0.00	$27.53
				$27.53	$0.00	$27.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

221 - UVA-MEC MEDICINE-ANESTHESIOLOGY DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.21	$0.00	$12.21
				$12.21	$0.00	$12.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$499.69	$0.00	$499.69
				$499.69	$0.00	$499.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,478.04	$0.00	$2,478.04
				$2,515.04	$0.00	$2,515.04
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

222 - UVA-MED MEDICINE-EMERGENCY MEDICIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$287.00	$0.00	$287.00
				$287.00	$0.00	$287.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

222 - UVA-MED MEDICINE-EMERGENCY MEDICIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$218.00	$0.00	$218.00
				$218.00	$0.00	$218.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.89	$0.00	$376.89
				$376.89	$0.00	$376.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.00	$0.00	$44.00
				$44.00	$0.00	$44.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.41	$0.00	$90.41
				$127.41	$0.00	$127.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

222 - UVA-MED MEDICINE-EMERGENCY MEDICIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$995.02	$0.00	$995.02
				$995.02	$0.00	$995.02
# of Claims	1					
# Open	0	Recovery Amount:	-$995.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.48	$0.00	$216.48
				$216.48	$0.00	$216.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,227.80	$0.00	$2,227.80
				$2,264.80	$0.00	$2,264.80
# of Claims	12					
# Open	0	Recovery Amount:	-$995.02			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

223 - UVA-MHA MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.25	$0.00	$146.25
				$146.25	$0.00	$146.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,751.73	$0.00	$15,751.73
				$15,751.73	$0.00	$15,751.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$685.33	$0.00	$685.33
Medical.....	.....			$13,257.13	$0.00	$13,257.13
				$13,942.46	$0.00	$13,942.46
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

223 - UVA-MHA MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,524.85	$0.00	$1,524.85
				$1,580.35	$0.00	$1,580.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,691.63	$0.00	$1,691.63
				$1,747.13	$0.00	$1,747.13
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,148.23	$0.00	$4,148.23
				$4,222.23	$0.00	$4,222.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,704.38	$0.00	$1,704.38
				$1,741.38	$0.00	$1,741.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,654.68	$0.00	$3,654.68
				$3,765.68	$0.00	$3,765.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

223 - UVA-MHA MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$604.10**	**$0.00**	**$604.10**
				$604.10	**$0.00**	**$604.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,682.30**	**$0.00**	**$1,682.30**
Medical				**$11,357.26**	**$0.00**	**$11,357.26**
				$13,039.56	**$0.00**	**$13,039.56**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,384.24**	**$0.00**	**$1,384.24**
				$1,384.24	**$0.00**	**$1,384.24**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

223 - UVA-MHA MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,944.69	$0.00	$5,944.69
				$5,944.69	$0.00	$5,944.69
# of Claims	8					
# Open	0	Recovery Amount:	-$786.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$18.64	$0.00	$18.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,157.56	$0.00	$3,157.56
				$3,176.20	$0.00	$3,176.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$27.07	$0.00	$27.07
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,558.24	$0.00	$1,558.24
				$1,585.31	$0.00	$1,585.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,460.60	$0.00	$1,460.60
				$1,460.60	$0.00	$1,460.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

223 - UVA-MHA MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$155.31**	**$50.00**	**$205.31**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$155.31	**$1,250.00**	**$1,405.31**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$534.02**	**$50.00**	**$584.02**
Indemnity				**$2,367.63**	**$0.00**	**$2,367.63**
Medical				**$67,345.57**	**$1,200.00**	**$68,545.57**
				$70,247.22	**$1,250.00**	**$71,497.22**
# of Claims	**63**					
# Open	**1**	**Recovery Amount:**	**-$786.38**			

224 - UVA-MHB MEDICINE-DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$285.00**	**$0.00**	**$285.00**
				$285.00	**$0.00**	**$285.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

224 - UVA-MHB MEDICINE-DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,190.90	$0.00	$3,190.90
Medical.....	.....			$7,118.36	$0.00	$7,118.36
				$10,309.26	$0.00	$10,309.26
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,190.90	$0.00	$3,190.90
Medical.....	.....			$7,403.36	$0.00	$7,403.36
				$10,612.76	$0.00	$10,612.76
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

225 - UVA-MHD MEDICINE-DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$846.22	$0.00	$846.22
				$846.22	$0.00	$846.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$782.40	$0.00	$782.40
				$782.40	$0.00	$782.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$504.05	$0.00	$504.05
				$504.05	$0.00	$504.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,132.67	$0.00	$2,132.67
				$2,132.67	$0.00	$2,132.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

226 - UVA-MHF MEDICINE-FAMILY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred

207 - UNIVERSITY OF VIRGINIA

226 - UVA-MHF MEDICINE-FAMILY MEDICINE D

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$96.00**	**$0.00**	**$96.00**
			$96.00	**$0.00**	**$96.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,136.20**	**$0.00**	**$1,136.20**
		$1,136.20	**$0.00**	**$1,136.20**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$103.12**	**$0.00**	**$103.12**
		$103.12	**$0.00**	**$103.12**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

226 - UVA-MHF MEDICINE-FAMILY MEDICINE D

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$1,335.32**	**$0.00**	**$1,335.32**
	$1,335.32	**$0.00**	**$1,335.32**

# of Claims **5**

 # Open **0** **Recovery Amount:** **$0.00**

227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$1,314.68**	**$0.00**	**$1,314.68**
		$1,314.68	**$0.00**	**$1,314.68**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$34.00**	**$0.00**	**$34.00**
		$34.00	**$0.00**	**$34.00**

# of Claims **2**

 # Open **0** **Recovery Amount:** **-$24.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.60	$0.00	$156.60
				$156.60	$0.00	$156.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$125.08	$0.00	$125.08
Medical.....	.....			$18,277.19	$0.00	$18,277.19
				$18,402.27	$0.00	$18,402.27
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.00	$0.00	$156.00
				$156.00	$0.00	$156.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,135.64	$0.00	$3,135.64
				$3,154.14	$0.00	$3,154.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$840.31	$0.00	$840.31
				$914.31	$0.00	$914.31
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,406.04	$0.00	$2,406.04
				$2,461.54	$0.00	$2,461.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,228.70	$0.00	$4,228.70
				$4,228.70	$0.00	$4,228.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.54	$0.00	$153.54
				$153.54	$0.00	$153.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$668.80	$0.00	$668.80
				$668.80	$0.00	$668.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$493.91	$0.00	$493.91
				$493.91	$0.00	$493.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

227 - UVA-MHG MC-GEN CLIN RESEARCH CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$148.00	$50.00	$198.00
Indemnity.....	.....			$125.08	$0.00	$125.08
Medical.....	.....			$31,865.41	$1,200.00	$33,065.41
				$32,138.49	$1,250.00	$33,388.49
# of Claims	36					
# Open	1	Recovery Amount:	-$24.00			

228 - UVA-MHI MEDICINE-INTERNAL MED DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$43.20	$0.00	$43.20
Indemnity.....	.....			$126,992.97	$0.00	$126,992.97
Medical.....	.....			$163,651.29	$0.00	$163,651.29
				$290,687.46	$0.00	$290,687.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.40	$0.00	$197.40
				$197.40	$0.00	$197.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

228 - UVA-MHI MEDICINE-INTERNAL MED DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.00	$0.00	$235.00
				$235.00	$0.00	$235.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,299.11	$0.00	$6,299.11
				$6,354.61	$0.00	$6,354.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,352.55	$0.00	$2,352.55
				$2,463.55	$0.00	$2,463.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

228 - UVA-MHI MEDICINE-INTERNAL MED DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$1,652.26	$0.00	$1,652.26
Medical.....	.....			$5,422.51	$0.00	$5,422.51
				$7,148.77	$0.00	$7,148.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,449.31	$3,500.00	$10,949.31
Indemnity.....	.....			$3,597.67	$0.00	$3,597.67
Medical.....	.....			$276,495.38	$223,127.67	$499,623.05
				$287,542.36	$226,627.67	$514,170.03
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,130.14	$0.00	$2,130.14
				$2,204.14	$0.00	$2,204.14
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

228 - UVA-MHI MEDICINE-INTERNAL MED DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,093.52	$0.00	$3,093.52
				$3,093.52	$0.00	$3,093.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,988.11	$0.00	$23,988.11
Medical.....	.....			$56,096.46	$0.00	$56,096.46
				$80,084.57	$0.00	$80,084.57
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$630.90	$0.00	$630.90
				$630.90	$0.00	$630.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

228 - UVA-MHI MEDICINE-INTERNAL MED DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$15,000.00	$0.00	$15,000.00
Medical.....	.....			$24,405.35	$0.00	$24,405.35
				$39,413.35	$0.00	$39,413.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,366.26	$0.00	$3,366.26
				$3,366.26	$0.00	$3,366.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$33.42	$0.00	$33.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,499.63	$0.00	$3,499.63
				$3,533.05	$0.00	$3,533.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,443.20	$0.00	$2,443.20
				$2,443.20	$0.00	$2,443.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,848.43	$3,500.00	$11,348.43
Indemnity.....	.....			$171,231.01	$0.00	$171,231.01
Medical.....	.....			$550,318.70	$223,127.67	$773,446.37
				$729,398.14	$226,627.67	$956,025.81
# of Claims	62					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

229 - UVA-MHK MEDICINE-MEDIA SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$175.60**	**$0.00**	**$175.60**
Medical				**$353.61**	**$0.00**	**$353.61**
				$529.21	**$0.00**	**$529.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$50.87**	**$0.00**	**$50.87**
				$50.87	**$0.00**	**$50.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$175.60**	**$0.00**	**$175.60**
Medical				**$404.48**	**$0.00**	**$404.48**
				$580.08	**$0.00**	**$580.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

230 - UVA-MHR MEDICINE-NEUROLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.50**	**$0.00**	**$147.50**
				$147.50	**$0.00**	**$147.50**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

230 - UVA-MHR MEDICINE-NEUROLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$227.00	$0.00	$227.00
				$227.00	$0.00	$227.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,896.50	$0.00	$2,896.50
				$2,896.50	$0.00	$2,896.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,198.74	$0.00	$2,198.74
				$2,198.74	$0.00	$2,198.74
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.00	$0.00	$124.00
				$124.00	$0.00	$124.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

230 - UVA-MHR MEDICINE-NEUROLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$390.61	$0.00	$390.61
				$427.61	$0.00	$427.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,373.95	$0.00	$3,373.95
				$3,392.45	$0.00	$3,392.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,427.37	$0.00	$3,427.37
				$3,427.37	$0.00	$3,427.37
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

230 - UVA-MHR MEDICINE-NEUROLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.00	$0.00	$171.00
				$171.00	$0.00	$171.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.50	$0.00	$178.50
				$186.50	$0.00	$186.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$79.21	$0.00	$79.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$646.22	$0.00	$646.22
				$725.43	$0.00	$725.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

230 - UVA-MHR MEDICINE-NEUROLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$36.00	$0.00	$36.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,417.48	$0.00	$4,417.48
Medical.....	.....			$46,584.01	$0.00	$46,584.01
				$51,009.49	$0.00	$51,009.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$223.71	$0.00	$223.71
Indemnity.....	.....			$4,417.48	$0.00	$4,417.48
Medical.....	.....			$60,365.40	$0.00	$60,365.40
				$65,006.59	$0.00	$65,006.59
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

231 - UVA-MHS MEDICINE-NEUROSURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

207 - UNIVERSITY OF VIRGINIA

231 - UVA-MHS MEDICINE-NEUROSURGERY DEPT

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.00**	**$0.00**	**$64.00**
				$64.00	**$0.00**	**$64.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$273.00**	**$0.00**	**$273.00**
		$310.00	**$0.00**	**$310.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$37.00	**$0.00**	**$37.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,763.58**	**$0.00**	**$1,763.58**
		$1,763.58	**$0.00**	**$1,763.58**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

231 - UVA-MHS MEDICINE-NEUROSURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,511.50	$0.00	$1,511.50
Indemnity.....	.....			$3,111.74	$0.00	$3,111.74
Medical.....	.....			$8,821.64	$0.00	$8,821.64
				$13,444.88	$0.00	$13,444.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,585.50	$0.00	$1,585.50
Indemnity.....	.....			$3,111.74	$0.00	$3,111.74
Medical.....	.....			$10,922.22	$0.00	$10,922.22
				$15,619.46	$0.00	$15,619.46
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

232 - UVA-MHT MEDICINE-OBSTETRICS & GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.31	$0.00	$181.31
				$181.31	$0.00	$181.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

232 - UVA-MHT MEDICINE-OBSTETRICS & GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3.00	$0.00	$3.00
				$3.00	$0.00	$3.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.00	$0.00	$83.00
				$83.00	$0.00	$83.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.36	$0.00	$320.36
				$320.36	$0.00	$320.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

232 - UVA-MHT MEDICINE-OBSTETRICS & GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.00	$0.00	$124.00
				$142.50	$0.00	$142.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$323.92	$0.00	$323.92
				$342.42	$0.00	$342.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.22	$0.00	$315.22
				$333.72	$0.00	$333.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

232 - UVA-MHT MEDICINE-OBSTETRICS & GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.00	$0.00	$200.00
				$237.00	$0.00	$237.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.64	$0.00	$111.64
				$111.64	$0.00	$111.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$552.84	$0.00	$552.84
				$552.84	$0.00	$552.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$918.45	$0.00	$918.45
				$918.45	$0.00	$918.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

232 - UVA-MHT MEDICINE-OBSTETRICS & GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,133.74	$0.00	$3,133.74
				$3,263.24	$0.00	$3,263.24
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

233 - UVA-MMA MEDICINE-ALLERGY & CLIN IM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,106.17	$0.00	$3,106.17
				$3,106.17	$0.00	$3,106.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

233 - UVA-MMA MEDICINE-ALLERGY & CLIN IM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,770.46	$0.00	$3,770.46
Medical.....	.....			$15,501.32	$0.00	$15,501.32
				$19,271.78	$0.00	$19,271.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,770.46	$0.00	$3,770.46
Medical.....	.....			$18,607.49	$0.00	$18,607.49
				$22,377.95	$0.00	$22,377.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$583.75	$0.00	$583.75
Medical.....	.....			$6,329.79	$0.00	$6,329.79
				$6,913.54	$0.00	$6,913.54
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$3,128.07	$0.00	$3,128.07
Indemnity.....	.....			$149,866.53	$0.00	$149,866.53
Medical.....	.....			$71,597.75	$0.00	$71,597.75
				$224,592.35	$0.00	$224,592.35
# of Claims	13					
# Open	0	Recovery Amount:	-$74.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,842.25	$0.00	$7,842.25
Medical.....	.....			$5,913.86	$0.00	$5,913.86
				$13,756.11	$0.00	$13,756.11
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$30.25	$0.00	$30.25
Indemnity.....	.....			$136,753.12	$0.00	$136,753.12
Medical.....	.....			$98,639.49	$0.00	$98,639.49
				$235,422.86	$0.00	$235,422.86
# of Claims	25					
# Open	0	Recovery Amount:	-$1,289.32			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,155.60	$0.00	$3,155.60
Medical.....	.....			$17,693.08	$0.00	$17,693.08
				$20,848.68	$0.00	$20,848.68
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$546.25	$0.00	$546.25
Medical.....	.....			$4,862.35	$0.00	$4,862.35
				$5,408.60	$0.00	$5,408.60
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$384.18	$0.00	$384.18
Medical.....	.....			$23,206.94	$0.00	$23,206.94
				$23,591.12	$0.00	$23,591.12
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,386.99	$0.00	$1,386.99
				$1,386.99	$0.00	$1,386.99
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$121.51	$0.00	$121.51
Medical.....	.....			$5,533.83	$0.00	$5,533.83
				$5,655.34	$0.00	$5,655.34
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,747.70	$0.00	$1,747.70
				$1,747.70	$0.00	$1,747.70
# of Claims	10					
# Open	0	Recovery Amount:	-$572.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,446.12	$0.00	$13,446.12
Medical.....	.....			$27,599.87	$0.00	$27,599.87
				$41,045.99	$0.00	$41,045.99
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.96	$0.00	$156.96
				$156.96	$0.00	$156.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$457.64	$0.00	$457.64
				$476.14	$0.00	$476.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$278.69	$0.00	$278.69
Medical.....	.....			$12,858.87	$0.00	$12,858.87
				$13,137.56	$0.00	$13,137.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.20	$0.00	$160.20
				$160.20	$0.00	$160.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$467.10	$0.00	$467.10
				$467.10	$0.00	$467.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$241.08	$0.00	$241.08
Indemnity.....	.....			$5,715.06	$0.00	$5,715.06
Medical.....	.....			$14,547.09	$0.00	$14,547.09
				$20,503.23	$0.00	$20,503.23
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

234 - UVA-MMB MEDICINE-CARDIOVASCULAR ME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,063.70	$0.00	$1,063.70
				$1,063.70	$0.00	$1,063.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,454.90	$0.00	$3,454.90
Indemnity.....	.....			$318,693.06	$0.00	$318,693.06
Medical.....	.....			$294,326.21	$0.00	$294,326.21
				$616,474.17	$0.00	$616,474.17
# of Claims	208					
# Open	0	Recovery Amount:	-$1,936.02			

235 - UVA-MMD MEDICINE-ENDOCRINOLOGY & M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.60	$0.00	$119.60
				$119.60	$0.00	$119.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,463.11	$0.00	$11,463.11
				$11,463.11	$0.00	$11,463.11
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

235 - UVA-MMD MEDICINE-ENDOCRINOLOGY & M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.00	$0.00	$124.00
				$142.50	$0.00	$142.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,283.73	$0.00	$2,283.73
				$2,302.23	$0.00	$2,302.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

235 - UVA-MMD MEDICINE-ENDOCRINOLOGY & M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.50**	**$0.00**	**$121.50**
				$121.50	**$0.00**	**$121.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,742.60**	**$0.00**	**$2,742.60**
Medical				**$45,692.79**	**$0.00**	**$45,692.79**
				$48,435.39	**$0.00**	**$48,435.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$15.90**	**$0.00**	**$15.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,207.90**	**$0.00**	**$2,207.90**
				$2,223.80	**$0.00**	**$2,223.80**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$52.90**	**$0.00**	**$52.90**
Indemnity				**$2,742.60**	**$0.00**	**$2,742.60**
Medical				**$62,115.63**	**$0.00**	**$62,115.63**
				$64,911.13	**$0.00**	**$64,911.13**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

236 - UVA-MME MEDICINE-EPIDEMIOL & VIROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$169.31**	**$0.00**	**$169.31**
				$169.31	**$0.00**	**$169.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$177.00**	**$0.00**	**$177.00**
				$177.00	**$0.00**	**$177.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$615.89**	**$0.00**	**$615.89**
				$615.89	**$0.00**	**$615.89**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

236 - UVA-MME MEDICINE-EPIDEMIOL & VIROL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$962.20**	**$0.00**	**$962.20**
				$962.20	**$0.00**	**$962.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

237 - UVA-MMF MEDICINE-GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$168.58**	**$0.00**	**$168.58**
				$168.58	**$0.00**	**$168.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

237 - UVA-MMF MEDICINE-GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$317.00	$0.00	$317.00
				$335.50	$0.00	$335.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,326.14	$0.00	$1,326.14
				$1,326.14	$0.00	$1,326.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$314.45	$0.00	$314.45
Medical.....	.....			$2,341.62	$0.00	$2,341.62
				$2,674.57	$0.00	$2,674.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

237 - UVA-MMF MEDICINE-GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,503.28	$0.00	$1,503.28
				$1,503.28	$0.00	$1,503.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$314.45	$0.00	$314.45
Medical.....	.....			$5,656.62	$0.00	$5,656.62
				$6,008.07	$0.00	$6,008.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

238 - UVA-MMG MEDICINE-GENERAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.72	$0.00	$117.72
Medical.....	.....			$237.04	$0.00	$237.04
				$354.76	$0.00	$354.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

238 - UVA-MMG MEDICINE-GENERAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.10	$0.00	$210.10
				$210.10	$0.00	$210.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,188.61	$0.00	$4,188.61
				$4,188.61	$0.00	$4,188.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.72	$0.00	$117.72
Medical.....	.....			$4,635.75	$0.00	$4,635.75
				$4,753.47	$0.00	$4,753.47
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

239 - UVA-MMH MEDICINE-GEOGRAPHIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$66.00	$0.00	$66.00
				$66.00	$0.00	$66.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

239 - UVA-MMH MEDICINE-GEOGRAPHIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.00	$0.00	$234.00
				$234.00	$0.00	$234.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

23 - UVA-ARC ARCHITECTURE SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$630.83	$0.00	$630.83
Medical.....	.....			$49,570.83	$0.00	$49,570.83
				$50,220.16	$0.00	$50,220.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

23 - UVA-ARC ARCHITECTURE SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,205.04	$0.00	$7,205.04
				$7,205.04	$0.00	$7,205.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$530.24	$0.00	$530.24
				$530.24	$0.00	$530.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.20	$0.00	$268.20
				$268.20	$0.00	$268.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$630.83	$0.00	$630.83
Medical.....	.....			$57,574.31	$0.00	$57,574.31
				$58,223.64	$0.00	$58,223.64
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

240 - UVA-MMK MEDICINE-INFECTIOUS DISEAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$70.80**	**$0.00**	**$70.80**
				$70.80	**$0.00**	**$70.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$10,264.40**	**$0.00**	**$10,264.40**
				$10,264.40	**$0.00**	**$10,264.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense	.....			**$18.50**	**$0.00**	**$18.50**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense	.....			**$18.50**	**$0.00**	**$18.50**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$344.51**	**$0.00**	**$344.51**
				$363.01	**$0.00**	**$363.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

240 - UVA-MMK MEDICINE-INFECTIOUS DISEAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$39.98	$0.00	$39.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$39.98	$0.00	$39.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,630.10	$0.00	$2,630.10
				$2,630.10	$0.00	$2,630.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$2,606.70	$0.00	$2,606.70
Indemnity.....	.....			$2,413.73	$0.00	$2,413.73
Medical.....	.....			$242,166.26	$0.00	$242,166.26
				$247,186.69	$0.00	$247,186.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,023.54	$0.00	$2,023.54
				$2,023.54	$0.00	$2,023.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

240 - UVA-MMK MEDICINE-INFECTIOUS DISEAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$22,487.41	$0.00	$22,487.41
Indemnity.....	.....			$403,345.68	$0.00	$403,345.68
Medical.....	.....			$44,336.94	$0.00	$44,336.94
				$470,170.03	$0.00	$470,170.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$29.04	$0.00	$29.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,184.15	$0.00	$2,184.15
				$2,213.19	$0.00	$2,213.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,200.13	$0.00	$25,200.13
Indemnity.....	.....			$405,759.41	$0.00	$405,759.41
Medical.....	.....			$304,020.70	$0.00	$304,020.70
				$734,980.24	$0.00	$734,980.24
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

241 - UVA-MML MEDICINE-NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,013.71	$0.00	$1,013.71
				$1,013.71	$0.00	$1,013.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

241 - UVA-MML MEDICINE-NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.00	$0.00	$165.00
				$165.00	$0.00	$165.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,154.75	$0.00	$1,154.75
				$1,173.25	$0.00	$1,173.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$108.50	$0.00	$108.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

241 - UVA-MML MEDICINE-NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,302.20	$0.00	$3,302.20
				$3,302.20	$0.00	$3,302.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.00	$0.00	$28.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$455.82	$0.00	$455.82
				$455.82	$0.00	$455.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

241 - UVA-MML MEDICINE-NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,984.53	$0.00	$1,984.53
				$1,984.53	$0.00	$1,984.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$29.35	$0.00	$29.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$29.35	$0.00	$29.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$533.19	$0.00	$533.19
				$533.19	$0.00	$533.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$94.35	$0.00	$94.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,802.20	$0.00	$8,802.20
				$8,896.55	$0.00	$8,896.55
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

242 - UVA-MOA MEDICINE-OPTHALMOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$550.51**	**$0.00**	**$550.51**
Medical				**$395.60**	**$0.00**	**$395.60**
				$946.11	**$0.00**	**$946.11**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

242 - UVA-MOA MEDICINE-OPTHALMOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$447.22**	**$0.00**	**$447.22**
Medical				**$3,878.00**	**$0.00**	**$3,878.00**
				$4,325.22	**$0.00**	**$4,325.22**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$33.03**	**$0.00**	**$33.03**
Indemnity				**$2,011.52**	**$0.00**	**$2,011.52**
Medical				**$24,722.42**	**$0.00**	**$24,722.42**
				$26,766.97	**$0.00**	**$26,766.97**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$33.03**	**$0.00**	**$33.03**
Indemnity				**$3,009.25**	**$0.00**	**$3,009.25**
Medical				**$28,996.02**	**$0.00**	**$28,996.02**
				$32,038.30	**$0.00**	**$32,038.30**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

243 - UVA-MOC MEDICINE-ORTHO PHYS ADM OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

243 - UVA-MOC MEDICINE-ORTHO PHYS ADM OF

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$102.93**	**$0.00**	**$102.93**
		$102.93	**$0.00**	**$102.93**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$456.14**	**$0.00**	**$456.14**
		$474.64	**$0.00**	**$474.64**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

243 - UVA-MOC MEDICINE-ORTHO PHYS ADM OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,378.95	$0.00	$1,378.95
				$1,397.45	$0.00	$1,397.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$265.20	$0.00	$265.20
				$265.20	$0.00	$265.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,203.22	$0.00	$2,203.22
				$2,240.22	$0.00	$2,240.22
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

244 - UVA-MOE MEDICINE-OTOLARYNCOLOGY DF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.18	$0.00	$89.18
				$89.18	$0.00	$89.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

244 - UVA-MOE MEDICINE-OTOLARYNCOLOGY DF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8.25	$0.00	$8.25
				$8.25	$0.00	$8.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,032.71	$0.00	$2,032.71
				$2,032.71	$0.00	$2,032.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,055.93	$0.00	$1,055.93
				$1,055.93	$0.00	$1,055.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

244 - UVA-MOE MEDICINE-OTOLARYNCOLOGY DF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,240.36	$0.00	$5,240.36
				$5,240.36	$0.00	$5,240.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$10,320.80	$10,320.80
Medical.....	.....			$0.00	$58,500.00	$58,500.00
				$18.82	$68,820.80	$68,839.62
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$10,320.80	$10,320.80
Medical.....	.....			$8,426.43	$58,500.00	$66,926.43
				$8,445.25	$68,820.80	$77,266.05
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

245 - UVA-MOF MEDICINE-GEN'L ORTHOPEDICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

245 - UVA-MOF MEDICINE-GEN'L ORTHOPEDICS

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$171.00**	**$0.00**	**$171.00**
		$171.00	**$0.00**	**$171.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,212.08**	**$0.00**	**$1,212.08**
		$1,249.08	**$0.00**	**$1,249.08**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$390.00**	**$0.00**	**$390.00**
		$390.00	**$0.00**	**$390.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

245 - UVA-MOF MEDICINE-GEN'L ORTHOPEDICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.00	$0.00	$117.00
				$117.00	$0.00	$117.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$699.20	$0.00	$699.20
				$699.20	$0.00	$699.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$30.00	$0.00	$30.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.41	$0.00	$226.41
				$226.41	$0.00	$226.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

245 - UVA-MOF MEDICINE-GEN'L ORTHOPEDICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$75.00	$0.00	$75.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,815.69	$0.00	$2,815.69
				$2,890.69	$0.00	$2,890.69
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$281.57**	**$0.00**	**$281.57**
				$281.57	**$0.00**	**$281.57**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$138.38**	**$0.00**	**$138.38**
		$138.38	**$0.00**	**$138.38**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,363.47**	**$0.00**	**$1,363.47**
		$1,363.47	**$0.00**	**$1,363.47**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$775.80**	**$0.00**	**$775.80**
		$775.80	**$0.00**	**$775.80**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$726.77	$0.00	$726.77
				$726.77	$0.00	$726.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.00	$0.00	$271.00
				$271.00	$0.00	$271.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,082.07	$0.00	$1,082.07
Indemnity.....	.....			$2,694.67	$0.00	$2,694.67
Medical.....	.....			$357,911.54	$0.00	$357,911.54
				$361,688.28	$0.00	$361,688.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,103.21	$0.00	$1,103.21
				$1,121.71	$0.00	$1,121.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.69	$0.00	$320.69
				$357.69	$0.00	$357.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$796.78	$0.00	$796.78
				$815.28	$0.00	$815.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$383.44	$0.00	$383.44
				$401.94	$0.00	$401.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$225.81	$0.00	$225.81
Indemnity.....	.....			$558.85	$0.00	$558.85
Medical.....	.....			$28,632.71	$0.00	$28,632.71
				$29,417.37	$0.00	$29,417.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

246 - UVA-MOL MEDICINE-CLINICAL PATHOLGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,519.83**	**$0.00**	**$1,519.83**
				$1,519.83	**$0.00**	**$1,519.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,228.35**	**$0.00**	**$3,228.35**
Medical				**$22,966.66**	**$0.00**	**$22,966.66**
				$26,195.01	**$0.00**	**$26,195.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$20.71**	**$0.00**	**$20.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95,864.47**	**$0.00**	**$95,864.47**
				$95,885.18	**$0.00**	**$95,885.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$60,939.38**			
Grand Totals						
Expense				**$1,421.09**	**$0.00**	**$1,421.09**
Indemnity				**$6,481.87**	**$0.00**	**$6,481.87**
Medical				**$513,056.32**	**$0.00**	**$513,056.32**
				$520,959.28	**$0.00**	**$520,959.28**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**-$60,939.38**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

248 - UVA-MOP MEDICINE-PEDIATRICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.54**	**$0.00**	**$134.54**
				$134.54	**$0.00**	**$134.54**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$836.11**	**$0.00**	**$836.11**
				$873.11	**$0.00**	**$873.11**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

248 - UVA-MOP MEDICINE-PEDIATRICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,200.64	$0.00	$3,200.64
Medical.....	.....			$34,402.85	$0.00	$34,402.85
				$37,621.99	$0.00	$37,621.99
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$112.00	$0.00	$112.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.65	$0.00	$274.65
				$311.65	$0.00	$311.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$190.68	$0.00	$190.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,122.06	$0.00	$17,122.06
				$17,312.74	$0.00	$17,312.74
# of Claims	5					
# Open	0	Recovery Amount:	-$550.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,872.00	$0.00	$1,872.00
Indemnity.....	.....			$4,470.66	$0.00	$4,470.66
Medical.....	.....			$17,480.20	$0.00	$17,480.20
				$23,822.86	$0.00	$23,822.86
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

248 - UVA-MOP MEDICINE-PEDIATRICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,130.99**	**$0.00**	**$9,130.99**
Medical				**$22,024.77**	**$0.00**	**$22,024.77**
				$31,155.76	**$0.00**	**$31,155.76**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,373.11**	**$0.00**	**$7,373.11**
				$7,373.11	**$0.00**	**$7,373.11**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$947.44**	**$0.00**	**$947.44**
				$947.44	**$0.00**	**$947.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$753.50**	**$0.00**	**$753.50**
				$753.50	**$0.00**	**$753.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,192.18**	**$0.00**	**$2,192.18**
Indemnity				**$16,802.29**	**$0.00**	**$16,802.29**
Medical				**$101,424.23**	**$0.00**	**$101,424.23**
				$120,418.70	**$0.00**	**$120,418.70**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$550.04**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

249 - UVA-MOV MEDICINE-PLASTIC SURG DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.57	$0.00	$361.57
				$361.57	$0.00	$361.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,243.00	$0.00	$1,243.00
				$1,243.00	$0.00	$1,243.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,604.57**	**$0.00**	**$1,604.57**
				$1,604.57	**$0.00**	**$1,604.57**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

250 - UVA-MOW MEDICINE-PROSTH &ORTHO DIV

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

250 - UVA-MOW MEDICINE-PROSTH &ORTHO DIV

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.48**	**$0.00**	**$453.48**
				$453.48	**$0.00**	**$453.48**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,356.78**	**$0.00**	**$2,356.78**
				$2,356.78	**$0.00**	**$2,356.78**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$458.52**	**$0.00**	**$458.52**
				$495.52	**$0.00**	**$495.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$498.40**	**$0.00**	**$498.40**
				$516.90	**$0.00**	**$516.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

250 - UVA-MOW MEDICINE-PROSTH &ORTHO DIV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.80	$0.00	$433.80
				$433.80	$0.00	$433.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.92	$0.00	$538.92
				$538.92	$0.00	$538.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.52	$0.00	$55.52
				$55.52	$0.00	$55.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,795.42	$0.00	$4,795.42
				$4,869.42	$0.00	$4,869.42
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

251 - UVA-MPF MEDICINE-RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

251 - UVA-MPF MEDICINE-RADIOLOGY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$28.75**	**$0.00**	**$28.75**
			$28.75	**$0.00**	**$28.75**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$259.16**	**$0.00**	**$259.16**
		$259.16	**$0.00**	**$259.16**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$193.00**	**$0.00**	**$193.00**
		$193.00	**$0.00**	**$193.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

251 - UVA-MPF MEDICINE-RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$818.10	$0.00	$818.10
				$818.10	$0.00	$818.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,479.35	$0.00	$4,479.35
				$4,479.35	$0.00	$4,479.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

251 - UVA-MPF MEDICINE-RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,330.12	$0.00	$1,330.12
				$1,330.12	$0.00	$1,330.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,252.40	$0.00	$1,252.40
				$1,252.40	$0.00	$1,252.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,360.88	$0.00	$8,360.88
				$8,360.88	$0.00	$8,360.88
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

252 - UVA-MPG MEDICINE-RADIOLOGY RESRCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

252 - UVA-MPG MEDICINE-RADIOLOGY RESRCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.00	$0.00	$138.00
				$156.50	$0.00	$156.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$408.23	$0.00	$408.23
				$426.73	$0.00	$426.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

252 - UVA-MPG MEDICINE-RADIOLOGY RESRCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$334.29	$0.00	$334.29
				$334.29	$0.00	$334.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$880.52	$0.00	$880.52
				$936.02	$0.00	$936.02
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.45	$0.00	$168.45
				$168.45	$0.00	$168.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$55.00**	**$0.00**	**$55.00**
				$55.00	**$0.00**	**$55.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$81.89**	**$0.00**	**$81.89**
				$81.89	**$0.00**	**$81.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,059.59**	**$0.00**	**$4,059.59**
				$4,059.59	**$0.00**	**$4,059.59**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$285.10**	**$0.00**	**$285.10**
				$285.10	**$0.00**	**$285.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$119.81**	**$0.00**	**$119.81**
				$119.81	**$0.00**	**$119.81**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$414.55**	**$0.00**	**$414.55**
				$414.55	**$0.00**	**$414.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$45.56**	**$0.00**	**$45.56**
Medical				**$1,287.60**	**$0.00**	**$1,287.60**
				$1,333.16	**$0.00**	**$1,333.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$500.12**	**$0.00**	**$500.12**
				$500.12	**$0.00**	**$500.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,407.54	$0.00	$1,407.54
				$1,407.54	$0.00	$1,407.54
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,173.13	$0.00	$1,173.13
				$1,173.13	$0.00	$1,173.13
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.68	$0.00	$461.68
				$461.68	$0.00	$461.68
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,996.03	$0.00	$2,996.03
Medical.....	.....			$22,602.12	$0.00	$22,602.12
				$25,598.15	$0.00	$25,598.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,641.32	$0.00	$3,641.32
				$3,678.32	$0.00	$3,678.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.89	$0.00	$172.89
				$246.89	$0.00	$246.89
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$81.00**	**$0.00**	**$81.00**
				$81.00	**$0.00**	**$81.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$90.00**	**$0.00**	**$90.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$90.00	**$0.00**	**$90.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$994.10**	**$0.00**	**$994.10**
				$994.10	**$0.00**	**$994.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

253 - UVA-MPS MEDICINE-SURGERY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,153.10	$0.00	$1,153.10
				$1,161.10	$0.00	$1,161.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$227.50	$0.00	$227.50
Indemnity.....	.....			$3,041.59	$0.00	$3,041.59
Medical.....	.....			$38,658.99	$0.00	$38,658.99
				$41,928.08	$0.00	$41,928.08
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

254 - UVA-MPU MEDICINE-UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

254 - UVA-MPU MEDICINE-UROLOGY

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$350.00**	**$0.00**	**$350.00**
Indemnity			**$799.65**	**$0.00**	**$799.65**
Medical			**$21,188.15**	**$0.00**	**$21,188.15**
			$22,337.80	**$0.00**	**$22,337.80**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$10,738.37**	**$0.00**	**$10,738.37**
		$10,738.37	**$0.00**	**$10,738.37**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$4,029.59**	**$0.00**	**$4,029.59**
		$4,048.09	**$0.00**	**$4,048.09**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$187.00**	**$0.00**	**$187.00**
		$205.50	**$0.00**	**$205.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

254 - UVA-MPU MEDICINE-UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.10	$0.00	$139.10
				$157.60	$0.00	$157.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$608.40	$0.00	$608.40
				$626.90	$0.00	$626.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$398.77	$0.00	$398.77
				$435.77	$0.00	$435.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

254 - UVA-MPU MEDICINE-UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,303.84	$0.00	$1,303.84
				$1,303.84	$0.00	$1,303.84
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$461.00	$0.00	$461.00
Indemnity.....	.....			$799.65	$0.00	$799.65
Medical.....	.....			$38,593.22	$0.00	$38,593.22
				$39,853.87	$0.00	$39,853.87
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

255 - UVA-MTL MT LAKE BIOLOGICAL STATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

255 - UVA-MTL MT LAKE BIOLOGICAL STATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$815.00	$0.00	$815.00
Indemnity.....	.....			$23,562.00	$0.00	$23,562.00
Medical.....	.....			$15,032.93	$0.00	$15,032.93
				$39,409.93	$0.00	$39,409.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.00	$0.00	$442.00
				$442.00	$0.00	$442.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$815.00	$0.00	$815.00
Indemnity.....	.....			$23,562.00	$0.00	$23,562.00
Medical.....	.....			$15,474.93	$0.00	$15,474.93
				$39,851.93	$0.00	$39,851.93
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

257 - UVA-MUS MUSIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.84	$0.00	$143.84
				$143.84	$0.00	$143.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

257 - UVA-MUS MUSIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.51**	**$0.00**	**$526.51**
				$526.51	**$0.00**	**$526.51**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.30**	**$0.00**	**$195.30**
				$195.30	**$0.00**	**$195.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$865.65**	**$0.00**	**$865.65**
				$884.15	**$0.00**	**$884.15**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

259 - UVA-NAR NAVY ROTC DEPT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

259 - UVA-NAR NAVY ROTC DEPT

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$260.00**	**$0.00**	**$260.00**
			$260.00	**$0.00**	**$260.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$260.00**	**$0.00**	**$260.00**
			$260.00	**$0.00**	**$260.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

25 - UVA-ART ART DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,105.04**	**$0.00**	**$3,105.04**
				$3,123.54	**$0.00**	**$3,123.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$48.00	**$0.00**	**$48.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

25 - UVA-ART ART DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,593.43	$0.00	$2,593.43
				$2,593.43	$0.00	$2,593.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$480.83	$0.00	$480.83
				$480.83	$0.00	$480.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$66.50	$0.00	$66.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,179.30	$0.00	$6,179.30
				$6,245.80	$0.00	$6,245.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

261 - UVA-NEC NEWCOMB HALL-BOOKSTORE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

261 - UVA-NEC NEWCOMB HALL-BOOKSTORE

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.93**	**$0.00**	**$102.93**
				$102.93	**$0.00**	**$102.93**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$745.30**	**$0.00**	**$745.30**
		$745.30	**$0.00**	**$745.30**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,196.71**	**$0.00**	**$2,196.71**
		$2,196.71	**$0.00**	**$2,196.71**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$55.50**	**$0.00**	**$55.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,386.40**	**$0.00**	**$2,386.40**
		$2,441.90	**$0.00**	**$2,441.90**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$92.50**	**$0.00**	**$92.50**
Indemnity		**$137.37**	**$0.00**	**$137.37**
Medical		**$2,391.91**	**$0.00**	**$2,391.91**
		$2,621.78	**$0.00**	**$2,621.78**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

261 - UVA-NEC NEWCOMB HALL-BOOKSTORE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,299.06	$0.00	$2,299.06
				$2,373.06	$0.00	$2,373.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$984.37	$0.00	$984.37
				$1,058.37	$0.00	$1,058.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$964.56	$0.00	$964.56
				$1,001.56	$0.00	$1,001.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$255.53	$0.00	$255.53
Medical.....	.....			$3,379.49	$0.00	$3,379.49
				$3,635.02	$0.00	$3,635.02
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

261 - UVA-NEC NEWCOMB HALL-BOOKSTORE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,946.63	$0.00	$10,946.63
				$10,946.63	$0.00	$10,946.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$37.13	$0.00	$37.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,596.88	$0.00	$2,596.88
				$2,634.01	$0.00	$2,634.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$15.36	$0.00	$15.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$569.20	$0.00	$569.20
				$584.56	$0.00	$584.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$385.49	$0.00	$385.49
Indemnity.....	.....			$392.90	$0.00	$392.90
Medical.....	.....			$29,563.44	$0.00	$29,563.44
				$30,341.83	$0.00	$30,341.83
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

262 - UVA-NED NEWCOMB HALL-DIRECTORS OFC

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

262 - UVA-NED NEWCOMB HALL-DIRECTORS OFC

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,161.29**	**$0.00**	**$1,161.29**
		$1,161.29	**$0.00**	**$1,161.29**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,886.08**	**$0.00**	**$1,886.08**
		$1,886.08	**$0.00**	**$1,886.08**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,551.34**	**$0.00**	**$6,551.34**
Medical		**$13,420.84**	**$0.00**	**$13,420.84**
		$19,972.18	**$0.00**	**$19,972.18**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$844.76**	**$0.00**	**$844.76**
		$881.76	**$0.00**	**$881.76**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

262 - UVA-NED NEWCOMB HALL-DIRECTORS OFC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$379.39	$0.00	$379.39
				$434.89	$0.00	$434.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.75	$0.00	$80.75
				$99.25	$0.00	$99.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$904.69	$0.00	$904.69
Indemnity.....	.....			$679.37	$0.00	$679.37
Medical.....	.....			$28,690.21	$0.00	$28,690.21
				$30,274.27	$0.00	$30,274.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$81.30	$0.00	$81.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,067.83	$0.00	$11,067.83
				$11,149.13	$0.00	$11,149.13
# of Claims	1					
# Open	0	Recovery Amount:	-$11,149.13			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

262 - UVA-NED NEWCOMB HALL-DIRECTORS OFC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,370.18	$0.00	$1,370.18
				$1,370.18	$0.00	$1,370.18
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,096.99	$0.00	$1,096.99
Indemnity.....	.....			$7,230.71	$0.00	$7,230.71
Medical.....	.....			$58,901.33	$0.00	$58,901.33
				$67,229.03	$0.00	$67,229.03
# of Claims	25					
# Open	0	Recovery Amount:	-$11,149.13			

264 - UVA-NUF NURSING SCHOOL-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$363.84	$0.00	$363.84
				$363.84	$0.00	$363.84
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

264 - UVA-NUF NURSING SCHOOL-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,591.51	$0.00	$1,591.51
				$1,591.51	$0.00	$1,591.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,064.10	$0.00	$1,064.10
				$1,082.60	$0.00	$1,082.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$949.28	$0.00	$949.28
				$967.78	$0.00	$967.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

264 - UVA-NUF NURSING SCHOOL-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$435.80	$0.00	$435.80
				$435.80	$0.00	$435.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,620.58	$0.00	$14,620.58
				$14,620.58	$0.00	$14,620.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

264 - UVA-NUF NURSING SCHOOL-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,096.85**	**$0.00**	**$2,096.85**
Medical				**$2,426.05**	**$0.00**	**$2,426.05**
				$4,522.90	**$0.00**	**$4,522.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$58.54**	**$0.00**	**$58.54**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,859.11**	**$0.00**	**$20,859.11**
				$20,917.65	**$0.00**	**$20,917.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$12.20**	**$0.00**	**$12.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.00**	**$0.00**	**$526.00**
				$538.20	**$0.00**	**$538.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$15.40**	**$0.00**	**$15.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$690.22**	**$0.00**	**$690.22**
				$705.62	**$0.00**	**$705.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$178.64**	**$0.00**	**$178.64**
Indemnity				**$2,096.85**	**$0.00**	**$2,096.85**
Medical				**$43,526.49**	**$0.00**	**$43,526.49**
				$45,801.98	**$0.00**	**$45,801.98**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

265 - UVA-OLD ASIAN & MIDDLE EAST LANG &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$40.00**	**$80.00**	**$120.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,811.77**	**$72,003.93**	**$96,815.70**
				$24,851.77	**$72,083.93**	**$96,935.70**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$40.00**	**$80.00**	**$120.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,811.77**	**$72,003.93**	**$96,815.70**
				$24,851.77	**$72,083.93**	**$96,935.70**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

266 - UVA-OME OFFICE OF MAJOR EVENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$213.04**	**$0.00**	**$213.04**
				$213.04	**$0.00**	**$213.04**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

266 - UVA-OME OFFICE OF MAJOR EVENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.04	$0.00	$213.04
				$231.54	$0.00	$231.54
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

267 - UVA-ONS OFC OF ORIENTATN & NEW STU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,517.08	$0.00	$1,517.08
				$1,517.08	$0.00	$1,517.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,517.08	$0.00	$1,517.08
				$1,517.08	$0.00	$1,517.08

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

267 - UVA-ONS OFC OF ORIENTATN & NEW STU

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

269 - UVA-PAA PARKING & TRANSPORT-ADMIN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$124.00	$0.00	$124.00
		$124.00	$0.00	$124.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$10,069.05	$0.00	$10,069.05
		$10,069.05	$0.00	$10,069.05

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$975.00	$0.00	$975.00
		$975.00	$0.00	$975.00

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,759.04	$0.00	$1,759.04
Medical.....	.....	$1,480.50	$0.00	$1,480.50
		$3,239.54	$0.00	$3,239.54

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

269 - UVA-PAA PARKING & TRANSPORT-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,036.16	$0.00	$3,036.16
				$3,165.66	$0.00	$3,165.66
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$267.75	$0.00	$267.75
				$304.75	$0.00	$304.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,144.35	$0.00	$1,144.35
				$1,199.85	$0.00	$1,199.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,453.49	$0.00	$17,453.49
				$17,582.99	$0.00	$17,582.99
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

269 - UVA-PAA PARKING & TRANSPORT-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,529.01	$0.00	$3,529.01
				$3,529.01	$0.00	$3,529.01
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$12.39	$0.00	$12.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,889.25	$0.00	$3,889.25
				$3,901.64	$0.00	$3,901.64
# of Claims	4					
# Open	0	Recovery Amount:	-$2,420.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,415.21	$0.00	$2,415.21
				$2,415.21	$0.00	$2,415.21
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

269 - UVA-PAA PARKING & TRANSPORT-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$19,677.26	$1,613.74	$21,291.00
Indemnity.....	.....			$167,307.58	$39,972.97	$207,280.55
Medical.....	.....			$26,058.44	$18,354.23	$44,412.67
				$213,043.28	$59,940.94	$272,984.22
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,384.42	$0.00	$4,384.42
				$4,384.42	$0.00	$4,384.42
# of Claims	5					
# Open	0	Recovery Amount:	-$357.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,120.67	$0.00	$2,120.67
Indemnity.....	.....			$5,183.08	$0.00	$5,183.08
Medical.....	.....			$14,669.58	$0.00	$14,669.58
				$21,973.33	$0.00	$21,973.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$28.20	$0.00	$28.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,958.96	$0.00	$6,958.96
				$6,987.16	$0.00	$6,987.16
# of Claims	4					
# Open	0	Recovery Amount:	-$4,040.14			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

269 - UVA-PAA PARKING & TRANSPORT-ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$29.20**	**$0.00**	**$29.20**
Indemnity				**$4,638.51**	**$0.00**	**$4,638.51**
Medical				**$20,071.13**	**$0.00**	**$20,071.13**
				$24,738.84	**$0.00**	**$24,738.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$50.00**	**$68.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$18.82	**$1,250.00**	**$1,268.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$22,238.04**	**$1,663.74**	**$23,901.78**
Indemnity				**$178,888.21**	**$39,972.97**	**$218,861.18**
Medical				**$116,526.30**	**$19,554.23**	**$136,080.53**
				$317,652.55	**$61,190.94**	**$378,843.49**
# of Claims	**77**					
# Open	**2**	**Recovery Amount:**	**-$6,817.89**			

273 - UVA-PER HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$171.21**	**$0.00**	**$171.21**
Medical				**$180.00**	**$0.00**	**$180.00**
				$413.71	**$0.00**	**$413.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

273 - UVA-PER HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.53	$0.00	$274.53
				$274.53	$0.00	$274.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,127.00	$0.00	$1,127.00
				$1,127.00	$0.00	$1,127.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

273 - UVA-PER HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,191.07	$0.00	$3,191.07
				$3,191.07	$0.00	$3,191.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,096.92	$0.00	$1,096.92
				$1,115.42	$0.00	$1,115.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

273 - UVA-PER HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,678.95	$0.00	$1,678.95
				$1,678.95	$0.00	$1,678.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.80	$0.00	$433.80
				$433.80	$0.00	$433.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,961.94	$0.00	$1,961.94
				$1,961.94	$0.00	$1,961.94
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

273 - UVA-PER HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.43	$0.00	$685.43
				$685.43	$0.00	$685.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.20	$0.00	$11.20
				$11.20	$0.00	$11.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$69.36	$0.00	$69.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,726.66	$0.00	$1,726.66
				$1,796.02	$0.00	$1,796.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,525.20	$0.00	$1,525.20
				$1,525.20	$0.00	$1,525.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$150.36	$0.00	$150.36
Indemnity.....	.....			$171.21	$0.00	$171.21
Medical.....	.....			$13,892.70	$0.00	$13,892.70
				$14,214.27	$0.00	$14,214.27
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

274 - UVA-PHI PHILOSOPHY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$91.55**	**$0.00**	**$91.55**
				$91.55	**$0.00**	**$91.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$663.25**	**$0.00**	**$663.25**
				$663.25	**$0.00**	**$663.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$754.80**	**$0.00**	**$754.80**
				$754.80	**$0.00**	**$754.80**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

274 - UVA-PHI PHILOSOPHY DEPT

276 - UVA-PHS PHYSICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.00	$0.00	$347.00
				$365.50	$0.00	$365.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$360.94	$0.00	$360.94
				$379.44	$0.00	$379.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$938.93	$0.00	$938.93
				$957.43	$0.00	$957.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

276 - UVA-PHS PHYSICS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,894.25	$0.00	$6,894.25
Medical.....	.....			$204,577.64	$0.00	$204,577.64
				$211,471.89	$0.00	$211,471.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$14.39	$0.00	$14.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$323.26	$0.00	$323.26
				$337.65	$0.00	$337.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$69.89	$0.00	$69.89
Indemnity.....	.....			$6,894.25	$0.00	$6,894.25
Medical.....	.....			$206,547.77	$0.00	$206,547.77
				$213,511.91	$0.00	$213,511.91
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

278 - UVA-POL POLICE DEPT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

278 - UVA-POL POLICE DEPT

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$302.00**	**$0.00**	**$302.00**
				$302.00	**$0.00**	**$302.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$14,179.87**	**$0.00**	**$14,179.87**
Medical		**$33,083.43**	**$0.00**	**$33,083.43**
		$47,263.30	**$0.00**	**$47,263.30**
# of Claims	**26**			
# Open	**0**	**Recovery Amount:**	**-$17,339.54**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,109.42**	**$0.00**	**$1,109.42**
Medical		**$9,179.99**	**$0.00**	**$9,179.99**
		$10,289.41	**$0.00**	**$10,289.41**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$373.98**	**$0.00**	**$373.98**
Medical		**$14,308.69**	**$0.00**	**$14,308.69**
		$14,682.67	**$0.00**	**$14,682.67**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$277.50**	**$0.00**	**$277.50**
Indemnity		**$3,728.56**	**$0.00**	**$3,728.56**
Medical		**$5,644.16**	**$0.00**	**$5,644.16**
		$9,650.22	**$0.00**	**$9,650.22**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**-$1,513.77**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

278 - UVA-POL POLICE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$333.00	$0.00	$333.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,698.80	$0.00	$19,698.80
				$20,031.80	$0.00	$20,031.80
# of Claims	18					
# Open	0	Recovery Amount:	-$2,459.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$351.50	$0.00	$351.50
Indemnity.....	.....			$45,947.40	$0.00	$45,947.40
Medical.....	.....			$28,892.38	$0.00	$28,892.38
				$75,191.28	$0.00	$75,191.28
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$409.47	$0.00	$409.47
Indemnity.....	.....			$50,766.83	$0.00	$50,766.83
Medical.....	.....			$90,756.02	$0.00	$90,756.02
				$141,932.32	$0.00	$141,932.32
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$36,153.70	$0.00	$36,153.70
Indemnity.....	.....			$298,573.67	$0.00	$298,573.67
Medical.....	.....			$100,309.76	$0.00	$100,309.76
				$435,037.13	$0.00	$435,037.13
# of Claims	32					
# Open	0	Recovery Amount:	-$7,308.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

278 - UVA-POL POLICE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$13,671.44**	**$0.00**	**$13,671.44**
Indemnity				**$338,887.08**	**$0.00**	**$338,887.08**
Medical				**$322,112.00**	**$0.00**	**$322,112.00**
				$674,670.52	**$0.00**	**$674,670.52**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**-$441.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$2,548.00**	**$5,080.00**	**$7,628.00**
Indemnity				**$53,362.66**	**$0.00**	**$53,362.66**
Medical				**$209,211.41**	**$280,908.35**	**$490,119.76**
				$265,122.07	**$285,988.35**	**$551,110.42**
# of Claims	**22**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$1,137.84**	**$0.00**	**$1,137.84**
Medical				**$12,234.54**	**$0.00**	**$12,234.54**
				$13,396.38	**$0.00**	**$13,396.38**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$615.72**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$8,622.93**	**$0.00**	**$8,622.93**
Medical				**$24,735.26**	**$0.00**	**$24,735.26**
				$33,394.19	**$0.00**	**$33,394.19**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

278 - UVA-POL POLICE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$31,180.76**	**$0.00**	**$31,180.76**
Medical				**$36,517.97**	**$0.00**	**$36,517.97**
				$67,734.73	**$0.00**	**$67,734.73**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**-$22,865.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$44,030.46**	**$11,631.76**	**$55,662.22**
Indemnity				**$800,196.53**	**$0.00**	**$800,196.53**
Medical				**$320,582.46**	**$205,330.79**	**$525,913.25**
				$1,164,809.45	**$216,962.55**	**$1,381,772.00**
# of Claims	**22**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$8,444.62**	**$0.00**	**$8,444.62**
Medical				**$9,744.78**	**$0.00**	**$9,744.78**
				$18,213.40	**$0.00**	**$18,213.40**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$153.64**	**$0.00**	**$153.64**
Indemnity				**$10,330.94**	**$0.00**	**$10,330.94**
Medical				**$12,758.14**	**$0.00**	**$12,758.14**
				$23,242.72	**$0.00**	**$23,242.72**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$570.09**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

278 - UVA-POL POLICE DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$10,708.73	$0.00	$10,708.73
Indemnity.....	.....			$185,842.19	$0.00	$185,842.19
Medical.....	.....			$78,226.74	$0.00	$78,226.74
				$274,777.66	$0.00	$274,777.66
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$103.23	$0.00	$103.23
Indemnity.....	.....			$8,086.90	$0.00	$8,086.90
Medical.....	.....			$50,311.53	$0.00	$50,311.53
				$58,501.66	$0.00	$58,501.66
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$50.00	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.03	$1,200.00	$1,552.03
				$370.85	$1,250.00	$1,620.85
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$108,879.49	$16,761.76	$125,641.25
Indemnity.....	.....			$1,860,772.18	$0.00	$1,860,772.18
Medical.....	.....			$1,378,962.09	$487,439.14	$1,866,401.23
				$3,348,613.76	$504,200.90	$3,852,814.66
# of Claims	367					
# Open	4	Recovery Amount:	-$53,114.26			

279 - UVA-PRA PRESIDENTS HOME-CARRS HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

279 - UVA-PRA PRESIDENTS HOME-CARRS HILL

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$331.00**	**$0.00**	**$331.00**
				$331.00	**$0.00**	**$331.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,301.84**	**$0.00**	**$2,301.84**
Medical		**$4,071.15**	**$0.00**	**$4,071.15**
		$6,372.99	**$0.00**	**$6,372.99**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,698.34**	**$0.00**	**$4,698.34**
Medical		**$16,337.22**	**$0.00**	**$16,337.22**
		$21,035.56	**$0.00**	**$21,035.56**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,052.73**	**$0.00**	**$13,052.73**
Medical		**$30,618.45**	**$0.00**	**$30,618.45**
		$43,671.18	**$0.00**	**$43,671.18**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$263.57**	**$0.00**	**$263.57**
		$263.57	**$0.00**	**$263.57**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

279 - UVA-PRA PRESIDENTS HOME-CARRS HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$924.77	$0.00	$924.77
				$924.77	$0.00	$924.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.00	$0.00	$92.00
				$92.00	$0.00	$92.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,576.98	$0.00	$3,576.98
Medical.....	.....			$9,450.51	$0.00	$9,450.51
				$13,027.49	$0.00	$13,027.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,554.64	$0.00	$11,554.64
Medical.....	.....			$44,676.35	$0.00	$44,676.35
				$56,230.99	$0.00	$56,230.99
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

279 - UVA-PRA PRESIDENTS HOME-CARRS HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$118,139.45	$0.00	$118,139.45
Medical.....	.....			$79,307.04	$0.00	$79,307.04
				$197,446.49	$0.00	$197,446.49
# of Claims	4					
# Open	0	Recovery Amount:	-$29.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.20	$0.00	$241.20
				$241.20	$0.00	$241.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$26.64	$0.00	$26.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,888.29	$0.00	$3,888.29
				$3,914.93	$0.00	$3,914.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26.64	$0.00	$26.64
Indemnity.....	.....			$153,323.98	$0.00	$153,323.98
Medical.....	.....			$190,201.55	$0.00	$190,201.55
				$343,552.17	$0.00	$343,552.17
# of Claims	65					
# Open	0	Recovery Amount:	-$29.90			

27 - UVA-ASA ASSOC PROVOST FOR RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

27 - UVA-ASA ASSOC PROVOST FOR RESEARCH

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$403.40**	**$0.00**	**$403.40**
			$403.40	**$0.00**	**$403.40**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$14.56**	**$0.00**	**$14.56**
		$14.56	**$0.00**	**$14.56**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$417.96**	**$0.00**	**$417.96**
	$417.96	**$0.00**	**$417.96**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

280 - UVA-PRE PRESIDENTS OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

280 - UVA-PRE PRESIDENTS OFFICE

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$487.66**	**$0.00**	**$487.66**
				$487.66	**$0.00**	**$487.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

280 - UVA-PRE PRESIDENTS OFFICE

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$487.66**	**$0.00**	**$487.66**
	$487.66	**$0.00**	**$487.66**

# of Claims **6**

 # Open **0** **Recovery Amount:** **$0.00**

281 - UVA-PRI PRINTING OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$1.20**	**$0.00**	**$1.20**
	$1.20	**$0.00**	**$1.20**

# of Claims **2**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense.....	**$55.50**	**$0.00**	**$55.50**
Indemnity.....	**$4,518.75**	**$0.00**	**$4,518.75**
Medical.....	**$46,576.12**	**$0.00**	**$46,576.12**
	$51,150.37	**$0.00**	**$51,150.37**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense.....	**$55.50**	**$0.00**	**$55.50**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$2,487.53**	**$0.00**	**$2,487.53**
	$2,543.03	**$0.00**	**$2,543.03**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

281 - UVA-PRI PRINTING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,454.17	$0.00	$1,454.17
Medical.....	.....			$50,998.57	$0.00	$50,998.57
				$52,452.74	$0.00	$52,452.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,991.22	$0.00	$3,991.22
Medical.....	.....			$9,918.94	$0.00	$9,918.94
				$13,910.16	$0.00	$13,910.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.72	$0.00	$88.72
				$88.72	$0.00	$88.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

281 - UVA-PRI PRINTING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,162.07	$0.00	$1,162.07
				$1,162.07	$0.00	$1,162.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$9,964.14	$0.00	$9,964.14
Medical.....	.....			$111,233.15	$0.00	$111,233.15
				$121,326.79	$0.00	$121,326.79
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

282 - UVA-PRJ PRESIDENTS OFFICE-D JONES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,418.49	$0.00	$1,418.49
Medical.....	.....			$893.02	$0.00	$893.02
				$2,311.51	$0.00	$2,311.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

282 - UVA-PRJ PRESIDENTS OFFICE-D JONES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$703.40	$0.00	$703.40
				$703.40	$0.00	$703.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,418.49	$0.00	$1,418.49
Medical.....	.....			$1,596.42	$0.00	$1,596.42
				$3,014.91	$0.00	$3,014.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$712.64	$0.00	$712.64
Medical.....	.....			$6,078.85	$0.00	$6,078.85
				$6,791.49	$0.00	$6,791.49
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$225.29	$0.00	$225.29
Medical.....	.....			$675.05	$0.00	$675.05
				$900.34	$0.00	$900.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$201.84	$0.00	$201.84
Medical.....	.....			$777.00	$0.00	$777.00
				$978.84	$0.00	$978.84
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,127.30	$0.00	$1,127.30
Medical.....	.....			$14,781.37	$0.00	$14,781.37
				$15,908.67	$0.00	$15,908.67
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,204.47	$0.00	$6,204.47
Medical.....	.....			$8,852.87	$0.00	$8,852.87
				$15,057.34	$0.00	$15,057.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,993.83	$0.00	$1,993.83
Medical.....	.....			$8,673.02	$0.00	$8,673.02
				$10,666.85	$0.00	$10,666.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,710.50	$0.00	$13,710.50
Medical.....	.....			$4,828.44	$0.00	$4,828.44
				$18,538.94	$0.00	$18,538.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$903.86	$0.00	$903.86
				$903.86	$0.00	$903.86
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$992.00	$0.00	$992.00
Indemnity.....	.....			$165,657.50	$0.00	$165,657.50
Medical.....	.....			$207,490.72	$0.00	$207,490.72
				$374,140.22	$0.00	$374,140.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,757.32	$0.00	$1,757.32
				$1,757.32	$0.00	$1,757.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,015.25	$0.00	$10,015.25
Medical.....	.....			$3,482.45	$0.00	$3,482.45
				$13,497.70	$0.00	$13,497.70
# of Claims	4					
# Open	0	Recovery Amount:	-$334.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$647.04	$0.00	$647.04
				$647.04	$0.00	$647.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$808.30	$0.00	$808.30
				$808.30	$0.00	$808.30
# of Claims	1					
# Open	0	Recovery Amount:	-$808.30			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.00	$0.00	$86.00
				$86.00	$0.00	$86.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,112.70	$0.00	$6,112.70
Medical.....	.....			$22,284.92	$0.00	$22,284.92
				$28,405.62	$0.00	$28,405.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

284 - UVA-PRO PROVOST-VICE-PRESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$972.54	$0.00	$972.54
				$972.54	$0.00	$972.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$30.28	$0.00	$30.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,085.31	$0.00	$3,085.31
				$3,115.59	$0.00	$3,115.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,922.11	$0.00	$2,922.11
				$2,922.11	$0.00	$2,922.11
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,030.28	$0.00	$1,030.28
Indemnity.....	.....			$205,961.32	$0.00	$205,961.32
Medical.....	.....			$289,107.17	$0.00	$289,107.17
				$496,098.77	$0.00	$496,098.77
# of Claims	97					
# Open	0	Recovery Amount:	-$1,142.37			

285 - UVA-PRS UVA PROCUREMENT SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

285 - UVA-PRS UVA PROCUREMENT SERVICES

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$238.53**	**$0.00**	**$238.53**
			$238.53	**$0.00**	**$238.53**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,694.10**	**$0.00**	**$2,694.10**
		$2,694.10	**$0.00**	**$2,694.10**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

285 - UVA-PRS UVA PROCUREMENT SERVICES

Grand Totals

Expense.....	**$37.00**	**$0.00**	**$37.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$2,932.63**	**$0.00**	**$2,932.63**
	$2,969.63	**$0.00**	**$2,969.63**

# of Claims **7**

 # Open **0** **Recovery Amount:** **$0.00**

286 - UVA-PSY PSYCHOLOGY DEPT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$170.00**	**$0.00**	**$170.00**
			$170.00	**$0.00**	**$170.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:** **$0.00**			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$720.00**	**$0.00**	**$720.00**
			$720.00	**$0.00**	**$720.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:** **$0.00**			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**				
Expense.....			**$18.50**	**$0.00**	**$18.50**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$1,381.73**	**$0.00**	**$1,381.73**
			$1,400.23	**$0.00**	**$1,400.23**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:** **$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

286 - UVA-PSY PSYCHOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,542.04	$0.00	$4,542.04
				$4,542.04	$0.00	$4,542.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.46	$0.00	$135.46
				$135.46	$0.00	$135.46
# of Claims	2					
# Open	0	Recovery Amount:	-$135.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,906.01	$0.00	$4,906.01
				$4,914.01	$0.00	$4,914.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

286 - UVA-PSY PSYCHOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,353.21	$0.00	$2,353.21
				$2,353.21	$0.00	$2,353.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,052.20	$0.00	$2,052.20
				$2,052.20	$0.00	$2,052.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26.50	$0.00	$26.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,260.65	$0.00	$16,260.65
				$16,287.15	$0.00	$16,287.15
# of Claims	15					
# Open	0	Recovery Amount:	-$135.46			

287 - UVA-PUB MATERIALS SVCS-STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.67	$0.00	$31.67
				$31.67	$0.00	$31.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

287 - UVA-PUB MATERIALS SVCS-STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.00	$0.00	$128.00
				$128.00	$0.00	$128.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.67	$0.00	$159.67
				$159.67	$0.00	$159.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

289 - UVA-PUR PURCHASING-CARRUTHERS HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$227.38	$0.00	$227.38
				$245.88	$0.00	$245.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.76	$0.00	$151.76
				$170.26	$0.00	$170.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

289 - UVA-PUR PURCHASING-CARRUTHERS HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$721.08	$0.00	$721.08
				$721.08	$0.00	$721.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,100.22	$0.00	$1,100.22
				$1,137.22	$0.00	$1,137.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

28 - UVA-ASC ASSISTANT COMPTROLLER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

28 - UVA-ASC ASSISTANT COMPTROLLER

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

290 - UVA-QUP QATAR UNIVERSITY PROJ OFC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.25	$0.00	$529.25
				$529.25	$0.00	$529.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$91.20	$0.00	$91.20
				$91.20	$0.00	$91.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.44	$0.00	$220.44
				$220.44	$0.00	$220.44
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.10	$0.00	$172.10
				$172.10	$0.00	$172.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

290 - UVA-QUP QATAR UNIVERSITY PROJ OFC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$446.29	$0.00	$446.29
				$446.29	$0.00	$446.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$527.50	$0.00	$527.50
				$527.50	$0.00	$527.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.40	$0.00	$80.40
				$80.40	$0.00	$80.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$454.10	$0.00	$454.10
				$454.10	$0.00	$454.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

290 - UVA-QUP QATAR UNIVERSITY PROJ OFC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,588.12	$0.00	$1,588.12
Medical.....	.....			$12,055.22	$0.00	$12,055.22
				$13,643.34	$0.00	$13,643.34
# of Claims	3					
# Open	0	Recovery Amount:	-$45.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,588.12	$0.00	$1,588.12
Medical.....	.....			$14,576.50	$0.00	$14,576.50
				$16,164.62	$0.00	$16,164.62
# of Claims	29					
# Open	0	Recovery Amount:	-$45.00			

292 - UVA-REL RELIGIOUS STUDIES DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$375.56	$0.00	$375.56
Medical.....	.....			$274.00	$0.00	$274.00
				$649.56	$0.00	$649.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$847.00	$0.00	$847.00
				$847.00	$0.00	$847.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

292 - UVA-REL RELIGIOUS STUDIES DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.00	$0.00	$74.00
				$74.00	$0.00	$74.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,674.46	$0.00	$10,674.46
				$10,674.46	$0.00	$10,674.46
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,426.70	$0.00	$1,426.70
Medical.....	.....			$1,125.00	$0.00	$1,125.00
				$2,551.70	$0.00	$2,551.70
# of Claims	1					
# Open	0	Recovery Amount:	-$163.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

292 - UVA-REL RELIGIOUS STUDIES DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$282.00	$0.00	$282.00
				$282.00	$0.00	$282.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,621.67	$0.00	$8,621.67
Medical.....	.....			$3,016.55	$0.00	$3,016.55
				$11,638.22	$0.00	$11,638.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$759.12	$0.00	$759.12
				$759.12	$0.00	$759.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

292 - UVA-REL RELIGIOUS STUDIES DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,423.93	$0.00	$10,423.93
Medical.....	.....			$17,052.13	$0.00	$17,052.13
				$27,476.06	$0.00	$27,476.06
# of Claims	21					
# Open	0	Recovery Amount:	-$163.04			

293 - UVA-RLP RESIDENCE LIFE PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.70	$0.00	$192.70
				$192.70	$0.00	$192.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$11,507.33	$0.00	$11,507.33
Medical.....	.....			$25,395.90	$0.00	$25,395.90
				$36,921.73	$0.00	$36,921.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

293 - UVA-RLP RESIDENCE LIFE PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$760.30	$0.00	$760.30
				$760.30	$0.00	$760.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$11,507.33	$0.00	$11,507.33
Medical.....	.....			$26,348.90	$0.00	$26,348.90
				$37,874.73	$0.00	$37,874.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

294 - UVA-RLS RLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

294 - UVA-RLS RLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.26**	**$0.00**	**$142.26**
				$142.26	**$0.00**	**$142.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,074.02**	**$0.00**	**$4,074.02**
Medical				**$16,211.27**	**$0.00**	**$16,211.27**
				$20,285.29	**$0.00**	**$20,285.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$210.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,074.02**	**$0.00**	**$4,074.02**
Medical				**$16,353.53**	**$0.00**	**$16,353.53**
				$20,427.55	**$0.00**	**$20,427.55**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$210.00**			

295 - UVA-RMS RISK MANAGEMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$595.58**	**$0.00**	**$595.58**
Medical				**$3,998.86**	**$0.00**	**$3,998.86**
				$4,656.94	**$0.00**	**$4,656.94**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

295 - UVA-RMS RISK MANAGEMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$15,094.13	$1,877.57	$16,971.70
Indemnity.....	.....			$221,875.68	$0.00	$221,875.68
Medical.....	.....			$872,398.75	$591,950.63	$1,464,349.38
				$1,109,368.56	$593,828.20	$1,703,196.76
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$824.96	$0.00	$824.96
Medical.....	.....			$4,611.39	$0.00	$4,611.39
				$5,436.35	$0.00	$5,436.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,056.59	$0.00	$1,056.59
				$1,056.59	$0.00	$1,056.59
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,729.37	$0.00	$6,729.37
				$6,729.37	$0.00	$6,729.37
# of Claims	18					
# Open	0	Recovery Amount:	-$216.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

295 - UVA-RMS RISK MANAGEMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$912.79	$0.00	$912.79
				$912.79	$0.00	$912.79
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$960.00	$0.00	$960.00
Medical.....	.....			$5,054.64	$0.00	$5,054.64
				$6,014.64	$0.00	$6,014.64
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,511.95	$0.00	$7,511.95
Medical.....	.....			$12,201.85	$0.00	$12,201.85
				$19,713.80	$0.00	$19,713.80
# of Claims	11					
# Open	0	Recovery Amount:	-$1,861.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,955.71	$0.00	$3,955.71
Medical.....	.....			$20,676.49	$0.00	$20,676.49
				$24,632.20	$0.00	$24,632.20
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

295 - UVA-RMS RISK MANAGEMENT OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,197.08	$0.00	$5,197.08
				$5,197.08	$0.00	$5,197.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,121.55	$0.00	$15,121.55
				$15,121.55	$0.00	$15,121.55
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,720.37	$0.00	$2,720.37
Medical.....	.....			$5,186.85	$0.00	$5,186.85
				$7,907.22	$0.00	$7,907.22
# of Claims	2					
# Open	0	Recovery Amount:	-$35.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$567.50	$0.00	$567.50
				$567.50	$0.00	$567.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$15,156.63	$1,877.57	$17,034.20
Indemnity.....	.....			$238,444.25	$0.00	$238,444.25
Medical.....	.....			$953,713.71	$591,950.63	$1,545,664.34
				$1,207,314.59	$593,828.20	$1,801,142.79
# of Claims	118					
# Open	1	Recovery Amount:	-$2,112.95			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

296 - UVA-ROT ROTUNDA SECURITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$311.00**	**$0.00**	**$311.00**
				$311.00	**$0.00**	**$311.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$311.00**	**$0.00**	**$311.00**
				$311.00	**$0.00**	**$311.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

297 - UVA-RUS RUSSIAN-E EUROPEAN STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.00**	**$0.00**	**$40.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

297 - UVA-RUS RUSSIAN-E EUROPEAN STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$482.11	$0.00	$482.11
				$482.11	$0.00	$482.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$522.11	$0.00	$522.11
				$522.11	$0.00	$522.11
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

298 - UVA-SAF STUDENT AID FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$72,211.19	$0.00	$72,211.19
				$72,211.19	$0.00	$72,211.19
# of Claims	8					
# Open	0	Recovery Amount:	-$45.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.25	$0.00	$88.25
				$88.25	$0.00	$88.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

298 - UVA-SAF STUDENT AID FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.00	$0.00	$215.00
				$215.00	$0.00	$215.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$394.35	$0.00	$394.35
				$394.35	$0.00	$394.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$259.64	$0.00	$259.64
				$259.64	$0.00	$259.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,138.61	$0.00	$2,138.61
Medical.....	.....			$14,808.88	$0.00	$14,808.88
				$16,947.49	$0.00	$16,947.49
# of Claims	3					
# Open	0	Recovery Amount:	-$582.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

298 - UVA-SAF STUDENT AID FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$952.13	$0.00	$952.13
Indemnity.....	.....			$27,225.00	$0.00	$27,225.00
Medical.....	.....			$38,390.61	$0.00	$38,390.61
				$66,567.74	$0.00	$66,567.74
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.00	$0.00	$216.00
				$216.00	$0.00	$216.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.16	$0.00	$276.16
				$276.16	$0.00	$276.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$336.00	$0.00	$336.00
				$336.00	$0.00	$336.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$952.13	$0.00	$952.13
Indemnity.....	.....			$29,363.61	$0.00	$29,363.61
Medical.....	.....			$127,196.08	$0.00	$127,196.08
				$157,511.82	$0.00	$157,511.82
# of Claims	32					
# Open	0	Recovery Amount:	-$627.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

29 - UVA-ASD ASTRONOMY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$721.64**	**$0.00**	**$721.64**
				$721.64	**$0.00**	**$721.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,542.21**	**$0.00**	**$1,542.21**
				$1,560.71	**$0.00**	**$1,560.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,367.56**	**$0.00**	**$1,367.56**
				$1,386.06	**$0.00**	**$1,386.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$286.00**	**$0.00**	**$286.00**
				$286.00	**$0.00**	**$286.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

29 - UVA-ASD ASTRONOMY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$118.71**	**$0.00**	**$118.71**
				$118.71	**$0.00**	**$118.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,036.12**	**$0.00**	**$4,036.12**
				$4,073.12	**$0.00**	**$4,073.12**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

2 - UVA-ADM-ADMISSIONS OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$63.00**	**$0.00**	**$63.00**
				$63.00	**$0.00**	**$63.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11.74**	**$0.00**	**$11.74**
				$11.74	**$0.00**	**$11.74**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

2 - UVA-ADM-ADMISSIONS OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,337.03	$0.00	$1,337.03
Medical.....	.....			$80,911.92	$0.00	$80,911.92
				$82,248.95	$0.00	$82,248.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$452.22	$0.00	$452.22
				$470.72	$0.00	$470.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

2 - UVA-ADM-ADMISSIONS OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,052.79	$0.00	$2,052.79
				$2,052.79	$0.00	$2,052.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$550.50	$0.00	$550.50
				$550.50	$0.00	$550.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$613.93	$0.00	$613.93
Indemnity.....	.....			$4,796.95	$0.00	$4,796.95
Medical.....	.....			$23,627.50	$0.00	$23,627.50
				$29,038.38	$0.00	$29,038.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

2 - UVA-ADM-ADMISSIONS OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$132.31	$0.00	$132.31
Medical.....	.....			$7,256.90	$0.00	$7,256.90
				$7,397.21	$0.00	$7,397.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,735.50	$0.00	$1,735.50
				$1,735.50	$0.00	$1,735.50
# of Claims	1					
# Open	0	Recovery Amount:	-$1,735.50			

Grand Totals						
Expense.....	.....			$677.43	$0.00	$677.43
Indemnity.....	.....			$6,266.29	$0.00	$6,266.29
Medical.....	.....			$116,662.07	$0.00	$116,662.07
				$123,605.79	$0.00	$123,605.79
# of Claims	17					
# Open	0	Recovery Amount:	-$1,735.50			

300 - UVA-SCI SCIENCE & ENGINEERING LIB.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.44	$0.00	$298.44
				$298.44	$0.00	$298.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

300 - UVA-SCI SCIENCE & ENGINEERING LIB.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.40	$0.00	$101.40
				$101.40	$0.00	$101.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,718.96	$0.00	$2,718.96
				$2,737.46	$0.00	$2,737.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,118.80	$0.00	$3,118.80
				$3,155.80	$0.00	$3,155.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

301 - UVA-SCS VOICE COMMUNICATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.25**	**$0.00**	**$142.25**
				$142.25	**$0.00**	**$142.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.15**	**$0.00**	**$95.15**
				$95.15	**$0.00**	**$95.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$41.00**	**$0.00**	**$41.00**
				$41.00	**$0.00**	**$41.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$68.75**	**$0.00**	**$68.75**
				$68.75	**$0.00**	**$68.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

301 - UVA-SCS VOICE COMMUNICATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.95	$0.00	$50.95
				$50.95	$0.00	$50.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.00	$0.00	$84.00
				$84.00	$0.00	$84.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.00	$0.00	$202.00
				$202.00	$0.00	$202.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$457.47	$0.00	$457.47
				$494.47	$0.00	$494.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

301 - UVA-SCS VOICE COMMUNICATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,784.58**	**$0.00**	**$1,784.58**
				$1,821.58	**$0.00**	**$1,821.58**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,926.15**	**$0.00**	**$2,926.15**
				$3,000.15	**$0.00**	**$3,000.15**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

302 - UVA-SLA SLAVIC LANGUAGES &LITS DPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$265.80**	**$0.00**	**$265.80**
				$265.80	**$0.00**	**$265.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$897.20**	**$0.00**	**$897.20**
				$897.20	**$0.00**	**$897.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

302 - UVA-SLA SLAVIC LANGUAGES &LITS DPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.75	$0.00	$263.75
				$263.75	$0.00	$263.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$170.60	$0.00	$170.60
Medical.....	.....			$1,074.70	$0.00	$1,074.70
				$1,245.30	$0.00	$1,245.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$670.61	$0.00	$670.61
				$670.61	$0.00	$670.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.58	$0.00	$76.58
				$76.58	$0.00	$76.58
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

302 - UVA-SLA SLAVIC LANGUAGES &LITS DPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,052.00	$0.00	$1,052.00
Medical.....	.....			$661.00	$0.00	$661.00
				$1,713.00	$0.00	$1,713.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,762.78	$0.00	$1,762.78
				$1,762.78	$0.00	$1,762.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

302 - UVA-SLA SLAVIC LANGUAGES &LITS DPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,222.60	$0.00	$1,222.60
Medical.....	.....			$5,672.42	$0.00	$5,672.42
				$6,895.02	$0.00	$6,895.02
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

303 - UVA-SOC SOCIOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,237.00	$0.00	$6,237.00
Medical.....	.....			$8,336.35	$0.00	$8,336.35
				$14,573.35	$0.00	$14,573.35
# of Claims	1					
# Open	0	Recovery Amount:	-$191.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$12.70	$0.00	$12.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,038.30	$0.00	$1,038.30
				$1,051.00	$0.00	$1,051.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$12.70	$0.00	$12.70
Indemnity.....	.....			$6,237.00	$0.00	$6,237.00
Medical.....	.....			$9,374.65	$0.00	$9,374.65
				$15,624.35	$0.00	$15,624.35

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

303 - UVA-SOC SOCIOLOGY DEPT

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**-$191.00**

304 - UVA-SPA SPANISH&ITALIAN&PORTUGUESE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$819.95**	**$0.00**	**$819.95**
		$819.95	**$0.00**	**$819.95**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$699.70**	**$0.00**	**$699.70**
		$699.70	**$0.00**	**$699.70**

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$1,519.65**	**$0.00**	**$1,519.65**
	$1,519.65	**$0.00**	**$1,519.65**

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

305 - UVA-SPM RHETORIC & COMM STUDIES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$53.45**	**$0.00**	**$53.45**
		$53.45	**$0.00**	**$53.45**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

305 - UVA-SPM RHETORIC & COMM STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.45	$0.00	$53.45
				$53.45	$0.00	$53.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

306 - UVA-SPQ SPEECH-DEBATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,224.57	$0.00	$3,224.57
Medical.....	.....			$25,311.59	$0.00	$25,311.59
				$28,536.16	$0.00	$28,536.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.96	$0.00	$88.96
				$88.96	$0.00	$88.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

306 - UVA-SPQ SPEECH-DEBATE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,224.57	$0.00	$3,224.57
Medical.....	.....			$25,450.55	$0.00	$25,450.55
				$28,675.12	$0.00	$28,675.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

307 - UVA-SPR SPONSORED PROGRAMS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

307 - UVA-SPR SPONSORED PROGRAMS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,304.53	$0.00	$18,304.53
				$18,304.53	$0.00	$18,304.53
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$518.26	$0.00	$518.26
				$518.26	$0.00	$518.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

307 - UVA-SPR SPONSORED PROGRAMS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,864.31	$0.00	$3,864.31
				$3,864.31	$0.00	$3,864.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,383.62	$0.00	$7,383.62
Medical.....	.....			$74,881.20	$0.00	$74,881.20
				$82,264.82	$0.00	$82,264.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,383.62	$0.00	$7,383.62
Medical.....	.....			$97,618.30	$0.00	$97,618.30
				$105,001.92	$0.00	$105,001.92
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

309 - UVA-STF STUDENT AFFAIRS VICE PRES.

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

309 - UVA-STF STUDENT AFFAIRS VICE PRES.

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$82.97**	**$0.00**	**$82.97**
Indemnity				**$5,347.65**	**$0.00**	**$5,347.65**
Medical				**$34,101.22**	**$0.00**	**$34,101.22**
				$39,531.84	**$0.00**	**$39,531.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$550.43**	**$0.00**	**$550.43**
				$550.43	**$0.00**	**$550.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

309 - UVA-STF STUDENT AFFAIRS VICE PRES.

Grand Totals

Expense	**$82.97**	**$0.00**	**$82.97**
Indemnity	**$5,347.65**	**$0.00**	**$5,347.65**
Medical	**$34,651.65**	**$0.00**	**$34,651.65**
	$40,082.27	**$0.00**	**$40,082.27**

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

30 - UVA-ASV ASST VP FOR FINANCE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,849.90**	**$0.00**	**$1,849.90**
		$1,849.90	**$0.00**	**$1,849.90**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$1,849.90**	**$0.00**	**$1,849.90**
	$1,849.90	**$0.00**	**$1,849.90**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

310 - UVA-STH STUDENT HEALTH

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

310 - UVA-STH STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$749.98	$0.00	$749.98
				$749.98	$0.00	$749.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.00	$0.00	$124.00
				$124.00	$0.00	$124.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.59	$0.00	$81.59
				$81.59	$0.00	$81.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

310 - UVA-STH STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$864.00	$0.00	$864.00
				$864.00	$0.00	$864.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,059.30	$0.00	$1,059.30
				$1,096.30	$0.00	$1,096.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.00	$0.00	$129.00
				$147.50	$0.00	$147.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,349.89	$0.00	$1,349.89
				$1,405.39	$0.00	$1,405.39
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

310 - UVA-STH STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,125.93**	**$0.00**	**$6,125.93**
Medical				**$16,547.33**	**$0.00**	**$16,547.33**
				$22,673.26	**$0.00**	**$22,673.26**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,219.90**	**$0.00**	**$1,219.90**
Medical				**$25,499.97**	**$0.00**	**$25,499.97**
				$26,727.87	**$0.00**	**$26,727.87**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$292.40**	**$0.00**	**$292.40**
				$292.40	**$0.00**	**$292.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$119.00**	**$0.00**	**$119.00**
Indemnity				**$7,345.83**	**$0.00**	**$7,345.83**
Medical				**$46,697.46**	**$0.00**	**$46,697.46**
				$54,162.29	**$0.00**	**$54,162.29**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

311 - UVA-SUS SUMMER SESSION OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,976.53	$0.00	$27,976.53
				$27,976.53	$0.00	$27,976.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,976.53	$0.00	$27,976.53
				$27,995.03	$0.00	$27,995.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

312 - UVA-TFM TEMP SVC-FACILITIES MGT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.00	$0.00	$593.00
				$593.00	$0.00	$593.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

312 - UVA-TFM TEMP SVC-FACILITIES MGT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,475.56	$0.00	$2,475.56
				$2,475.56	$0.00	$2,475.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,231.35	$0.00	$1,231.35
				$1,231.35	$0.00	$1,231.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,576.71	$0.00	$1,576.71
				$1,724.71	$0.00	$1,724.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$123.00	$0.00	$123.00
Indemnity.....	.....			$44.49	$0.00	$44.49
Medical.....	.....			$1,018.34	$0.00	$1,018.34
				$1,185.83	$0.00	$1,185.83
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

312 - UVA-TFM TEMP SVC-FACILITIES MGT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,166.24	$0.00	$4,166.24
				$4,314.24	$0.00	$4,314.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.94	$0.00	$148.94
				$185.94	$0.00	$185.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$181.01	$0.00	$181.01
Medical.....	.....			$1,603.54	$0.00	$1,603.54
				$1,784.55	$0.00	$1,784.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,845.52	$0.00	$1,845.52
				$1,845.52	$0.00	$1,845.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

312 - UVA-TFM TEMP SVC-FACILITIES MGT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$87.61	$0.00	$87.61
Indemnity.....	.....			$1,566.67	$0.00	$1,566.67
Medical.....	.....			$15,987.50	$0.00	$15,987.50
				$17,641.78	$0.00	$17,641.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,932.43	$0.00	$3,932.43
				$3,932.43	$0.00	$3,932.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$543.61	$0.00	$543.61
Indemnity.....	.....			$1,792.17	$0.00	$1,792.17
Medical.....	.....			$34,579.13	$0.00	$34,579.13
				$36,914.91	$0.00	$36,914.91
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

313 - UVA-THR TEMP SVC-HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

313 - UVA-THR TEMP SVC-HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,453.00	$0.00	$1,453.00
				$1,453.00	$0.00	$1,453.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,085.75	$0.00	$1,085.75
				$1,085.75	$0.00	$1,085.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

313 - UVA-THR TEMP SVC-HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$20.70	$0.00	$20.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$20.70	$0.00	$20.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.90	$0.00	$25.90
				$25.90	$0.00	$25.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$20.70	$0.00	$20.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,564.65	$0.00	$2,564.65
				$2,585.35	$0.00	$2,585.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

315 - UVA-TRE BURSARS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.60	$0.00	$12.60
				$31.10	$0.00	$31.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.60	$0.00	$12.60
				$31.10	$0.00	$31.10

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

315 - UVA-TRE BURSARS OFFICE

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

317 - UVA-UPW UPWARD BOUND PROGRAM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,943.82**	**$0.00**	**$5,943.82**
			$5,943.82	**$0.00**	**$5,943.82**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,943.82**	**$0.00**	**$5,943.82**
			$5,943.82	**$0.00**	**$5,943.82**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

318 - UVA-URL UNIVERSITY RELATIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$383.50**	**$0.00**	**$383.50**
Indemnity			**$1,509.89**	**$0.00**	**$1,509.89**
Medical			**$2,768.82**	**$0.00**	**$2,768.82**
			$4,662.21	**$0.00**	**$4,662.21**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$880.44**	**$0.00**	**$880.44**
			$880.44	**$0.00**	**$880.44**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

318 - UVA-URL UNIVERSITY RELATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$362.33	$0.00	$362.33
Medical.....	.....			$1,015.49	$0.00	$1,015.49
				$1,377.82	$0.00	$1,377.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$805.17	$0.00	$805.17
				$805.17	$0.00	$805.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$799.00	$0.00	$799.00
				$799.00	$0.00	$799.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

318 - UVA-URL UNIVERSITY RELATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$402.00	$0.00	$402.00
Indemnity.....	.....			$1,872.22	$0.00	$1,872.22
Medical.....	.....			$6,268.92	$0.00	$6,268.92
				$8,543.14	$0.00	$8,543.14
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

319 - UVA-UVP UNIVERSITY PRESS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,576.34	$0.00	$13,576.34
Medical.....	.....			$16,660.85	$0.00	$16,660.85
				$30,237.19	$0.00	$30,237.19
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,576.34	$0.00	$13,576.34
Medical.....	.....			$16,660.85	$0.00	$16,660.85
				$30,237.19	$0.00	$30,237.19
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

31 - UVA-ATA ATHLETICS-SPORTS SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

31 - UVA-ATA ATHLETICS-SPORTS SERVICES

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.25**	**$0.00**	**$45.25**
				$45.25	**$0.00**	**$45.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$199.08**	**$0.00**	**$199.08**
		$199.08	**$0.00**	**$199.08**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$200.69**	**$0.00**	**$200.69**
		$200.69	**$0.00**	**$200.69**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$445.02**	**$0.00**	**$445.02**
	$445.02	**$0.00**	**$445.02**
# of Claims	**6**		
# Open	**0**	**Recovery Amount:**	**$0.00**

320 - UVA-UWO UVA UNITED WAY OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

320 - UVA-UWO UVA UNITED WAY OFFICE

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$63.72**	**$0.00**	**$63.72**
			$63.72	**$0.00**	**$63.72**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$63.72**	**$0.00**	**$63.72**
			$63.72	**$0.00**	**$63.72**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

321 - UVA-VFH VA FOUNDATN FOR HUMANITIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

321 - UVA-VFH VA FOUNDATN FOR HUMANITIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$11.68	$0.00	$11.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$11.68	$0.00	$11.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$11.68	$0.00	$11.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$11.68	$0.00	$11.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

322 - UVA-VMB VP MGMNT & BUDG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.00	$0.00	$79.00
				$79.00	$0.00	$79.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.37	$0.00	$211.37
				$211.37	$0.00	$211.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

322 - UVA-VMB VP MGMNT & BUDG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.37	$0.00	$345.37
				$345.37	$0.00	$345.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

323 - UVA-VPA VICE-PRESIDENT FOR ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

323 - UVA-VPA VICE-PRESIDENT FOR ADMIN

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

324 - UVA-VPG AVP FOR GOVERNMENTAL RELAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$73.15**	**$0.00**	**$73.15**
				$73.15	**$0.00**	**$73.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$73.15**	**$0.00**	**$73.15**
				$73.15	**$0.00**	**$73.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

326 - UVA-WAS WASHINGTON PAPERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

327 - UVA-WOC WOMENS CENTER

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

327 - UVA-WOC WOMENS CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$264.00**	**$0.00**	**$264.00**
				$264.00	**$0.00**	**$264.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

327 - UVA-WOC WOMENS CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$264.00	$0.00	$264.00
				$282.50	$0.00	$282.50
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

328 - UVA-WTJ WTJU RADIO STATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.84	$0.00	$786.84
				$794.84	$0.00	$794.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.84	$0.00	$786.84
				$794.84	$0.00	$794.84

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

328 - UVA-WTJ WTJU RADIO STATION

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

330 - UVA-ASSOC PROVST ST ACAD SUPPORT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3.00	$0.00	$3.00
			$3.00	$0.00	$3.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3.00	$0.00	$3.00
			$3.00	$0.00	$3.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$1,120.91	$0.00	$1,120.91
Medical.....	.....		$801.30	$0.00	$801.30
			$1,922.21	$0.00	$1,922.21
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$115.00	$0.00	$115.00
			$115.00	$0.00	$115.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$162.20	$0.00	$162.20
				$162.20	$0.00	$162.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$499.44	$0.00	$499.44
				$499.44	$0.00	$499.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$70.80	$0.00	$70.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,258.13	$0.00	$3,258.13
				$3,328.93	$0.00	$3,328.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.78	$0.00	$74.78
				$74.78	$0.00	$74.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$592.90	$0.00	$592.90
Indemnity.....	.....			$14,397.37	$0.00	$14,397.37
Medical.....	.....			$15,367.18	$0.00	$15,367.18
				$30,357.45	$0.00	$30,357.45
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$293.00	$0.00	$293.00
				$293.00	$0.00	$293.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$346.33	$0.00	$346.33
				$383.33	$0.00	$383.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$838.92	$0.00	$838.92
				$931.42	$0.00	$931.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.00	$0.00	$85.00
				$103.50	$0.00	$103.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$766.91	$0.00	$766.91
				$822.41	$0.00	$822.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$353.94	$0.00	$353.94
				$409.44	$0.00	$409.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.50	$0.00	$161.50
				$161.50	$0.00	$161.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$699.20	$0.00	$699.20
				$699.20	$0.00	$699.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,376.92	$0.00	$1,376.92
				$1,376.92	$0.00	$1,376.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.00	$0.00	$210.00
				$210.00	$0.00	$210.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,442.25	$0.00	$1,442.25
				$1,442.25	$0.00	$1,442.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$757.97	$0.00	$757.97
				$757.97	$0.00	$757.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

333 - UVA-MEA-MEDICINE-CELL BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$13.20	$0.00	$13.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$13.20	$0.00	$13.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$935.90	$0.00	$935.90
Indemnity.....	.....			$15,518.28	$0.00	$15,518.28
Medical.....	.....			$27,609.97	$0.00	$27,609.97
				$44,064.15	$0.00	$44,064.15
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

334 - UVA-MDC-MEDICINE-HLTH SCI LIB-CIRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.00	$0.00	$333.00
				$333.00	$0.00	$333.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

334 - UVA-MDC-MEDICINE-HLTH SCI LIB-CIRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.00	$0.00	$333.00
				$351.50	$0.00	$351.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.75	$0.00	$74.75
				$74.75	$0.00	$74.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.00	$0.00	$53.00
				$53.00	$0.00	$53.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,721.08	$0.00	$6,721.08
				$6,721.08	$0.00	$6,721.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,163.44	$0.00	$5,163.44
				$5,163.44	$0.00	$5,163.44
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,457.92	$0.00	$3,457.92
				$3,457.92	$0.00	$3,457.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$3,177.22	$0.00	$3,177.22
Indemnity.....	.....			$119,988.13	$0.00	$119,988.13
Medical.....	.....			$1,395,598.66	$0.00	$1,395,598.66
				$1,518,764.01	$0.00	$1,518,764.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$259.00	$0.00	$259.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,379.64	$0.00	$1,379.64
				$1,638.64	$0.00	$1,638.64
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$185.00	$0.00	$185.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,545.96	$0.00	$8,545.96
				$8,730.96	$0.00	$8,730.96
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$1,931.04	$0.00	$1,931.04
Medical.....	.....			$17,447.81	$0.00	$17,447.81
				$19,508.35	$0.00	$19,508.35
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,531.51	$0.00	$1,531.51
				$1,679.51	$0.00	$1,679.51
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,809.52	$0.00	$2,809.52
				$2,809.52	$0.00	$2,809.52
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,269.51	$0.00	$12,269.51
				$12,269.51	$0.00	$12,269.51
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$54.00	$0.00	$54.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,976.88	$0.00	$5,976.88
				$6,030.88	$0.00	$6,030.88
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$612.15	$0.00	$612.15
Indemnity.....	.....			$6,034.65	$0.00	$6,034.65
Medical.....	.....			$36,878.10	$0.00	$36,878.10
				$43,524.90	$0.00	$43,524.90
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$43,207.00	$5,724.50	$48,931.50
Indemnity.....	.....			$152,289.33	$0.00	$152,289.33
Medical.....	.....			$186,200.93	$204,707.00	$390,907.93
				$381,697.26	$210,431.50	$592,128.76
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,967.56	$0.00	$2,967.56
				$2,967.56	$0.00	$2,967.56
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$354.91	$244.99	$599.90
Indemnity.....	.....			$25,883.42	$0.00	$25,883.42
Medical.....	.....			$97,357.87	$84,066.35	$181,424.22
				$123,596.20	$84,311.34	$207,907.54
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$93.88	$0.00	$93.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,472.67	$0.00	$2,472.67
				$2,566.55	$0.00	$2,566.55
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

337 - UVA-MPV-ANIMAL RESOURCE FACILITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$82.17	$0.00	$82.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,637.31	$0.00	$9,637.31
				$9,719.48	$0.00	$9,719.48
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$3,014.40	$0.00	$3,014.40
Indemnity.....	.....			$8,018.47	$0.00	$8,018.47
Medical.....	.....			$23,058.91	$0.00	$23,058.91
				$34,091.78	$0.00	$34,091.78
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$51,317.23	$5,969.49	$57,286.72
Indemnity.....	.....			$314,145.04	$0.00	$314,145.04
Medical.....	.....			$1,819,603.03	$288,773.35	$2,108,376.38
				$2,185,065.30	$294,742.84	$2,479,808.14
# of Claims	247					
# Open	2	Recovery Amount:	$0.00			

338 - UVA-NUD-NURSING SCHOOL DEANS OFC.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.30	$0.00	$177.30
				$177.30	$0.00	$177.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

338 - UVA-NUD-NURSING SCHOOL DEANS OFC.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,369.30	$0.00	$1,369.30
				$1,369.30	$0.00	$1,369.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$473.74	$0.00	$473.74
				$473.74	$0.00	$473.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,469.24	$0.00	$1,469.24
Medical.....	.....			$25,791.92	$0.00	$25,791.92
				$27,261.16	$0.00	$27,261.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

338 - UVA-NUD-NURSING SCHOOL DEANS OFC.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$890.42	$0.00	$890.42
				$890.42	$0.00	$890.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,047.40	$0.00	$4,047.40
				$4,047.40	$0.00	$4,047.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$1,469.24	$0.00	$1,469.24
Medical.....	.....			$32,750.08	$0.00	$32,750.08
				$34,237.82	$0.00	$34,237.82
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

339 - UVA-HOS-MC HSC SECURITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$691.74	$0.00	$691.74
Medical.....	.....			$8,962.76	$0.00	$8,962.76
				$9,654.50	$0.00	$9,654.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

339 - UVA-HOS-MC HSC SECURITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.53	$0.00	$319.53
				$338.03	$0.00	$338.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$691.74	$0.00	$691.74
Medical.....	.....			$9,282.29	$0.00	$9,282.29
				$9,992.53	$0.00	$9,992.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1985	7/1/1984 - 6/30/1985					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$744.73**	**$0.00**	**$744.73**
				$744.73	**$0.00**	**$744.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,426.87**	**$0.00**	**$8,426.87**
				$8,426.87	**$0.00**	**$8,426.87**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,748.01**	**$0.00**	**$1,748.01**
				$1,822.01	**$0.00**	**$1,822.01**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,266.74**	**$0.00**	**$5,266.74**
				$5,359.24	**$0.00**	**$5,359.24**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,228.64**	**$0.00**	**$10,228.64**
				$10,339.64	**$0.00**	**$10,339.64**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$121.73**	**$0.00**	**$121.73**
Medical				**$24,172.14**	**$0.00**	**$24,172.14**
				$24,386.37	**$0.00**	**$24,386.37**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,498.98**	**$0.00**	**$1,498.98**
				$1,535.98	**$0.00**	**$1,535.98**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,009.86**	**$0.00**	**$16,009.86**
				$16,009.86	**$0.00**	**$16,009.86**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$63,449.13**	**$0.00**	**$63,449.13**
				$63,449.13	**$0.00**	**$63,449.13**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,646.98**	**$0.00**	**$16,646.98**
				$16,646.98	**$0.00**	**$16,646.98**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$630.81	$0.00	$630.81
Medical.....	.....			$33,814.80	$0.00	$33,814.80
				$34,445.61	$0.00	$34,445.61
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$284.26	$0.00	$284.26
Indemnity.....	.....			$1,561.96	$0.00	$1,561.96
Medical.....	.....			$64,598.12	$0.00	$64,598.12
				$66,444.34	$0.00	$66,444.34
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$145.88	$0.00	$145.88
Medical.....	.....			$14,136.28	$0.00	$14,136.28
				$14,290.16	$0.00	$14,290.16
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,226.14	$0.00	$5,226.14
				$5,226.14	$0.00	$5,226.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

33 - UVA-ATD ATHLETIC DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$9,383.27**	**$0.00**	**$9,383.27**
Indemnity				**$201,703.49**	**$0.00**	**$201,703.49**
Medical				**$143,899.33**	**$0.00**	**$143,899.33**
				$354,986.09	**$0.00**	**$354,986.09**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$20.07**	**$0.00**	**$20.07**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,226.40**	**$0.00**	**$6,226.40**
				$6,246.47	**$0.00**	**$6,246.47**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,934.61**	**$0.00**	**$3,934.61**
				$3,970.61	**$0.00**	**$3,970.61**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$10,138.60**	**$0.00**	**$10,138.60**
Indemnity				**$204,163.87**	**$0.00**	**$204,163.87**
Medical				**$420,027.76**	**$0.00**	**$420,027.76**
				$634,330.23	**$0.00**	**$634,330.23**
# of Claims	**115**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

340 - UVA-FM-Health Sys PP Zone 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

340 - UVA-FM-Health Sys PP Zone 1

WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$531.63**	**$0.00**	**$531.63**
Medical				**$1,275.30**	**$0.00**	**$1,275.30**
				$1,806.93	**$0.00**	**$1,806.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,003.67**	**$0.00**	**$1,003.67**
		$1,003.67	**$0.00**	**$1,003.67**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$55.50**	**$0.00**	**$55.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,320.43**	**$0.00**	**$2,320.43**
		$2,375.93	**$0.00**	**$2,375.93**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$74.00**	**$0.00**	**$74.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,040.63**	**$0.00**	**$1,040.63**
		$1,114.63	**$0.00**	**$1,114.63**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

340 - UVA-FM-Health Sys PP Zone 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,378.16	$0.00	$1,378.16
				$1,433.66	$0.00	$1,433.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$226.53	$0.00	$226.53
Medical.....	.....			$11,307.24	$0.00	$11,307.24
				$11,589.27	$0.00	$11,589.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,123.45	$0.00	$1,123.45
				$1,123.45	$0.00	$1,123.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,728.52	$0.00	$12,728.52
Medical.....	.....			$30,389.60	$0.00	$30,389.60
				$43,118.12	$0.00	$43,118.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

340 - UVA-FM-Health Sys PP Zone 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$44.00	$0.00	$44.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$33.91	$0.00	$33.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,650.75	$0.00	$7,650.75
				$7,684.66	$0.00	$7,684.66
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$11.71	$0.00	$11.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$973.10	$0.00	$973.10
				$984.81	$0.00	$984.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,321.19	$0.00	$2,321.19
				$2,321.19	$0.00	$2,321.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

340 - UVA-FM-Health Sys PP Zone 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,255.17	$0.00	$2,255.17
				$2,255.17	$0.00	$2,255.17
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$330.12	$0.00	$330.12
Indemnity.....	.....			$13,486.68	$0.00	$13,486.68
Medical.....	.....			$63,038.69	$0.00	$63,038.69
				$76,855.49	$0.00	$76,855.49
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

341 - UVA-TMC-THE MARKEY CTR FOR CELL SG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$827.20	$0.00	$827.20
				$827.20	$0.00	$827.20
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

341 - UVA-TMC-THE MARKEY CTR FOR CELL SG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$575.81	$0.00	$575.81
				$594.31	$0.00	$594.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.75	$0.00	$392.75
				$392.75	$0.00	$392.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$630.90	$0.00	$630.90
				$630.90	$0.00	$630.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,426.66	$0.00	$2,426.66
				$2,445.16	$0.00	$2,445.16
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

342 - UVA-FM-Svc Call Crew

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

342 - UVA-FM-Svc Call Crew

WC1999	**7/1/1998 - 6/30/1999**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$60.85**	**$0.00**	**$60.85**
			$60.85	**$0.00**	**$60.85**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$103.00**	**$0.00**	**$103.00**
		$103.00	**$0.00**	**$103.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,047.85**	**$0.00**	**$1,047.85**
		$1,047.85	**$0.00**	**$1,047.85**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,132.84**	**$0.00**	**$1,132.84**
		$1,169.84	**$0.00**	**$1,169.84**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$37.00	**$0.00**	**$37.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

342 - UVA-FM-Svc Call Crew

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$206.50	$0.00	$206.50
				$225.00	$0.00	$225.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,633.06	$0.00	$3,633.06
Medical.....	.....			$15,228.31	$0.00	$15,228.31
				$18,861.37	$0.00	$18,861.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,609.74	$0.00	$3,609.74
Medical.....	.....			$5,404.25	$0.00	$5,404.25
				$9,013.99	$0.00	$9,013.99
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,463.15	$0.00	$1,463.15
				$1,463.15	$0.00	$1,463.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

342 - UVA-FM-Svc Call Crew

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,538.33**	**$0.00**	**$1,538.33**
				$1,538.33	**$0.00**	**$1,538.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$92.50**	**$0.00**	**$92.50**
Indemnity				**$7,242.80**	**$0.00**	**$7,242.80**
Medical				**$26,185.08**	**$0.00**	**$26,185.08**
				$33,520.38	**$0.00**	**$33,520.38**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

343 - UVA-FM-Maint-Central Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$323.70**	**$0.00**	**$323.70**
				$323.70	**$0.00**	**$323.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$324.00**	**$0.00**	**$324.00**
				$324.00	**$0.00**	**$324.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

343 - UVA-FM-Maint-Central Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$374.00	$0.00	$374.00
				$374.00	$0.00	$374.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$7,018.17	$0.00	$7,018.17
Medical.....	.....			$8,091.93	$0.00	$8,091.93
				$15,147.10	$0.00	$15,147.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,186.74	$0.00	$2,186.74
				$2,242.24	$0.00	$2,242.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$488.95	$0.00	$488.95
				$507.45	$0.00	$507.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

343 - UVA-FM-Maint-Central Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,962.92	$0.00	$1,962.92
				$2,036.92	$0.00	$2,036.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,719.06	$0.00	$1,719.06
				$1,737.56	$0.00	$1,737.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,460.07	$0.00	$1,460.07
Medical.....	.....			$4,006.49	$0.00	$4,006.49
				$5,466.56	$0.00	$5,466.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.40	$0.00	$392.40
				$392.40	$0.00	$392.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

343 - UVA-FM-Maint-Central Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,778.02**	**$0.00**	**$3,778.02**
Medical				**$1,200.13**	**$0.00**	**$1,200.13**
				$4,978.15	**$0.00**	**$4,978.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18,690.93**	**$0.00**	**$18,690.93**
				$18,690.93	**$0.00**	**$18,690.93**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$25.92**	**$0.00**	**$25.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,650.51**	**$0.00**	**$1,650.51**
				$1,676.43	**$0.00**	**$1,676.43**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

343 - UVA-FM-Maint-Central Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$12.68	$0.00	$12.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$242.10	$0.00	$242.10
Indemnity.....	.....			$12,256.26	$0.00	$12,256.26
Medical.....	.....			$41,411.76	$0.00	$41,411.76
				$53,910.12	$0.00	$53,910.12
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

344 - UVA-FM-Maint-Plumbing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

344 - UVA-FM-Maint-Plumbing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$181.80**	**$0.00**	**$181.80**
				$181.80	**$0.00**	**$181.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$576.94**	**$0.00**	**$576.94**
				$595.44	**$0.00**	**$595.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

344 - UVA-FM-Maint-Plumbing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,056.00**	**$0.00**	**$1,056.00**
				$1,056.00	**$0.00**	**$1,056.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$419.94**	**$0.00**	**$419.94**
				$443.94	**$0.00**	**$443.94**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$802.86**	**$0.00**	**$802.86**
				$802.86	**$0.00**	**$802.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$416.24**	**$0.00**	**$416.24**
				$416.24	**$0.00**	**$416.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$79.50**	**$0.00**	**$79.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,453.78**	**$0.00**	**$3,453.78**
				$3,533.28	**$0.00**	**$3,533.28**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

345 - UVA-FM-Mt Lake Biol Station

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

346 - UVA-FM-Lockshop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$233.64**	**$0.00**	**$233.64**
				$233.64	**$0.00**	**$233.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,558.35**	**$0.00**	**$7,558.35**
				$7,613.85	**$0.00**	**$7,613.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

346 - UVA-FM-Lockshop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$478.39**	**$0.00**	**$478.39**
				$533.89	**$0.00**	**$533.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.00**	**$0.00**	**$171.00**
				$171.00	**$0.00**	**$171.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$129.50**	**$0.00**	**$129.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,441.38**	**$0.00**	**$8,441.38**
				$8,570.88	**$0.00**	**$8,570.88**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

347 - UVA-FM-Fire Protection

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,044.14	$0.00	$1,044.14
				$1,044.14	$0.00	$1,044.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$1,736.06	$0.00	$1,736.06
Medical.....	.....			$7,274.82	$0.00	$7,274.82
				$9,029.38	$0.00	$9,029.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$456.63	$0.00	$456.63
				$475.13	$0.00	$475.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$692.68	$0.00	$692.68
				$748.18	$0.00	$748.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

347 - UVA-FM-Fire Protection

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$365.15**	**$0.00**	**$365.15**
				$383.65	**$0.00**	**$383.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.00**	**$0.00**	**$171.00**
				$171.00	**$0.00**	**$171.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,144.87**	**$0.00**	**$14,144.87**
Medical				**$6,712.66**	**$0.00**	**$6,712.66**
				$20,857.53	**$0.00**	**$20,857.53**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,014.84**	**$0.00**	**$1,014.84**
Medical				**$36,478.55**	**$0.00**	**$36,478.55**
				$37,501.39	**$0.00**	**$37,501.39**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$11.71**	**$0.00**	**$11.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,332.43**	**$0.00**	**$1,332.43**
				$1,344.14	**$0.00**	**$1,344.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

347 - UVA-FM-Fire Protection

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$812.50	$0.00	$812.50
				$820.50	$0.00	$820.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$15.36	$0.00	$15.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$420.23	$0.00	$420.23
				$435.59	$0.00	$435.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$154.07	$0.00	$154.07
Indemnity.....	.....			$16,895.77	$0.00	$16,895.77
Medical.....	.....			$55,760.79	$0.00	$55,760.79
				$72,810.63	$0.00	$72,810.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

348 - UVA-FM-Maint Svc-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.96	$0.00	$201.96
				$201.96	$0.00	$201.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

348 - UVA-FM-Maint Svc-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$426.00	$0.00	$426.00
				$426.00	$0.00	$426.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,342.61	$0.00	$3,342.61
				$3,398.11	$0.00	$3,398.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.00	$0.00	$214.00
				$232.50	$0.00	$232.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$372.24	$0.00	$372.24
				$390.74	$0.00	$390.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

348 - UVA-FM-Maint Svc-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.91	$0.00	$151.91
				$170.41	$0.00	$170.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.75	$0.00	$243.75
				$243.75	$0.00	$243.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$754.05	$0.00	$754.05
				$754.05	$0.00	$754.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,821.15	$0.00	$2,821.15
				$2,821.15	$0.00	$2,821.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

348 - UVA-FM-Maint Svc-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,090.00	$0.00	$2,090.00
				$2,090.00	$0.00	$2,090.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$129.82	$0.00	$129.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,617.67	$0.00	$10,617.67
				$10,747.49	$0.00	$10,747.49
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

349 - UVA-FM-Roofing Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.00	$0.00	$385.00
				$385.00	$0.00	$385.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

349 - UVA-FM-Roofing Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$184.43**	**$0.00**	**$184.43**
Medical				**$325.00**	**$0.00**	**$325.00**
				$527.93	**$0.00**	**$527.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,466.09**	**$0.00**	**$2,466.09**
				$2,503.09	**$0.00**	**$2,503.09**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$744.38**	**$0.00**	**$744.38**
				$744.38	**$0.00**	**$744.38**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$7,922.21**	**$0.00**	**$7,922.21**
Medical				**$7,091.75**	**$0.00**	**$7,091.75**
				$15,021.96	**$0.00**	**$15,021.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$63.50**	**$0.00**	**$63.50**
Indemnity				**$8,106.64**	**$0.00**	**$8,106.64**
Medical				**$11,012.22**	**$0.00**	**$11,012.22**
				$19,182.36	**$0.00**	**$19,182.36**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$872.00**	**$0.00**	**$872.00**
				$872.00	**$0.00**	**$872.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$53.00**	**$0.00**	**$53.00**
				$53.00	**$0.00**	**$53.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,399.96**	**$0.00**	**$2,399.96**
Medical				**$10,312.39**	**$0.00**	**$10,312.39**
				$12,712.35	**$0.00**	**$12,712.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,363.49	$0.00	$1,363.49
				$1,418.99	$0.00	$1,418.99
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,179.40	$0.00	$4,179.40
				$4,290.40	$0.00	$4,290.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$488.43	$0.00	$488.43
Medical.....	.....			$1,415.51	$0.00	$1,415.51
				$1,977.94	$0.00	$1,977.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$891.90	$0.00	$891.90
				$928.90	$0.00	$928.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$423.21	$0.00	$423.21
Medical.....	.....			$1,270.37	$0.00	$1,270.37
				$1,693.58	$0.00	$1,693.58
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,097.42	$0.00	$3,097.42
				$3,097.42	$0.00	$3,097.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$31.50	$0.00	$31.50
Indemnity.....	.....			$15,890.59	$0.00	$15,890.59
Medical.....	.....			$39,528.09	$0.00	$39,528.09
				$55,450.18	$0.00	$55,450.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,707.48	$0.00	$1,707.48
				$1,707.48	$0.00	$1,707.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$431.09	$0.00	$431.09
				$431.09	$0.00	$431.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$33.82	$0.00	$33.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,729.76	$0.00	$2,729.76
				$2,763.58	$0.00	$2,763.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,718.34	$0.00	$1,718.34
				$1,726.34	$0.00	$1,726.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$23.90	$0.00	$23.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,668.20	$0.00	$1,668.20
				$1,692.10	$0.00	$1,692.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$32.39	$0.00	$32.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,306.02	$0.00	$1,306.02
				$1,338.41	$0.00	$1,338.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

34 - UVA-ATM ATHLETICS-INTRAMURALS DEPT

Grand Totals

Expense.....	**$425.61**	**$0.00**	**$425.61**
Indemnity.....	**$19,202.19**	**$0.00**	**$19,202.19**
Medical.....	**$72,544.46**	**$0.00**	**$72,544.46**
	$92,172.26	**$0.00**	**$92,172.26**

# of Claims 55

 # Open 0 **Recovery Amount:** $0.00

350 - UVA-FM-Elevator Shop

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$5,682.00**	**$0.00**	**$5,682.00**
	$5,682.00	**$0.00**	**$5,682.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$611.46**	**$0.00**	**$611.46**
	$611.46	**$0.00**	**$611.46**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

350 - UVA-FM-Elevator Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$908.76	$0.00	$908.76
				$908.76	$0.00	$908.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,202.22	$0.00	$7,202.22
				$7,202.22	$0.00	$7,202.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

351 - UVA-FM-N Grds Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$210.03	$0.00	$210.03
Medical.....	.....			$421.00	$0.00	$421.00
				$631.03	$0.00	$631.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.00	$0.00	$230.00
				$230.00	$0.00	$230.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

351 - UVA-FM-N Grds Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.75	$0.00	$92.75
				$92.75	$0.00	$92.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$258.50	$0.00	$258.50
				$295.50	$0.00	$295.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,869.67	$0.00	$5,869.67
				$5,925.17	$0.00	$5,925.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$739.50	$0.00	$739.50
				$758.00	$0.00	$758.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

351 - UVA-FM-N Grds Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$44.56	$0.00	$44.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$44.56	$0.00	$44.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$27,924.39	$0.00	$27,924.39
Indemnity.....	.....			$173,342.52	$0.00	$173,342.52
Medical.....	.....			$201,177.97	$0.00	$201,177.97
				$402,444.88	$0.00	$402,444.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

351 - UVA-FM-N Grds Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$491.40	$0.00	$491.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,670.78	$0.00	$2,670.78
				$3,162.18	$0.00	$3,162.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

351 - UVA-FM-N Grds Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$99.09**	**$0.00**	**$99.09**
				$99.09	**$0.00**	**$99.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$28,626.85**	**$0.00**	**$28,626.85**
Indemnity				**$173,552.55**	**$0.00**	**$173,552.55**
Medical				**$211,559.26**	**$0.00**	**$211,559.26**
				$413,738.66	**$0.00**	**$413,738.66**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

352 - UVA-FM-E&U Utility Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$836.00**	**$0.00**	**$836.00**
				$836.00	**$0.00**	**$836.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$572.21**	**$0.00**	**$572.21**
				$609.21	**$0.00**	**$609.21**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

352 - UVA-FM-E&U Utility Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,086.55	$0.00	$1,086.55
				$1,105.05	$0.00	$1,105.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$413.10	$0.00	$413.10
				$431.60	$0.00	$431.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$978.50	$0.00	$978.50
				$1,015.50	$0.00	$1,015.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$790.99	$0.00	$790.99
				$790.99	$0.00	$790.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

352 - UVA-FM-E&U Utility Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,058.85	$0.00	$5,058.85
				$5,058.85	$0.00	$5,058.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,499.52	$0.00	$1,499.52
				$1,499.52	$0.00	$1,499.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.40	$0.00	$392.40
				$392.40	$0.00	$392.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,083.06	$0.00	$6,083.06
				$6,083.06	$0.00	$6,083.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

352 - UVA-FM-E&U Utility Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$544.42	$0.00	$544.42
Indemnity.....	.....			$29,195.74	$0.00	$29,195.74
Medical.....	.....			$45,575.95	$0.00	$45,575.95
				$75,316.11	$0.00	$75,316.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$47.22	$0.00	$47.22
Indemnity.....	.....			$1,657.73	$0.00	$1,657.73
Medical.....	.....			$13,364.42	$0.00	$13,364.42
				$15,069.37	$0.00	$15,069.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,040.37	$0.00	$15,040.37
				$15,048.37	$0.00	$15,048.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.18	$0.00	$148.18
				$148.18	$0.00	$148.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

352 - UVA-FM-E&U Utility Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$710.64	$0.00	$710.64
Indemnity.....	.....			$30,853.47	$0.00	$30,853.47
Medical.....	.....			$91,840.10	$0.00	$91,840.10
				$123,404.21	$0.00	$123,404.21
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

353 - UVA-FM-E&U Power and Light

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,028.80	$0.00	$1,028.80
				$1,047.30	$0.00	$1,047.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.00	$0.00	$154.00
				$172.50	$0.00	$172.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

353 - UVA-FM-E&U Power and Light

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$882.95	$0.00	$882.95
				$882.95	$0.00	$882.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,547.80	$0.00	$14,547.80
				$14,547.80	$0.00	$14,547.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$811.04	$0.00	$811.04
				$811.04	$0.00	$811.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,175.15	$0.00	$1,175.15
				$1,175.15	$0.00	$1,175.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

353 - UVA-FM-E&U Power and Light

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$762.44	$0.00	$762.44
Medical.....	.....			$17,157.71	$0.00	$17,157.71
				$17,928.15	$0.00	$17,928.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$45.00	$0.00	$45.00
Indemnity.....	.....			$762.44	$0.00	$762.44
Medical.....	.....			$35,757.45	$0.00	$35,757.45
				$36,564.89	$0.00	$36,564.89
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

354 - UVA-FM-E&U Systems Control

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.70	$0.00	$572.70
				$591.20	$0.00	$591.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.70	$0.00	$572.70
				$591.20	$0.00	$591.20

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

354 - UVA-FM-E&U Systems Control

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

355 - UVA-FM-E&U Chiller Plants

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007			
Expense.....	.....	$37.00	$0.00	$37.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,067.97	$0.00	$1,067.97
		$1,104.97	$0.00	$1,104.97

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008			
Expense.....	.....	$18.50	$0.00	$18.50
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$617.01	$0.00	$617.01
		$635.51	$0.00	$635.51

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016			
Expense.....	.....	$13.21	$0.00	$13.21
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$67.59	$0.00	$67.59
		$80.80	$0.00	$80.80

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018			
Expense.....	.....	$41.40	$0.00	$41.40
Indemnity.....	.....	$2,625.88	$0.00	$2,625.88
Medical.....	.....	$41,604.03	$0.00	$41,604.03
		$44,271.31	$0.00	$44,271.31

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

355 - UVA-FM-E&U Chiller Plants

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,057.61	$3,593.36	$6,650.97
				$3,076.43	$3,593.36	$6,669.79
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$128.93	$0.00	$128.93
Indemnity.....	.....			$2,625.88	$0.00	$2,625.88
Medical.....	.....			$46,414.21	$3,593.36	$50,007.57
				$49,169.02	$3,593.36	$52,762.38
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

356 - UVA-FM-HS Work Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$537.38	$0.00	$537.38
				$574.38	$0.00	$574.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

356 - UVA-FM-HS Work Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$744.93	$0.00	$744.93
				$818.93	$0.00	$818.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.30	$0.00	$195.30
				$195.30	$0.00	$195.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,477.61	$0.00	$1,477.61
				$1,607.11	$0.00	$1,607.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

357 - UVA-FM-HS Elevator

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.50	$0.00	$201.50
				$220.00	$0.00	$220.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

357 - UVA-FM-HS Elevator

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$507.60	$0.00	$507.60
				$507.60	$0.00	$507.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.20	$0.00	$319.20
				$319.20	$0.00	$319.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,028.30	$0.00	$1,028.30
				$1,065.30	$0.00	$1,065.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

358 - UVA-FM-Health Sys PP Zone 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

358 - UVA-FM-Health Sys PP Zone 3

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$129.00**	**$0.00**	**$129.00**
				$147.50	**$0.00**	**$147.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$61,722.63**	**$0.00**	**$61,722.63**
Medical		**$87,456.60**	**$0.00**	**$87,456.60**
		$149,179.23	**$0.00**	**$149,179.23**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$40,773.46**	**$0.00**	**$40,773.46**
Medical		**$12,960.70**	**$0.00**	**$12,960.70**
		$53,742.16	**$0.00**	**$53,742.16**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

358 - UVA-FM-Health Sys PP Zone 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$476.45	$0.00	$476.45
Indemnity.....	.....			$111,484.13	$0.00	$111,484.13
Medical.....	.....			$115,757.68	$22,543.75	$138,301.43
				$227,718.26	$22,543.75	$250,262.01
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,882.89	$0.00	$4,882.89
				$4,882.89	$0.00	$4,882.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$117.25	$0.00	$117.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,512.57	$0.00	$5,512.57
				$5,629.82	$0.00	$5,629.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,721.93	$0.00	$7,721.93
				$7,721.93	$0.00	$7,721.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

358 - UVA-FM-Health Sys PP Zone 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$638.70	$0.00	$638.70
Indemnity.....	.....			$213,980.22	$0.00	$213,980.22
Medical.....	.....			$234,421.37	$22,543.75	$256,965.12
				$449,040.29	$22,543.75	$471,584.04
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

359 - UVA-FM-HS Grounds Maint &FM-HS Ren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.26	$0.00	$207.26
				$207.26	$0.00	$207.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.00	$0.00	$131.00
				$131.00	$0.00	$131.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

359 - UVA-FM-HS Grounds Maint &FM-HS Ren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,233.13	$0.00	$1,233.13
				$1,288.63	$0.00	$1,288.63
# of Claims	5					
# Open	0	Recovery Amount:	-$154.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$259.00	$0.00	$259.00
Indemnity.....	.....			$4,166.63	$0.00	$4,166.63
Medical.....	.....			$12,277.72	$0.00	$12,277.72
				$16,703.35	$0.00	$16,703.35
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$277.50	$0.00	$277.50
Indemnity.....	.....			$346.07	$0.00	$346.07
Medical.....	.....			$22,677.07	$0.00	$22,677.07
				$23,300.64	$0.00	$23,300.64
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$6,755.02	$0.00	$6,755.02
Indemnity.....	.....			$13,160.44	$0.00	$13,160.44
Medical.....	.....			$82,727.47	$0.00	$82,727.47
				$102,642.93	$0.00	$102,642.93
# of Claims	9					
# Open	0	Recovery Amount:	-$263.24			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

359 - UVA-FM-HS Grounds Maint &FM-HS Ren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$13,538.01	$204.20	$13,742.21
Indemnity.....	.....			$250,964.20	$0.00	$250,964.20
Medical.....	.....			$86,156.82	$28,870.80	$115,027.62
				$350,659.03	$29,075.00	$379,734.03
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,196.92	$0.00	$4,196.92
Medical.....	.....			$6,593.51	$0.00	$6,593.51
				$10,790.43	$0.00	$10,790.43
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,183.22	$0.00	$2,183.22
Medical.....	.....			$6,265.26	$0.00	$6,265.26
				$8,448.48	$0.00	$8,448.48
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,465.00	$0.00	$2,465.00
				$2,465.00	$0.00	$2,465.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

359 - UVA-FM-HS Grounds Maint &FM-HS Ren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,919.29	$0.00	$5,919.29
Medical.....	.....			$12,469.53	$0.00	$12,469.53
				$18,388.82	$0.00	$18,388.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,444.31	$0.00	$9,444.31
Medical.....	.....			$22,444.53	$0.00	$22,444.53
				$31,888.84	$0.00	$31,888.84
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28,513.16	$7,938.84	$36,452.00
Indemnity.....	.....			$266,921.87	$3,592.48	$270,514.35
Medical.....	.....			$170,838.69	$31,747.58	$202,586.27
				$466,273.72	$43,278.90	$509,552.62
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,231.45	$0.00	$2,231.45
Medical.....	.....			$20,059.32	$0.00	$20,059.32
				$22,298.77	$0.00	$22,298.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

359 - UVA-FM-HS Grounds Maint &FM-HS Ren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$104.22	$0.00	$104.22
Medical.....	.....			$9,149.94	$0.00	$9,149.94
				$9,262.16	$0.00	$9,262.16
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$49,414.19	$8,143.04	$57,557.23
Indemnity.....	.....			$559,638.62	$3,592.48	$563,231.10
Medical.....	.....			$455,696.25	$60,618.38	$516,314.63
				$1,064,749.06	$72,353.90	$1,137,102.96
# of Claims	102					
# Open	2	Recovery Amount:	-$417.44			

35 - UVA-ATT ATHLETICS-USHERS/TICKET TAK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,032.81	$0.00	$11,032.81
				$11,032.81	$0.00	$11,032.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,032.81	$0.00	$11,032.81
				$11,032.81	$0.00	$11,032.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

360 - UVA-FM-Project Services-Sign Shop

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

360 - UVA-FM-Project Services-Sign Shop

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$183.39**	**$0.00**	**$183.39**
				$201.89	**$0.00**	**$201.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$731.66**	**$0.00**	**$731.66**
				$731.66	**$0.00**	**$731.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$276.70**	**$0.00**	**$276.70**
				$276.70	**$0.00**	**$276.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,474.37**	**$0.00**	**$3,474.37**
				$3,474.37	**$0.00**	**$3,474.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,666.12**	**$0.00**	**$4,666.12**
				$4,684.62	**$0.00**	**$4,684.62**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

361 - UVA-FM-Supt-Specialty Trades

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

361 - UVA-FM-Supt-Specialty Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,766.55	$0.00	$7,766.55
Medical.....	.....			$9,499.67	$0.00	$9,499.67
				$17,266.22	$0.00	$17,266.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,993.85	$0.00	$10,993.85
Medical.....	.....			$13,035.44	$0.00	$13,035.44
				$24,029.29	$0.00	$24,029.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,947.50	$0.00	$2,947.50
Indemnity.....	.....			$63,023.10	$0.00	$63,023.10
Medical.....	.....			$63,432.26	$0.00	$63,432.26
				$129,402.86	$0.00	$129,402.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$658.20	$0.00	$658.20
Medical.....	.....			$4,679.39	$0.00	$4,679.39
				$5,345.59	$0.00	$5,345.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,955.50	$0.00	$2,955.50
Indemnity.....	.....			$82,441.70	$0.00	$82,441.70
Medical.....	.....			$90,646.76	$0.00	$90,646.76
				$176,043.96	$0.00	$176,043.96
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

361 - UVA-FM-Supt-Specialty Trades

362 - UVA-FM-Facilities Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.80	$0.00	$27.80
				$64.80	$0.00	$64.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$923.99	$0.00	$923.99
				$960.99	$0.00	$960.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$606.55	$0.00	$606.55
				$625.05	$0.00	$625.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.00	$0.00	$116.00
				$116.00	$0.00	$116.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

362 - UVA-FM-Facilities Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$559.40	$0.00	$559.40
				$559.40	$0.00	$559.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,071.68	$0.00	$1,071.68
				$1,071.68	$0.00	$1,071.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,305.42	$0.00	$3,305.42
				$3,397.92	$0.00	$3,397.92
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

363 - UVA-FM-Support Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,271.94	$0.00	$4,271.94
Medical.....	.....			$8,448.31	$0.00	$8,448.31
				$12,720.25	$0.00	$12,720.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,271.94	$0.00	$4,271.94
Medical.....	.....			$8,448.31	$0.00	$8,448.31
				$12,720.25	$0.00	$12,720.25

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

363 - UVA-FM-Support Services

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

364 - UVA-FM-Admin

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005				
Expense.....	.....		$18.50	$0.00	$18.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,378.60	$0.00	$4,378.60
			$4,397.10	$0.00	$4,397.10
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007				
Expense.....	.....		$18.50	$0.00	$18.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$101.00	$0.00	$101.00
			$119.50	$0.00	$119.50
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008				
Expense.....	.....		$18.50	$0.00	$18.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$18.50	$0.00	$18.50
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,178.58	$0.00	$1,178.58
			$1,178.58	$0.00	$1,178.58
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Grand Totals					
Expense.....	.....		$55.50	$0.00	$55.50
Indemnity.....	.....		$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

364 - UVA-FM-Admin

Medical			**$5,658.18**	**$0.00**	**$5,658.18**
			$5,713.68	**$0.00**	**$5,713.68**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

365 - UVA-FM-Space and Real Estate

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$460.00**	**$0.00**	**$460.00**
				$460.00	**$0.00**	**$460.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$460.00**	**$0.00**	**$460.00**
				$460.00	**$0.00**	**$460.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

366 - UVA-FM-FP&C Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$594.50**	**$0.00**	**$594.50**
				$594.50	**$0.00**	**$594.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

366 - UVA-FM-FP&C Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16.86**	**$0.00**	**$16.86**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,684.97**	**$0.00**	**$10,684.97**
				$10,701.83	**$0.00**	**$10,701.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$35.36**	**$0.00**	**$35.36**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,279.47**	**$0.00**	**$11,279.47**
				$11,314.83	**$0.00**	**$11,314.83**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

368 - UVA-FM-ASBO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$250.00	$0.00	$250.00
				$268.50	$0.00	$268.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$250.00	$0.00	$250.00
				$268.50	$0.00	$268.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

369 - UVA-FM-FP&C Academic

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$495.13	$0.00	$495.13
				$513.63	$0.00	$513.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

369 - UVA-FM-FP&C Academic

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$585.19**	**$0.00**	**$585.19**
				$585.19	**$0.00**	**$585.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,886.18**	**$0.00**	**$1,886.18**
				$1,886.18	**$0.00**	**$1,886.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$514.13**	**$0.00**	**$514.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,089.06**	**$0.00**	**$17,089.06**
				$17,603.19	**$0.00**	**$17,603.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$532.63**	**$0.00**	**$532.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20,158.56**	**$0.00**	**$20,158.56**
				$20,691.19	**$0.00**	**$20,691.19**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

36 - UVA-ATU ATHLETICS-UNIVERSITY HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,164.55**	**$0.00**	**$6,164.55**
				$6,164.55	**$0.00**	**$6,164.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,321.91**	**$0.00**	**$3,321.91**
Medical				**$8,671.28**	**$0.00**	**$8,671.28**
				$11,993.19	**$0.00**	**$11,993.19**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,827.18**	**$0.00**	**$1,827.18**
				$1,864.18	**$0.00**	**$1,864.18**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

36 - UVA-ATU ATHLETICS-UNIVERSITY HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$255.53	$0.00	$255.53
				$274.03	$0.00	$274.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$658.68	$0.00	$658.68
				$695.68	$0.00	$695.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$1,464.61	$0.00	$1,464.61
Medical.....	.....			$6,407.35	$0.00	$6,407.35
				$7,945.96	$0.00	$7,945.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$15,456.97	$0.00	$15,456.97
Indemnity.....	.....			$302,653.94	$0.00	$302,653.94
Medical.....	.....			$10,980.41	$0.00	$10,980.41
				$329,091.32	$0.00	$329,091.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$384.25	$0.00	$384.25
				$384.25	$0.00	$384.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

36 - UVA-ATU ATHLETICS-UNIVERSITY HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.40	$0.00	$191.40
				$191.40	$0.00	$191.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$15,623.47	$0.00	$15,623.47
Indemnity.....	.....			$307,440.46	$0.00	$307,440.46
Medical.....	.....			$35,540.63	$0.00	$35,540.63
				$358,604.56	$0.00	$358,604.56
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

370 - UVA-FM-Eng & Design-Project & Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$721.63	$0.00	$721.63
				$740.13	$0.00	$740.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

370 - UVA-FM-Eng & Design-Project & Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$721.63	$0.00	$721.63
				$740.13	$0.00	$740.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

371 - UVA-FM-Finance Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$991.61	$0.00	$991.61
				$1,028.61	$0.00	$1,028.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

371 - UVA-FM-Finance Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$15,402.61	$8,945.39	$24,348.00
Indemnity.....	.....			$265,881.40	$0.00	$265,881.40
Medical.....	.....			$206,950.44	$412,216.69	$619,167.13
				$488,234.45	$421,162.08	$909,396.53
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$15,439.61	$8,945.39	$24,385.00
Indemnity.....	.....			$265,881.40	$0.00	$265,881.40
Medical.....	.....			$207,942.05	$412,216.69	$620,158.74
				$489,263.06	$421,162.08	$910,425.14
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

372 - UVA-FM-Occupancy Expense

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.00	$0.00	$311.00
				$311.00	$0.00	$311.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.00	$0.00	$311.00
				$311.00	$0.00	$311.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

373 - UVA-FM-Information Systems

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

373 - UVA-FM-Information Systems

WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.60**	**$0.00**	**$255.60**
				$255.60	**$0.00**	**$255.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$465.90**	**$0.00**	**$465.90**
		$465.90	**$0.00**	**$465.90**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$721.50**	**$0.00**	**$721.50**
	$721.50	**$0.00**	**$721.50**
# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

374 - UVA-FM-Financial Operations

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

374 - UVA-FM-Financial Operations

WC2010	**7/1/2009 - 6/30/2010**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$893.50**	**$0.00**	**$893.50**
			$893.50	**$0.00**	**$893.50**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$893.50**	**$0.00**	**$893.50**
			$893.50	**$0.00**	**$893.50**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

375 - UVA-FM-O&M Work Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$338.92**	**$0.00**	**$338.92**
				$338.92	**$0.00**	**$338.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$124.00**	**$0.00**	**$124.00**
				$142.50	**$0.00**	**$142.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

375 - UVA-FM-O&M Work Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$386.55	$0.00	$386.55
				$405.05	$0.00	$405.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,056.90	$0.00	$1,056.90
				$1,056.90	$0.00	$1,056.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.50	$0.00	$399.50
				$399.50	$0.00	$399.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$59.53	$0.00	$59.53
Medical.....	.....			$3,570.36	$0.00	$3,570.36
				$3,637.89	$0.00	$3,637.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

375 - UVA-FM-O&M Work Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.66	$0.00	$199.66
				$199.66	$0.00	$199.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.30	$0.00	$210.30
				$210.30	$0.00	$210.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$45.00	$0.00	$45.00
Indemnity.....	.....			$59.53	$0.00	$59.53
Medical.....	.....			$6,286.19	$0.00	$6,286.19
				$6,390.72	$0.00	$6,390.72
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

376 - UVA-FM-Project Svcs-Acad Const Mgt

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

376 - UVA-FM-Project Svcs-Acad Const Mgt

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,041.00**	**$0.00**	**$1,041.00**
			$1,041.00	**$0.00**	**$1,041.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,064.56**	**$0.00**	**$2,064.56**
		$2,083.06	**$0.00**	**$2,083.06**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$18.50**	**$0.00**	**$18.50**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$3,105.56**	**$0.00**	**$3,105.56**
	$3,124.06	**$0.00**	**$3,124.06**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

377 - UVA-FM-Project Svcs-Administration

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$31,108.73**	**$0.00**	**$31,108.73**
Medical		**$46,163.29**	**$0.00**	**$46,163.29**
		$77,290.52	**$0.00**	**$77,290.52**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

377 - UVA-FM-Project Svcs-Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,049.20	$0.00	$2,049.20
				$2,049.20	$0.00	$2,049.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,450.55	$0.00	$2,450.55
Indemnity.....	.....			$17,185.63	$0.00	$17,185.63
Medical.....	.....			$20,851.02	$0.00	$20,851.02
				$40,487.20	$0.00	$40,487.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,575.10	$0.00	$2,575.10
				$2,575.10	$0.00	$2,575.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,469.05	$0.00	$2,469.05
Indemnity.....	.....			$48,294.36	$0.00	$48,294.36
Medical.....	.....			$71,638.61	$0.00	$71,638.61
				$122,402.02	$0.00	$122,402.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

378 - UVA-FM-Project Services-Carpentry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$837.16**	**$0.00**	**$837.16**
				$837.16	**$0.00**	**$837.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$95.00**	**$0.00**	**$95.00**
				$113.50	**$0.00**	**$113.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$627.55**	**$0.00**	**$627.55**
				$664.55	**$0.00**	**$664.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$738.84**	**$0.00**	**$738.84**
				$794.34	**$0.00**	**$794.34**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

378 - UVA-FM-Project Services-Carpentry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$4,275.49**	**$0.00**	**$4,275.49**
Medical				**$7,687.67**	**$0.00**	**$7,687.67**
				$12,037.16	**$0.00**	**$12,037.16**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,026.50**	**$0.00**	**$1,026.50**
				$1,063.50	**$0.00**	**$1,063.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,053.92**	**$0.00**	**$3,053.92**
				$3,053.92	**$0.00**	**$3,053.92**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,918.80**	**$0.00**	**$1,918.80**
				$1,918.80	**$0.00**	**$1,918.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,875.48**	**$0.00**	**$1,875.48**
				$1,875.48	**$0.00**	**$1,875.48**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

378 - UVA-FM-Project Services-Carpentry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,825.89	$0.00	$9,825.89
				$9,825.89	$0.00	$9,825.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,594.21	$0.00	$4,594.21
				$4,594.21	$0.00	$4,594.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,683.60	$0.00	$17,683.60
				$17,699.60	$0.00	$17,699.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$46.48	$0.00	$46.48
Indemnity.....	.....			$7,504.31	$0.00	$7,504.31
Medical.....	.....			$46,420.45	$0.00	$46,420.45
				$53,971.24	$0.00	$53,971.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$138.99	$0.00	$138.99
Indemnity.....	.....			$21,443.69	$0.00	$21,443.69
Medical.....	.....			$109,765.65	$0.00	$109,765.65
				$131,348.33	$0.00	$131,348.33
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

378 - UVA-FM-Project Services-Carpentry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,083.00	$0.00	$2,083.00
Indemnity.....	.....			$17,059.26	$0.00	$17,059.26
Medical.....	.....			$54,280.02	$0.00	$54,280.02
				$73,422.28	$0.00	$73,422.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$46.86	$0.00	$46.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,229.96	$0.00	$6,229.96
				$6,276.82	$0.00	$6,276.82
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$77.52	$0.00	$77.52
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,722.35	$0.00	$2,722.35
				$2,799.87	$0.00	$2,799.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,630.85	$0.00	$2,630.85
Indemnity.....	.....			$50,282.75	$0.00	$50,282.75
Medical.....	.....			$269,383.05	$0.00	$269,383.05
				$322,296.65	$0.00	$322,296.65
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

379 - UVA-FM-Project Svcs-MasonryPlaster

Policy	Policy Period			Paid to Date	Outstanding	Incurred

207 - UNIVERSITY OF VIRGINIA

379 - UVA-FM-Project Svcs-MasonryPlaster

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$475.84**	**$0.00**	**$475.84**
				$475.84	**$0.00**	**$475.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$676.04**	**$0.00**	**$676.04**
		$694.54	**$0.00**	**$694.54**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,495.62**	**$0.00**	**$1,495.62**
		$1,532.62	**$0.00**	**$1,532.62**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$466.89**	**$0.00**	**$466.89**
		$503.89	**$0.00**	**$503.89**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,559.87**	**$0.00**	**$2,559.87**
		$2,559.87	**$0.00**	**$2,559.87**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

379 - UVA-FM-Project Svcs-MasonryPlaster

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,570.06**	**$0.00**	**$2,570.06**
Medical				**$6,230.77**	**$0.00**	**$6,230.77**
				$8,800.83	**$0.00**	**$8,800.83**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,864.02**	**$0.00**	**$1,864.02**
				$1,864.02	**$0.00**	**$1,864.02**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,871.91**	**$0.00**	**$3,871.91**
Medical				**$9,614.82**	**$0.00**	**$9,614.82**
				$13,486.73	**$0.00**	**$13,486.73**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$494.70**	**$0.00**	**$494.70**
Medical				**$1,833.56**	**$0.00**	**$1,833.56**
				$2,328.26	**$0.00**	**$2,328.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

379 - UVA-FM-Project Svcs-MasonryPlaster

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$4,597.56	$7,662.60	$12,260.16
Medical.....	.....			$811.53	$13,188.47	$14,000.00
				$5,427.91	$20,851.07	$26,278.98
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$111.32	$0.00	$111.32
Indemnity.....	.....			$11,534.23	$7,662.60	$19,196.83
Medical.....	.....			$26,028.96	$13,188.47	$39,217.43
				$37,674.51	$20,851.07	$58,525.58
# of Claims	23					
# Open	1	Recovery Amount:	$0.00			

37 - UVA-ATW ATHLETICS-WOMENS SPORTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

37 - UVA-ATW ATHLETICS-WOMENS SPORTS

WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,823.40**	**$0.00**	**$1,823.40**
			$1,841.90	**$0.00**	**$1,841.90**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,823.40**	**$0.00**	**$1,823.40**
			$1,841.90	**$0.00**	**$1,841.90**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

380 - UVA-FM-Proj Svcs-Mechanical Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$248.00**	**$0.00**	**$248.00**
				$248.00	**$0.00**	**$248.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,220.96**	**$0.00**	**$2,220.96**
Medical				**$12,689.99**	**$0.00**	**$12,689.99**
				$14,910.95	**$0.00**	**$14,910.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

380 - UVA-FM-Proj Svcs-Mechanical Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$193.00**	**$0.00**	**$193.00**
				$211.50	**$0.00**	**$211.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$753.59**	**$0.00**	**$753.59**
				$772.09	**$0.00**	**$772.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$2,323.16**	**$0.00**	**$2,323.16**
Medical				**$2,574.82**	**$0.00**	**$2,574.82**
				$4,916.48	**$0.00**	**$4,916.48**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$684.52**	**$0.00**	**$684.52**
				$684.52	**$0.00**	**$684.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

380 - UVA-FM-Proj Svcs-Mechanical Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,117.95**	**$0.00**	**$3,117.95**
				$3,117.95	**$0.00**	**$3,117.95**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$654.97**	**$0.00**	**$654.97**
				$654.97	**$0.00**	**$654.97**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$24.50**	**$0.00**	**$24.50**
Indemnity				**$2,514.91**	**$0.00**	**$2,514.91**
Medical				**$8,841.71**	**$0.00**	**$8,841.71**
				$11,381.12	**$0.00**	**$11,381.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,790.90**	**$0.00**	**$2,790.90**
				$2,790.90	**$0.00**	**$2,790.90**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

380 - UVA-FM-Proj Svcs-Mechanical Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$926.42**	**$0.00**	**$926.42**
Medical				**$2,426.06**	**$0.00**	**$2,426.06**
				$3,360.48	**$0.00**	**$3,360.48**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$91.15**	**$0.00**	**$91.15**
Indemnity				**$1,117.84**	**$0.00**	**$1,117.84**
Medical				**$21,484.12**	**$0.00**	**$21,484.12**
				$22,693.11	**$0.00**	**$22,693.11**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,574.29**	**$0.00**	**$9,574.29**
				$9,574.29	**$0.00**	**$9,574.29**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$44.86**	**$0.00**	**$44.86**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,637.88**	**$0.00**	**$3,637.88**
				$3,682.74	**$0.00**	**$3,682.74**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$224.01**	**$0.00**	**$224.01**
Indemnity				**$9,103.29**	**$0.00**	**$9,103.29**
Medical				**$69,671.80**	**$0.00**	**$69,671.80**
				$78,999.10	**$0.00**	**$78,999.10**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

381 - UVA-FM-Project Services-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,168.10**	**$0.00**	**$1,168.10**
				$1,186.60	**$0.00**	**$1,186.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,356.34**	**$0.00**	**$1,356.34**
				$1,411.84	**$0.00**	**$1,411.84**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,290.39**	**$0.00**	**$1,290.39**
				$1,327.39	**$0.00**	**$1,327.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$127.00**	**$0.00**	**$127.00**
				$127.00	**$0.00**	**$127.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

381 - UVA-FM-Project Services-Electrical

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,406.05**	**$0.00**	**$2,406.05**
				$2,406.05	**$0.00**	**$2,406.05**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,184.47**	**$0.00**	**$1,184.47**
Medical				**$2,102.14**	**$0.00**	**$2,102.14**
				$3,286.61	**$0.00**	**$3,286.61**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.50**	**$0.00**	**$121.50**
				$121.50	**$0.00**	**$121.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,802.29**	**$0.00**	**$5,802.29**
				$5,802.29	**$0.00**	**$5,802.29**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$111.00**	**$0.00**	**$111.00**
Indemnity				**$1,184.47**	**$0.00**	**$1,184.47**
Medical				**$14,373.81**	**$0.00**	**$14,373.81**
				$15,669.28	**$0.00**	**$15,669.28**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

382 - UVA-FM-Project Services-Shtmetal

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$585.31	$0.00	$585.31
				$603.81	$0.00	$603.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,312.00	$0.00	$3,312.00
				$3,312.00	$0.00	$3,312.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$282.60	$0.00	$282.60
Medical.....	.....			$2,872.42	$0.00	$2,872.42
				$3,155.02	$0.00	$3,155.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,835.26	$0.00	$3,835.26
				$3,835.26	$0.00	$3,835.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,270.50**	**$0.00**	**$4,270.50**
Medical				**$7,386.74**	**$0.00**	**$7,386.74**
				$11,657.24	**$0.00**	**$11,657.24**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$50.00**	**$68.50**
Indemnity				**$4,553.10**	**$0.00**	**$4,553.10**
Medical				**$17,991.73**	**$1,200.00**	**$19,191.73**
				$22,563.33	**$1,250.00**	**$23,813.33**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

383 - UVA-FM-Proj Svcs-Specialty Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$871.93**	**$0.00**	**$871.93**
				$908.93	**$0.00**	**$908.93**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

383 - UVA-FM-Proj Svcs-Specialty Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,338.05	$0.00	$2,338.05
				$2,338.05	$0.00	$2,338.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$584.01	$0.00	$584.01
Medical.....	.....			$2,556.52	$0.00	$2,556.52
				$3,140.53	$0.00	$3,140.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,537.57	$0.00	$3,537.57
				$3,537.57	$0.00	$3,537.57
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$15.90	$0.00	$15.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,852.51	$0.00	$1,852.51
				$1,868.41	$0.00	$1,868.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

383 - UVA-FM-Proj Svcs-Specialty Trades

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$13.21	$0.00	$13.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,362.44	$0.00	$2,362.44
				$2,375.65	$0.00	$2,375.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,043.60	$0.00	$3,043.60
				$3,043.60	$0.00	$3,043.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$360.98	$0.00	$360.98
				$360.98	$0.00	$360.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$66.11	$0.00	$66.11
Indemnity.....	.....			$584.01	$0.00	$584.01
Medical.....	.....			$16,923.60	$0.00	$16,923.60
				$17,573.72	$0.00	$17,573.72
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

384 - UVA-FMW - FM -RENOV-FURNITURE SHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

384 - UVA-FMW - FM -RENOV-FURNITURE SHOP

WC2007	**7/1/2006 - 6/30/2007**				
Expense.....	**.....**		**$18.50**	**$0.00**	**$18.50**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$18.50	**$0.00**	**$18.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**				
Expense.....	**.....**		**$18.50**	**$0.00**	**$18.50**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,498.16**	**$0.00**	**$1,498.16**
			$1,516.66	**$0.00**	**$1,516.66**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$37.00**	**$0.00**	**$37.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,498.16**	**$0.00**	**$1,498.16**
			$1,535.16	**$0.00**	**$1,535.16**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

385 - UVA-FM-Project Svcs-Asbestos Crew

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**				
Expense.....	**.....**		**$18.50**	**$0.00**	**$18.50**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$981.71**	**$0.00**	**$981.71**
			$1,000.21	**$0.00**	**$1,000.21**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

385 - UVA-FM-Project Svcs-Asbestos Crew

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$184.36	$0.00	$184.36
				$202.86	$0.00	$202.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$384.25	$0.00	$384.25
				$384.25	$0.00	$384.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,550.32	$0.00	$1,550.32
				$1,587.32	$0.00	$1,587.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

386 - UVA-FM-Project Services-Paint

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.00	$0.00	$129.00
				$147.50	$0.00	$147.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

386 - UVA-FM-Project Services-Paint

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$342.42	$0.00	$342.42
				$342.42	$0.00	$342.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,809.56	$0.00	$1,809.56
Medical.....	.....			$11,942.13	$0.00	$11,942.13
				$13,751.69	$0.00	$13,751.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$1,809.56	$0.00	$1,809.56
Medical.....	.....			$12,413.55	$0.00	$12,413.55
				$14,241.61	$0.00	$14,241.61
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

387 - UVA-FM-N GRDS MAINT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

387 - UVA-FM-N GRDS MAINT

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,158.10**	**$0.00**	**$1,158.10**
				$1,158.10	**$0.00**	**$1,158.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$124.00**	**$0.00**	**$124.00**
		$142.50	**$0.00**	**$142.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$331.50**	**$0.00**	**$331.50**
		$350.00	**$0.00**	**$350.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,936.03**	**$0.00**	**$1,936.03**
		$1,936.03	**$0.00**	**$1,936.03**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$786.58**	**$0.00**	**$786.58**
		$786.58	**$0.00**	**$786.58**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

387 - UVA-FM-N GRDS MAINT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$695.53	$0.00	$695.53
Medical.....	.....			$10,762.10	$0.00	$10,762.10
				$11,457.63	$0.00	$11,457.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.40	$0.00	$257.40
				$257.40	$0.00	$257.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,344.55	$0.00	$2,344.55
Medical.....	.....			$34,541.22	$0.00	$34,541.22
				$36,885.77	$0.00	$36,885.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.00	$0.00	$210.00
				$210.00	$0.00	$210.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

387 - UVA-FM-N GRDS MAINT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.97	$0.00	$231.97
				$231.97	$0.00	$231.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$3,040.08	$0.00	$3,040.08
Medical.....	.....			$50,338.90	$0.00	$50,338.90
				$53,415.98	$0.00	$53,415.98
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

388 - UVA-ANC- ANIMAL RESEARCH COMMITTEE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.18	$0.00	$12.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.40	$0.00	$202.40
				$214.58	$0.00	$214.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$12.18	$0.00	$12.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.40	$0.00	$202.40
				$214.58	$0.00	$214.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

389 - UVA-MD - MICR - MICROBIOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

389 - UVA-MD - MICR - MICROBIOLOGY

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$873.58**	**$0.00**	**$873.58**
			$873.58	**$0.00**	**$873.58**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$875.29**	**$0.00**	**$875.29**
		$893.79	**$0.00**	**$893.79**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$227.02**	**$0.00**	**$227.02**
		$245.52	**$0.00**	**$245.52**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

389 - UVA-MD - MICR - MICROBIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.00	$0.00	$138.00
				$156.50	$0.00	$156.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,523.06	$0.00	$2,523.06
				$2,523.06	$0.00	$2,523.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$18.82	$431.18	$450.00
Indemnity.....	.....			$999.12	$0.00	$999.12
Medical.....	.....			$7,800.28	$10,680.24	$18,480.52
				$8,818.22	$11,111.42	$19,929.64
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

389 - UVA-MD - MICR - MICROBIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,154.90	$0.00	$1,154.90
				$1,154.90	$0.00	$1,154.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,801.77	$0.00	$12,801.77
				$12,801.77	$0.00	$12,801.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$698.10	$0.00	$698.10
				$698.10	$0.00	$698.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$92.82	$431.18	$524.00
Indemnity.....	.....			$999.12	$0.00	$999.12
Medical.....	.....			$27,092.00	$10,680.24	$37,772.24
				$28,183.94	$11,111.42	$39,295.36
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

38 - UVA-AUD AUDITORS OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

38 - UVA-AUD AUDITORS OFFICE-UNIVERSITY

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$127.00**	**$0.00**	**$127.00**
			$127.00	**$0.00**	**$127.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$48.00**	**$0.00**	**$48.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$47.00**	**$0.00**	**$47.00**
		$95.00	**$0.00**	**$95.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$46,054.13**	**$0.00**	**$46,054.13**
		$46,054.13	**$0.00**	**$46,054.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$12.68**	**$0.00**	**$12.68**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$327.45**	**$0.00**	**$327.45**
		$340.13	**$0.00**	**$340.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$60.68**	**$0.00**	**$60.68**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$46,555.58**	**$0.00**	**$46,555.58**
		$46,616.26	**$0.00**	**$46,616.26**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

390 - UVA-Resident Advisors

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

390 - UVA-Resident Advisors

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,694.20**	**$0.00**	**$1,694.20**
				$1,694.20	**$0.00**	**$1,694.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$459.00**	**$0.00**	**$459.00**
				$495.00	**$0.00**	**$495.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,153.20**	**$0.00**	**$2,153.20**
				$2,189.20	**$0.00**	**$2,189.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

392 - UVA-FM-McCormick Rd Maint

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$11.70**	**$0.00**	**$11.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$115.00**	**$0.00**	**$115.00**
				$126.70	**$0.00**	**$126.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

392 - UVA-FM-McCormick Rd Maint

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$44.05	$0.00	$44.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,370.91	$0.00	$5,370.91
				$5,414.96	$0.00	$5,414.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$892.98	$0.00	$892.98
				$892.98	$0.00	$892.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$55.75	$0.00	$55.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,378.89	$0.00	$6,378.89
				$6,434.64	$0.00	$6,434.64
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

394 - UVA-FM-Central Grounds Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$19.70	$0.00	$19.70
Indemnity.....	.....			$3,209.34	$0.00	$3,209.34
Medical.....	.....			$21,119.69	$0.00	$21,119.69
				$24,348.73	$0.00	$24,348.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

394 - UVA-FM-Central Grounds Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$282.20	$0.00	$282.20
				$282.20	$0.00	$282.20
# of Claims	2					
# Open	0	Recovery Amount:	-$282.20			
Grand Totals						
Expense.....	.....			$19.70	$0.00	$19.70
Indemnity.....	.....			$3,209.34	$0.00	$3,209.34
Medical.....	.....			$21,401.89	$0.00	$21,401.89
				$24,630.93	$0.00	$24,630.93
# of Claims	6					
# Open	0	Recovery Amount:	-$282.20			

395 - UVA-FM-Newcomb Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,333.41	$0.00	$4,333.41
Medical.....	.....			$17,636.64	$0.00	$17,636.64
				$21,978.05	$0.00	$21,978.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$12.70	$0.00	$12.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,596.39	$0.00	$2,596.39
				$2,609.09	$0.00	$2,609.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

395 - UVA-FM-Newcomb Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$17.40	$0.00	$17.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,120.63	$0.00	$2,120.63
				$2,138.03	$0.00	$2,138.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,369.05	$0.00	$6,369.05
				$6,369.05	$0.00	$6,369.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$38.10	$0.00	$38.10
Indemnity.....	.....			$4,333.41	$0.00	$4,333.41
Medical.....	.....			$28,722.71	$0.00	$28,722.71
				$33,094.22	$0.00	$33,094.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

396 - UVA-FM-Housing Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,109.13	$0.00	$5,109.13
				$5,109.13	$0.00	$5,109.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

396 - UVA-FM-Housing Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$221.70**	**$0.00**	**$221.70**
				$221.70	**$0.00**	**$221.70**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$29.10**	**$0.00**	**$29.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,567.66**	**$0.00**	**$4,567.66**
				$4,596.76	**$0.00**	**$4,596.76**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$309.24**	**$0.00**	**$309.24**
				$317.24	**$0.00**	**$317.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$25.92**	**$0.00**	**$25.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$665.36**	**$0.00**	**$665.36**
				$691.28	**$0.00**	**$691.28**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$63.02**	**$0.00**	**$63.02**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,873.09**	**$0.00**	**$10,873.09**
				$10,936.11	**$0.00**	**$10,936.11**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

397 - UVA-FM-Housing Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,414.83	$0.00	$2,414.83
				$2,414.83	$0.00	$2,414.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,593.91	$0.00	$19,593.91
				$19,593.91	$0.00	$19,593.91
# of Claims	16					
# Open	0	Recovery Amount:	-$2,703.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$13.21	$0.00	$13.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.29	$0.00	$557.29
				$570.50	$0.00	$570.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.20	$0.00	$12.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,219.58	$0.00	$1,219.58
				$1,231.78	$0.00	$1,231.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

397 - UVA-FM-Housing Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,298.87	$0.00	$1,298.87
				$1,298.87	$0.00	$1,298.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$30.24	$38.58	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$134.41	$3,065.59	$3,200.00
				$164.65	$3,104.17	$3,268.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$55.65	$38.58	$94.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25,218.89	$3,065.59	$28,284.48
				$25,274.54	$3,104.17	$28,378.71
# of Claims	35					
# Open	1	Recovery Amount:	-$2,703.52			

398 - UVA-FM-E&U Instr & Meter Reading

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$12.71	$0.00	$12.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$608.96	$0.00	$608.96
				$621.67	$0.00	$621.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12.71	$0.00	$12.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$608.96	$0.00	$608.96
				$621.67	$0.00	$621.67
# of Claims	1					

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

398 - UVA-FM-E&U Instr & Meter Reading

# Open	**0**	**Recovery Amount:**	**$0.00**

399 - UVA-FM-Health Sys PP Zone 4

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,665.84**	**$0.00**	**$1,665.84**
			$1,665.84	**$0.00**	**$1,665.84**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$8.00	**$0.00**	**$8.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals				
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,665.84**	**$0.00**	**$1,665.84**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

399 - UVA-FM-Health Sys PP Zone 4

				$1,673.84	$0.00	$1,673.84
# of Claims	5				
# Open	0	Recovery Amount:	$0.00		

39 - UVA-BAM BAYLY MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$112.00	$0.00	$112.00
				$112.00	$0.00	$112.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$256.00	$0.00	$256.00
				$256.00	$0.00	$256.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$697.54	$0.00	$697.54
Indemnity.....	.....			$3,312.86	$0.00	$3,312.86
Medical.....	.....			$8,656.21	$0.00	$8,656.21
				$12,666.61	$0.00	$12,666.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

39 - UVA-BAM BAYLY MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$662.31**	**$0.00**	**$662.31**
				$662.31	**$0.00**	**$662.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,501.18**	**$0.00**	**$3,501.18**
				$3,501.18	**$0.00**	**$3,501.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

39 - UVA-BAM BAYLY MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,637.27**	**$0.00**	**$1,637.27**
				$1,637.27	**$0.00**	**$1,637.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$697.54**	**$0.00**	**$697.54**
Indemnity				**$3,312.86**	**$0.00**	**$3,312.86**
Medical				**$14,824.97**	**$0.00**	**$14,824.97**
				$18,835.37	**$0.00**	**$18,835.37**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

3 - UVA-AFO-AFRO-AMERICAN AFFAIRS-DEAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.25**	**$0.00**	**$27.25**
				$27.25	**$0.00**	**$27.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

3 - UVA-AFO-AFRO-AMERICAN AFFAIRS-DEAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$674.54	$0.00	$674.54
				$674.54	$0.00	$674.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,096.50	$0.00	$1,096.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,561.59	$0.00	$27,561.59
				$28,658.09	$0.00	$28,658.09
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$2,371.29	$0.00	$2,371.29
Indemnity.....	.....			$25,215.46	$0.00	$25,215.46
Medical.....	.....			$48,174.22	$0.00	$48,174.22
				$75,760.97	$0.00	$75,760.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,467.79	$0.00	$3,467.79
Indemnity.....	.....			$25,215.46	$0.00	$25,215.46
Medical.....	.....			$76,437.60	$0.00	$76,437.60
				$105,120.85	$0.00	$105,120.85
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

400 - UVA-FM-Health Sys PP Zone 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

400 - UVA-FM-Health Sys PP Zone 2

WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$10,088.24**	**$0.00**	**$10,088.24**
Medical				**$107,241.02**	**$0.00**	**$107,241.02**
				$117,337.26	**$0.00**	**$117,337.26**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$18.61**	**$0.00**	**$18.61**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,329.42**	**$0.00**	**$2,329.42**
				$2,348.03	**$0.00**	**$2,348.03**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,509.73**	**$0.00**	**$2,509.73**
				$2,509.73	**$0.00**	**$2,509.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$26.61**	**$0.00**	**$26.61**
Indemnity				**$10,088.24**	**$0.00**	**$10,088.24**
Medical				**$112,080.17**	**$0.00**	**$112,080.17**
				$122,195.02	**$0.00**	**$122,195.02**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

401 - UVA-FM-ARTS PRECINCT ZONE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

401 - UVA-FM-ARTS PRECINCT ZONE

WC2015	**7/1/2014 - 6/30/2015**				
Expense			**$15.40**	**$0.00**	**$15.40**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$581.47**	**$0.00**	**$581.47**
			$596.87	**$0.00**	**$596.87**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$15.40**	**$0.00**	**$15.40**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$581.47**	**$0.00**	**$581.47**
			$596.87	**$0.00**	**$596.87**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

404 - UVA-FM-E&U GIS Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$967.75**	**$0.00**	**$967.75**
			$967.75	**$0.00**	**$967.75**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$967.75**	**$0.00**	**$967.75**
			$967.75	**$0.00**	**$967.75**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

405 - UVA-FM-West Grounds Zone

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

405 - UVA-FM-West Grounds Zone

WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$12.21**	**$0.00**	**$12.21**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,511.21**	**$0.00**	**$10,511.21**
				$10,523.42	**$0.00**	**$10,523.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$988.59**	**$0.00**	**$988.59**
Indemnity				**$2,418.51**	**$0.00**	**$2,418.51**
Medical				**$34,539.57**	**$0.00**	**$34,539.57**
				$37,946.67	**$0.00**	**$37,946.67**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,016.10**	**$0.00**	**$1,016.10**
				$1,024.10	**$0.00**	**$1,024.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,008.80**	**$0.00**	**$1,008.80**
Indemnity				**$2,418.51**	**$0.00**	**$2,418.51**
Medical				**$46,066.88**	**$0.00**	**$46,066.88**
				$49,494.19	**$0.00**	**$49,494.19**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

40 - UVA-BIO BIOLOGY DEPT

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

40 - UVA-BIO BIOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$105.93**	**$0.00**	**$105.93**
				$105.93	**$0.00**	**$105.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$786.00**	**$0.00**	**$786.00**
				$786.00	**$0.00**	**$786.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,453.14**	**$0.00**	**$3,453.14**
				$3,453.14	**$0.00**	**$3,453.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$153.00**	**$0.00**	**$153.00**
				$171.50	**$0.00**	**$171.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

40 - UVA-BIO BIOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$124.00**	**$0.00**	**$124.00**
				$142.50	**$0.00**	**$142.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$505.68**	**$0.00**	**$505.68**
				$579.68	**$0.00**	**$579.68**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$373.00**	**$0.00**	**$373.00**
				$373.00	**$0.00**	**$373.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

40 - UVA-BIO BIOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,135.30**	**$0.00**	**$2,135.30**
				$2,135.30	**$0.00**	**$2,135.30**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,074.40**	**$0.00**	**$1,074.40**
				$1,074.40	**$0.00**	**$1,074.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

40 - UVA-BIO BIOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,451.50**	**$0.00**	**$1,451.50**
				$1,451.50	**$0.00**	**$1,451.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,137.00**	**$0.00**	**$3,137.00**
				$3,137.00	**$0.00**	**$3,137.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,774.46**	**$0.00**	**$3,774.46**
				$3,774.46	**$0.00**	**$3,774.46**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$27.48**	**$0.00**	**$27.48**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,505.41**	**$0.00**	**$1,505.41**
				$1,532.89	**$0.00**	**$1,532.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$156.98**	**$0.00**	**$156.98**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18,578.82**	**$0.00**	**$18,578.82**
				$18,735.80	**$0.00**	**$18,735.80**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

41 - UVA-BLA BLANDY EXPERIMENTAL FARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$474.80**	**$0.00**	**$474.80**
				$474.80	**$0.00**	**$474.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$573.36**	**$0.00**	**$573.36**
				$591.86	**$0.00**	**$591.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

41 - UVA-BLA BLANDY EXPERIMENTAL FARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,194.74**	**$0.00**	**$2,194.74**
				$2,194.74	**$0.00**	**$2,194.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$782.83**	**$0.00**	**$782.83**
				$782.83	**$0.00**	**$782.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$816.71**	**$0.00**	**$816.71**
				$816.71	**$0.00**	**$816.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,288.03**	**$0.00**	**$1,288.03**
				$1,288.03	**$0.00**	**$1,288.03**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$418.12**	**$0.00**	**$418.12**
				$418.12	**$0.00**	**$418.12**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

41 - UVA-BLA BLANDY EXPERIMENTAL FARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$50.00**	**$68.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,593.59**	**$1,200.00**	**$7,793.59**
				$6,612.09	**$1,250.00**	**$7,862.09**
# of Claims	**16**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

43 - UVA-BRV BLUE RIDGE-PHYS MED & REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,023.00**	**$0.00**	**$1,023.00**
				$1,023.00	**$0.00**	**$1,023.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

43 - UVA-BRV BLUE RIDGE-PHYS MED & REHAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$459.00	$0.00	$459.00
				$459.00	$0.00	$459.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.45	$0.00	$303.45
				$321.95	$0.00	$321.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,785.45	$0.00	$1,785.45
				$1,803.95	$0.00	$1,803.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

44 - UVA-BUD BUDGET OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$346.24	$0.00	$346.24
Medical.....	.....			$333.25	$0.00	$333.25
				$679.49	$0.00	$679.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

44 - UVA-BUD BUDGET OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$958.10	$0.00	$958.10
				$958.10	$0.00	$958.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$373.21	$0.00	$373.21
Medical.....	.....			$3,055.75	$0.00	$3,055.75
				$3,428.96	$0.00	$3,428.96
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,118.17	$0.00	$1,118.17
Medical.....	.....			$7,323.10	$0.00	$7,323.10
				$8,441.27	$0.00	$8,441.27
# of Claims	6					
# Open	0	Recovery Amount:	-$70.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,433.40	$0.00	$4,433.40
Medical.....	.....			$4,952.93	$0.00	$4,952.93
				$9,386.33	$0.00	$9,386.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

44 - UVA-BUD BUDGET OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$375.35	$0.00	$375.35
Indemnity.....	.....			$17,254.77	$0.00	$17,254.77
Medical.....	.....			$30,471.96	$0.00	$30,471.96
				$48,102.08	$0.00	$48,102.08
# of Claims	7					
# Open	0	Recovery Amount:	-$253.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$175.00	$0.00	$175.00
Indemnity.....	.....			$23,525.52	$0.00	$23,525.52
Medical.....	.....			$30,629.58	$0.00	$30,629.58
				$54,330.10	$0.00	$54,330.10
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,213.25	$0.00	$4,213.25
Medical.....	.....			$9,960.69	$0.00	$9,960.69
				$14,173.94	$0.00	$14,173.94
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,757.20	$0.00	$1,757.20
Medical.....	.....			$13,324.26	$0.00	$13,324.26
				$15,081.46	$0.00	$15,081.46
# of Claims	12					
# Open	0	Recovery Amount:	-$338.60			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

44 - UVA-BUD BUDGET OFFICE-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,155.59	$0.00	$2,155.59
				$2,155.59	$0.00	$2,155.59
# of Claims	8					
# Open	0	Recovery Amount:	-$48.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$916.45	$0.00	$916.45
				$916.45	$0.00	$916.45
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$550.35	$0.00	$550.35
Indemnity.....	.....			$53,021.76	$0.00	$53,021.76
Medical.....	.....			$104,081.66	$0.00	$104,081.66
				$157,653.77	$0.00	$157,653.77
# of Claims	89					
# Open	0	Recovery Amount:	-$711.12			

45 - UVA-FM-O&M Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,238.11	$0.00	$6,238.11
Medical.....	.....			$4,222.51	$0.00	$4,222.51
				$10,460.62	$0.00	$10,460.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

45 - UVA-FM-O&M Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$759.50**	**$0.00**	**$759.50**
				$759.50	**$0.00**	**$759.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$996.58**	**$0.00**	**$996.58**
				$996.58	**$0.00**	**$996.58**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$571.00**	**$0.00**	**$571.00**
				$645.00	**$0.00**	**$645.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$1,758.92**	**$0.00**	**$1,758.92**
Medical				**$3,901.57**	**$0.00**	**$3,901.57**
				$5,734.49	**$0.00**	**$5,734.49**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

45 - UVA-FM-O&M Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.64	$0.00	$466.64
				$485.14	$0.00	$485.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,243.30	$0.00	$1,243.30
				$1,243.30	$0.00	$1,243.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$745.20	$0.00	$745.20
				$745.20	$0.00	$745.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$166.50	$0.00	$166.50
Indemnity.....	.....			$7,997.03	$0.00	$7,997.03
Medical.....	.....			$12,906.30	$0.00	$12,906.30
				$21,069.83	$0.00	$21,069.83
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

46 - UVA-FM-Landscape

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

46 - UVA-FM-Landscape

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,819.29**	**$0.00**	**$8,819.29**
Medical				**$76,704.90**	**$0.00**	**$76,704.90**
				$85,524.19	**$0.00**	**$85,524.19**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$238.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,648.94**	**$0.00**	**$7,648.94**
Medical				**$93,119.48**	**$0.00**	**$93,119.48**
				$100,768.42	**$0.00**	**$100,768.42**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$8,333.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,938.35**	**$0.00**	**$2,938.35**
				$2,956.85	**$0.00**	**$2,956.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$129.50**	**$0.00**	**$129.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,152.15**	**$0.00**	**$2,152.15**
				$2,281.65	**$0.00**	**$2,281.65**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$240.50**	**$0.00**	**$240.50**
Indemnity				**$7,466.05**	**$0.00**	**$7,466.05**
Medical				**$9,521.69**	**$0.00**	**$9,521.69**
				$17,228.24	**$0.00**	**$17,228.24**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

46 - UVA-FM-Landscape

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,401.02	$0.00	$3,401.02
				$3,456.52	$0.00	$3,456.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$104.55	$0.00	$104.55
Indemnity.....	.....			$1,183.91	$0.00	$1,183.91
Medical.....	.....			$11,348.49	$0.00	$11,348.49
				$12,636.95	$0.00	$12,636.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,908.02	$100.00	$4,008.02
Indemnity.....	.....			$188,087.14	$0.00	$188,087.14
Medical.....	.....			$77,029.55	$15,113.54	$92,143.09
				$269,024.71	$15,213.54	$284,238.25
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,989.35	$0.00	$1,989.35
Medical.....	.....			$18,005.92	$0.00	$18,005.92
				$19,995.27	$0.00	$19,995.27
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

46 - UVA-FM-Landscape

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$34,456.58	$18.82	$34,475.40
Indemnity.....	.....			$162,346.81	$0.00	$162,346.81
Medical.....	.....			$102,334.84	$68,639.83	$170,974.67
				$299,138.23	$68,658.65	$367,796.88
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,905.72	$0.00	$1,905.72
Medical.....	.....			$29,219.75	$0.00	$29,219.75
				$31,125.47	$0.00	$31,125.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,332.08	$0.00	$21,332.08
Medical.....	.....			$120,279.70	$0.00	$120,279.70
				$141,611.78	$0.00	$141,611.78
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,132.32	$0.00	$8,132.32
Medical.....	.....			$30,579.71	$0.00	$30,579.71
				$38,712.03	$0.00	$38,712.03
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

46 - UVA-FM-Landscape

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16,039.02	$1,447.80	$17,486.82
Indemnity.....	.....			$154,397.58	$27,378.65	$181,776.23
Medical.....	.....			$124,105.42	$72,123.81	$196,229.23
				$294,542.02	$100,950.26	$395,492.28
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$21.20	$0.00	$21.20
Indemnity.....	.....			$2,122.87	$0.00	$2,122.87
Medical.....	.....			$17,858.61	$0.00	$17,858.61
				$20,002.68	$0.00	$20,002.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$214.14	$0.00	$214.14
Indemnity.....	.....			$7,701.13	$0.00	$7,701.13
Medical.....	.....			$47,202.63	$0.00	$47,202.63
				$55,117.90	$0.00	$55,117.90
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$93.79	$0.00	$93.79
Indemnity.....	.....			$1,862.22	$0.00	$1,862.22
Medical.....	.....			$11,750.52	$0.00	$11,750.52
				$13,706.53	$0.00	$13,706.53
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

46 - UVA-FM-Landscape

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$2,547.47	$0.00	$2,547.47
Indemnity.....	.....			$10,391.42	$0.00	$10,391.42
Medical.....	.....			$76,321.04	$0.00	$76,321.04
				$89,259.93	$0.00	$89,259.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$57,828.77	$1,566.62	$59,395.39
Indemnity.....	.....			$585,386.83	$27,378.65	$612,765.48
Medical.....	.....			$853,873.77	$155,877.18	$1,009,750.95
				$1,497,089.37	$184,822.45	$1,681,911.82
# of Claims	194					
# Open	3	Recovery Amount:	-$8,571.55			

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.12	$0.00	$183.12
				$183.12	$0.00	$183.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,234.38	$0.00	$2,234.38
Medical.....	.....			$16,906.45	$0.00	$16,906.45
				$19,140.83	$0.00	$19,140.83
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,623.23	$0.00	$2,623.23
				$2,623.23	$0.00	$2,623.23
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$627.95	$0.00	$627.95
				$627.95	$0.00	$627.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.00	$0.00	$230.00
				$248.50	$0.00	$248.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$883.79	$0.00	$883.79
				$957.79	$0.00	$957.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$713.58	$0.00	$713.58
				$732.08	$0.00	$732.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,717.42	$0.00	$1,717.42
				$1,735.92	$0.00	$1,735.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,175.25	$0.00	$1,175.25
				$1,175.25	$0.00	$1,175.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,307.28	$0.00	$13,307.28
Medical.....	.....			$14,493.67	$0.00	$14,493.67
				$27,800.95	$0.00	$27,800.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,252.78	$0.00	$3,252.78
Medical.....	.....			$11,355.15	$0.00	$11,355.15
				$14,607.93	$0.00	$14,607.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$14,365.02	$200.00	$14,565.02
Indemnity.....	.....			$226,813.27	$0.00	$226,813.27
Medical.....	.....			$47,136.78	$20,270.91	$67,407.69
				$288,315.07	$20,470.91	$308,785.98
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$7,273.08	$0.00	$7,273.08
Medical.....	.....			$29,479.47	$0.00	$29,479.47
				$36,794.55	$0.00	$36,794.55
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8,153.86	$18.82	$8,172.68
Indemnity.....	.....			$39,539.05	$0.00	$39,539.05
Medical.....	.....			$50,315.14	$84,980.45	$135,295.59
				$98,008.05	$84,999.27	$183,007.32
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$51.01	$0.00	$51.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,665.33	$0.00	$1,665.33
				$1,716.34	$0.00	$1,716.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,029.00	$0.00	$1,029.00
				$1,029.00	$0.00	$1,029.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$633.19	$0.00	$633.19
				$633.19	$0.00	$633.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,893.85	$0.00	$1,893.85
				$1,893.85	$0.00	$1,893.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

47 - UVA-FM-HVAC & FM-Maint-Supt Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$21.34	$0.00	$21.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.46	$0.00	$720.46
				$741.80	$0.00	$741.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$22,762.73	$218.82	$22,981.55
Indemnity.....	.....			$292,419.84	$0.00	$292,419.84
Medical.....	.....			$183,782.83	$105,251.36	$289,034.19
				$498,965.40	$105,470.18	$604,435.58
# of Claims	108					
# Open	2	Recovery Amount:	$0.00			

48 - UVA-FM-HS Directors Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,035.37	$0.00	$8,035.37
Medical.....	.....			$14,808.12	$0.00	$14,808.12
				$22,843.49	$0.00	$22,843.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,045.65	$0.00	$8,045.65
Medical.....	.....			$42,612.19	$0.00	$42,612.19
				$50,657.84	$0.00	$50,657.84
# of Claims	13					
# Open	0	Recovery Amount:	-$3,874.20			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

48 - UVA-FM-HS Directors Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,190.95	$0.00	$5,190.95
				$5,190.95	$0.00	$5,190.95
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$465.64	$0.00	$465.64
Medical.....	.....			$14,485.20	$0.00	$14,485.20
				$14,950.84	$0.00	$14,950.84
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.00	$0.00	$95.00
				$113.50	$0.00	$113.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,898.56	$0.00	$1,898.56
				$1,917.06	$0.00	$1,917.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

48 - UVA-FM-HS Directors Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,181.45	$0.00	$1,181.45
				$1,218.45	$0.00	$1,218.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$280.62	$0.00	$280.62
Indemnity.....	.....			$1,242.09	$0.00	$1,242.09
Medical.....	.....			$17,813.77	$0.00	$17,813.77
				$19,336.48	$0.00	$19,336.48
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,041.00	$0.00	$1,041.00
				$1,041.00	$0.00	$1,041.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$875.63	$0.00	$875.63
				$875.63	$0.00	$875.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$354.62	$0.00	$354.62
Indemnity.....	.....			$17,788.75	$0.00	$17,788.75
Medical.....	.....			$100,001.87	$0.00	$100,001.87
				$118,145.24	$0.00	$118,145.24
# of Claims	57					
# Open	0	Recovery Amount:	-$3,874.20			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

49 - UVA-FM-CFO Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.00	$0.00	$241.00
				$241.00	$0.00	$241.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$368.07	$0.00	$368.07
Medical.....	.....			$529.97	$0.00	$529.97
				$898.04	$0.00	$898.04
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$368.07	$0.00	$368.07
Medical.....	.....			$770.97	$0.00	$770.97
				$1,139.04	$0.00	$1,139.04
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

4 - UVA-AFR-DEPT OF AIR SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$729.00	$0.00	$729.00
				$729.00	$0.00	$729.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$729.00	$0.00	$729.00
				$729.00	$0.00	$729.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

4 - UVA-AFR-DEPT OF AIR SCIENCE

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

50 - UVA-FM-Building Svcs

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$3,742.00	$0.00	$3,742.00
Indemnity.....	.....	$92,405.55	$0.00	$92,405.55
Medical.....	.....	$56,700.71	$0.00	$56,700.71
		$152,848.26	$0.00	$152,848.26

# of Claims 7

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,170.66	$0.00	$1,170.66
		$1,170.66	$0.00	$1,170.66

# of Claims 10

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$666.85	$0.00	$666.85
Medical.....	.....	$7,692.09	$0.00	$7,692.09
		$8,358.94	$0.00	$8,358.94

# of Claims 26

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004			
Expense.....	.....	$166.50	$0.00	$166.50
Indemnity.....	.....	$4,274.81	$0.00	$4,274.81
Medical.....	.....	$7,005.22	$0.00	$7,005.22
		$11,446.53	$0.00	$11,446.53

# of Claims 13

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

50 - UVA-FM-Building Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$370.00**	**$0.00**	**$370.00**
Indemnity				**$1,916.58**	**$0.00**	**$1,916.58**
Medical				**$6,650.63**	**$0.00**	**$6,650.63**
				$8,937.21	**$0.00**	**$8,937.21**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$203.50**	**$0.00**	**$203.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,917.21**	**$0.00**	**$4,917.21**
				$5,120.71	**$0.00**	**$5,120.71**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$166.50**	**$0.00**	**$166.50**
Indemnity				**$88.58**	**$0.00**	**$88.58**
Medical				**$2,564.49**	**$0.00**	**$2,564.49**
				$2,819.57	**$0.00**	**$2,819.57**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$132.00**	**$0.00**	**$132.00**
				$187.50	**$0.00**	**$187.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

50 - UVA-FM-Building Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,876.38	$0.00	$1,876.38
Medical.....	.....			$2,911.44	$0.00	$2,911.44
				$4,787.82	$0.00	$4,787.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$234.23	$0.00	$234.23
Medical.....	.....			$2,163.26	$0.00	$2,163.26
				$2,397.49	$0.00	$2,397.49
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,892.15	$0.00	$7,892.15
				$7,892.15	$0.00	$7,892.15
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8,143.69	$18.00	$8,161.69
Indemnity.....	.....			$447,037.03	$0.00	$447,037.03
Medical.....	.....			$372,020.83	$218,163.46	$590,184.29
				$827,201.55	$218,181.46	$1,045,383.01
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

50 - UVA-FM-Building Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$57.42	$0.00	$57.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,199.30	$0.00	$4,199.30
				$4,256.72	$0.00	$4,256.72
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$42.84	$429.16	$472.00
Indemnity.....	.....			$8,797.36	$0.00	$8,797.36
Medical.....	.....			$19,561.65	$7,950.55	$27,512.20
				$28,401.85	$8,379.71	$36,781.56
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16,579.52	$5,032.51	$21,612.03
Indemnity.....	.....			$154,744.49	$25,028.74	$179,773.23
Medical.....	.....			$219,363.70	$91,803.77	$311,167.47
				$390,687.71	$121,865.02	$512,552.73
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$856.50	$0.00	$856.50
Indemnity.....	.....			$1,345.27	$0.00	$1,345.27
Medical.....	.....			$31,096.28	$0.00	$31,096.28
				$33,298.05	$0.00	$33,298.05
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

50 - UVA-FM-Building Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,677.45	$0.00	$3,677.45
				$3,690.13	$0.00	$3,690.13
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$10,905.34	$6,844.37	$17,749.71
Indemnity.....	.....			$68,794.08	$25,298.88	$94,092.96
Medical.....	.....			$67,792.28	$29,788.63	$97,580.91
				$147,491.70	$61,931.88	$209,423.58
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$41,301.99	$12,324.04	$53,626.03
Indemnity.....	.....			$782,181.21	$50,327.62	$832,508.83
Medical.....	.....			$817,511.35	$347,706.41	$1,165,217.76
				$1,640,994.55	$410,358.07	$2,051,352.62
# of Claims	235					
# Open	4	Recovery Amount:	$0.00			

51 - UVA-BUK PHYSICAL PLANT-CUST AREA 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$966.00	$0.00	$966.00
				$966.00	$0.00	$966.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

51 - UVA-BUK PHYSICAL PLANT-CUST AREA 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,634.13	$0.00	$2,634.13
Medical.....	.....			$2,196.35	$0.00	$2,196.35
				$4,830.48	$0.00	$4,830.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.85	$0.00	$221.85
				$221.85	$0.00	$221.85
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

51 - UVA-BUK PHYSICAL PLANT-CUST AREA 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$185.00	$0.00	$185.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,466.66	$0.00	$2,466.66
				$2,651.66	$0.00	$2,651.66
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$370.02	$0.00	$370.02
Medical.....	.....			$2,569.32	$0.00	$2,569.32
				$3,031.84	$0.00	$3,031.84
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$8,220.75	$0.00	$8,220.75
Medical.....	.....			$7,917.95	$0.00	$7,917.95
				$16,286.70	$0.00	$16,286.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$185.00	$0.00	$185.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,589.64	$0.00	$4,589.64
				$4,774.64	$0.00	$4,774.64
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

51 - UVA-BUK PHYSICAL PLANT-CUST AREA 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,150.80	$0.00	$1,150.80
				$1,150.80	$0.00	$1,150.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$254.10	$0.00	$254.10
Medical.....	.....			$2,778.64	$0.00	$2,778.64
				$3,032.74	$0.00	$3,032.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$653.80	$0.00	$653.80
				$653.80	$0.00	$653.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$929.04	$0.00	$929.04
				$929.04	$0.00	$929.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$629.00	$0.00	$629.00
Indemnity.....	.....			$11,479.00	$0.00	$11,479.00
Medical.....	.....			$26,440.05	$0.00	$26,440.05
				$38,548.05	$0.00	$38,548.05
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

52 - UVA-BUL PHYSICAL PLANT-CUST AREA 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,521.76	$0.00	$9,521.76
Medical.....	.....			$30,429.12	$0.00	$30,429.12
				$39,950.88	$0.00	$39,950.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$994.75	$0.00	$994.75
Medical.....	.....			$2,706.78	$0.00	$2,706.78
				$3,701.53	$0.00	$3,701.53
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$945.55	$0.00	$945.55
				$1,093.55	$0.00	$1,093.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

52 - UVA-BUL PHYSICAL PLANT-CUST AREA 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,994.22	$0.00	$3,994.22
				$4,123.72	$0.00	$4,123.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$3,099.03	$0.00	$3,099.03
Medical.....	.....			$15,963.23	$0.00	$15,963.23
				$19,154.76	$0.00	$19,154.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.52	$0.00	$183.52
				$202.02	$0.00	$202.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$789.95	$0.00	$789.95
				$789.95	$0.00	$789.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

52 - UVA-BUL PHYSICAL PLANT-CUST AREA 3

Grand Totals

Expense			**$425.50**	**$0.00**	**$425.50**
Indemnity			**$13,615.54**	**$0.00**	**$13,615.54**
Medical			**$55,012.37**	**$0.00**	**$55,012.37**
			$69,053.41	**$0.00**	**$69,053.41**
# of Claims	**38**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

53 - UVA-FM-McCormick Road Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$182.00**	**$0.00**	**$182.00**
				$182.00	**$0.00**	**$182.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,076.65**	**$0.00**	**$1,076.65**
				$1,076.65	**$0.00**	**$1,076.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$430.04**	**$0.00**	**$430.04**
				$430.04	**$0.00**	**$430.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

53 - UVA-FM-McCormick Road Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$114.38	$0.00	$114.38
Medical.....	.....			$9,216.01	$0.00	$9,216.01
				$9,330.39	$0.00	$9,330.39
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$129.50	$0.00	$129.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,308.47	$0.00	$1,308.47
				$1,437.97	$0.00	$1,437.97
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$277.50	$0.00	$277.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$896.58	$0.00	$896.58
				$1,174.08	$0.00	$1,174.08
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

53 - UVA-FM-McCormick Road Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$11,089.77	$2,258.00	$13,347.77
Indemnity.....	.....			$143,633.52	$0.00	$143,633.52
Medical.....	.....			$119,926.01	$301.05	$120,227.06
				$274,649.30	$2,559.05	$277,208.35
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,423.50	$0.00	$2,423.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35,692.61	$0.00	$35,692.61
				$38,116.11	$0.00	$38,116.11
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$148.00	$0.00	$148.00
Indemnity.....	.....			$402.13	$0.00	$402.13
Medical.....	.....			$2,476.55	$0.00	$2,476.55
				$3,026.68	$0.00	$3,026.68
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,110.13	$0.00	$1,110.13
Medical.....	.....			$2,006.00	$0.00	$2,006.00
				$3,116.13	$0.00	$3,116.13
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

53 - UVA-FM-McCormick Road Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,355.94	$0.00	$3,355.94
				$3,355.94	$0.00	$3,355.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,764.55	$0.00	$4,764.55
				$4,764.55	$0.00	$4,764.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$302.40	$0.00	$302.40
				$302.40	$0.00	$302.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,804.15	$0.00	$1,804.15
Medical.....	.....			$7,172.72	$0.00	$7,172.72
				$8,976.87	$0.00	$8,976.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

53 - UVA-FM-McCormick Road Custodial

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$706.02	$0.00	$706.02
				$714.02	$0.00	$714.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$14,076.27	$2,258.00	$16,334.27
Indemnity.....	.....			$147,064.31	$0.00	$147,064.31
Medical.....	.....			$189,520.20	$301.05	$189,821.25
				$350,660.78	$2,559.05	$353,219.83
# of Claims	119					
# Open	1	Recovery Amount:	$0.00			

54 - UVA-BUN PHYSICAL PLANT-CUST AREA 5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.31	$0.00	$76.31
				$76.31	$0.00	$76.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

54 - UVA-BUN PHYSICAL PLANT-CUST AREA 5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$752.82	$0.00	$752.82
				$752.82	$0.00	$752.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$257.85	$0.00	$257.85
Medical.....	.....			$1,241.55	$0.00	$1,241.55
				$1,499.40	$0.00	$1,499.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$285.01	$0.00	$285.01
Medical.....	.....			$1,611.76	$0.00	$1,611.76
				$1,896.77	$0.00	$1,896.77
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.84	$0.00	$266.84
				$266.84	$0.00	$266.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

54 - UVA-BUN PHYSICAL PLANT-CUST AREA 5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,157.28	$0.00	$1,157.28
				$1,157.28	$0.00	$1,157.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,597.59	$0.00	$2,597.59
				$2,597.59	$0.00	$2,597.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$403.15	$0.00	$403.15
				$403.15	$0.00	$403.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

54 - UVA-BUN PHYSICAL PLANT-CUST AREA 5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$509.88	$0.00	$509.88
				$509.88	$0.00	$509.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,116.42	$0.00	$1,116.42
				$1,116.42	$0.00	$1,116.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,417.68	$0.00	$1,417.68
Medical.....	.....			$3,578.74	$0.00	$3,578.74
				$4,996.42	$0.00	$4,996.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$3,372.00	$0.00	$3,372.00
Indemnity.....	.....			$153,960.01	$0.00	$153,960.01
Medical.....	.....			$13,978.39	$0.00	$13,978.39
				$171,310.40	$0.00	$171,310.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

54 - UVA-BUN PHYSICAL PLANT-CUST AREA 5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,390.50	$0.00	$3,390.50
Indemnity.....	.....			$155,920.55	$0.00	$155,920.55
Medical.....	.....			$27,290.73	$0.00	$27,290.73
				$186,601.78	$0.00	$186,601.78
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

55 - UVA-FM-Human Resources and Training

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

55 - UVA-FM-Human Resources and Training

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$724.48	$0.00	$724.48
				$724.48	$0.00	$724.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$363.00	$0.00	$363.00
				$363.00	$0.00	$363.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,087.48	$0.00	$1,087.48
				$1,105.98	$0.00	$1,105.98
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.00**	**$0.00**	**$90.00**
				$90.00	**$0.00**	**$90.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$950.34**	**$0.00**	**$950.34**
				$950.34	**$0.00**	**$950.34**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$532.76**	**$0.00**	**$532.76**
				$532.76	**$0.00**	**$532.76**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.00	$0.00	$45.00
				$45.00	$0.00	$45.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.69	$0.00	$39.69
				$39.69	$0.00	$39.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,483.36	$0.00	$2,483.36
				$2,483.36	$0.00	$2,483.36
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$577.07	$0.00	$577.07
Medical.....	.....			$857.96	$0.00	$857.96
				$1,435.03	$0.00	$1,435.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,104.32	$0.00	$2,104.32
				$2,104.32	$0.00	$2,104.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$641.75	$0.00	$641.75
				$678.75	$0.00	$678.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$870.71	$0.00	$870.71
				$944.71	$0.00	$944.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$495.90	$0.00	$495.90
				$532.90	$0.00	$532.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$763.46	$0.00	$763.46
Indemnity.....	.....			$4,326.68	$0.00	$4,326.68
Medical.....	.....			$28,764.74	$0.00	$28,764.74
				$33,854.88	$0.00	$33,854.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$2,298.40	$0.00	$2,298.40
Medical.....	.....			$5,364.83	$0.00	$5,364.83
				$7,774.23	$0.00	$7,774.23
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,951.62	$0.00	$1,951.62
				$1,951.62	$0.00	$1,951.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,196.28	$0.00	$2,196.28
				$2,262.28	$0.00	$2,262.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,047.04	$0.00	$2,047.04
Medical.....	.....			$102,698.76	$0.00	$102,698.76
				$104,753.80	$0.00	$104,753.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,028.67	$0.00	$1,028.67
				$1,028.67	$0.00	$1,028.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,371.16	$0.00	$5,371.16
				$5,371.16	$0.00	$5,371.16
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$18.61	$0.00	$18.61
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,553.03	$0.00	$1,553.03
				$1,571.64	$0.00	$1,571.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21,768.98	$0.00	$21,768.98
				$21,776.98	$0.00	$21,776.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

56 - UVA-FM-E&U Recycling & FM-Energy &

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,430.54	$0.00	$5,430.54
				$5,430.54	$0.00	$5,430.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,123.07	$0.00	$1,123.07
Indemnity.....	.....			$9,249.19	$0.00	$9,249.19
Medical.....	.....			$185,240.40	$0.00	$185,240.40
				$195,612.66	$0.00	$195,612.66
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

57 - UVA-BUR BUREAU OF EDUCATIONAL RESEA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$113.76	$0.00	$113.76
Medical.....	.....			$68.00	$0.00	$68.00
				$181.76	$0.00	$181.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

57 - UVA-BUR BUREAU OF EDUCATIONAL RESEA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,646.96	$0.00	$2,646.96
				$2,646.96	$0.00	$2,646.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$113.76	$0.00	$113.76
Medical.....	.....			$2,817.96	$0.00	$2,817.96
				$2,931.72	$0.00	$2,931.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

58 - UVA-BUS BUSINESS & FINANCIAL-V.P.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,539.51	$0.00	$5,539.51
				$5,552.19	$0.00	$5,552.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

58 - UVA-BUS BUSINESS & FINANCIAL-V.P.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,539.51	$0.00	$5,539.51
				$5,552.19	$0.00	$5,552.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

59 - UVA-BUU BLUE RIDGE-PYSCHIATRIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.00	$0.00	$6.00
				$6.00	$0.00	$6.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$892.00	$0.00	$892.00
Indemnity.....	.....			$25,698.95	$0.00	$25,698.95
Medical.....	.....			$48,351.17	$0.00	$48,351.17
				$74,942.12	$0.00	$74,942.12
# of Claims	141					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

59 - UVA-BUU BLUE RIDGE-PYSCHIATRIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,439.90	$0.00	$22,439.90
Medical.....	.....			$38,876.35	$0.00	$38,876.35
				$61,316.25	$0.00	$61,316.25
# of Claims	146					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$812.50	$0.00	$812.50
Indemnity.....	.....			$42,507.00	$0.00	$42,507.00
Medical.....	.....			$135,773.54	$0.00	$135,773.54
				$179,093.04	$0.00	$179,093.04
# of Claims	133					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$43,305.00	$0.00	$43,305.00
Medical.....	.....			$46,361.10	$0.00	$46,361.10
				$89,666.10	$0.00	$89,666.10
# of Claims	152					
# Open	0	Recovery Amount:	-$41.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,473.25	$0.00	$3,473.25
Indemnity.....	.....			$90,681.60	$0.00	$90,681.60
Medical.....	.....			$91,001.41	$0.00	$91,001.41
				$185,156.26	$0.00	$185,156.26
# of Claims	133					
# Open	0	Recovery Amount:	-$100.70			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

59 - UVA-BUU BLUE RIDGE-PYSCHIATRIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$53,598.95	$0.00	$53,598.95
Medical.....	.....			$134,551.57	$0.00	$134,551.57
				$188,150.52	$0.00	$188,150.52
# of Claims	138					
# Open	0	Recovery Amount:	-$141.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141,606.05	$0.00	$141,606.05
Medical.....	.....			$55,266.73	$0.00	$55,266.73
				$196,872.78	$0.00	$196,872.78
# of Claims	93					
# Open	0	Recovery Amount:	-$27.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$911.45	$0.00	$911.45
Indemnity.....	.....			$163,259.67	$0.00	$163,259.67
Medical.....	.....			$223,762.60	$0.00	$223,762.60
				$387,933.72	$0.00	$387,933.72
# of Claims	96					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$400,673.31	$0.00	$400,673.31
Medical.....	.....			$183,536.60	$0.00	$183,536.60
				$585,769.91	$0.00	$585,769.91
# of Claims	97					
# Open	0	Recovery Amount:	-$53.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

59 - UVA-BUU BLUE RIDGE-PYSCHIATRIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$10,081.50	$0.00	$10,081.50
Indemnity.....	.....			$284,016.85	$0.00	$284,016.85
Medical.....	.....			$221,475.45	$618,274.00	$839,749.45
				$515,573.80	$618,274.00	$1,133,847.80
# of Claims	88					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,517.25	$0.00	$5,517.25
Medical.....	.....			$11,216.33	$0.00	$11,216.33
				$16,733.58	$0.00	$16,733.58
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.24	$0.00	$151.24
				$151.24	$0.00	$151.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$963.97	$0.00	$963.97
				$963.97	$0.00	$963.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

59 - UVA-BUU BLUE RIDGE-PYSCHIATRIC MED.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$560.20	$0.00	$560.20
				$578.70	$0.00	$578.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.30	$0.00	$195.30
				$195.30	$0.00	$195.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,767.70	$0.00	$17,767.70
Indemnity.....	.....			$1,273,304.53	$0.00	$1,273,304.53
Medical.....	.....			$1,192,195.56	$618,274.00	$1,810,469.56
				$2,483,267.79	$618,274.00	$3,101,541.79
# of Claims	1,261					
# Open	1	Recovery Amount:	-$364.05			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

5 - UVA-ALA ALD LIB-HUMANITIES SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

60 - UVA-BUF ASST VP FOR BUSINESS OPERAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,510.80	$0.00	$2,510.80
				$2,510.80	$0.00	$2,510.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

60 - UVA-BUF ASST VP FOR BUSINESS OPERAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$594.06	$0.00	$594.06
Medical.....	.....			$16,960.36	$0.00	$16,960.36
				$17,554.42	$0.00	$17,554.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,586.83	$0.00	$2,586.83
Medical.....	.....			$7,559.25	$0.00	$7,559.25
				$10,146.08	$0.00	$10,146.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$3,556.18	$3,575.00
Indemnity.....	.....			$1,852.96	$5,947.04	$7,800.00
Medical.....	.....			$0.00	$19,000.00	$19,000.00
				$1,871.78	$28,503.22	$30,375.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.82	$3,556.18	$3,575.00
Indemnity.....	.....			$5,033.85	$5,947.04	$10,980.89
Medical.....	.....			$27,030.41	$19,000.00	$46,030.41
				$32,083.08	$28,503.22	$60,586.30
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

62 - UVA-CAP CENTER FOR PUBLIC AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

62 - UVA-CAP CENTER FOR PUBLIC AFFAIRS

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

63 - UVA-CAR CAREER PLANNING & PLACEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

63 - UVA-CAR CAREER PLANNING & PLACEMENT

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.50	**$0.00**	**$18.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$37.00**	**$0.00**	**$37.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$580.95**	**$0.00**	**$580.95**
		$617.95	**$0.00**	**$617.95**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$342.34**	**$0.00**	**$342.34**
		$342.34	**$0.00**	**$342.34**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$6,337.49**	**$0.00**	**$6,337.49**
		$6,337.49	**$0.00**	**$6,337.49**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

63 - UVA-CAR CAREER PLANNING & PLACEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.00	$0.00	$111.00
				$111.00	$0.00	$111.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,371.78	$0.00	$7,371.78
				$7,427.28	$0.00	$7,427.28
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

67 - UVA-CFP CENTER FOR PUBLIC SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,898.83	$0.00	$9,898.83
				$9,935.83	$0.00	$9,935.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

67 - UVA-CFP CENTER FOR PUBLIC SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.00	$0.00	$170.00
				$170.00	$0.00	$170.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

67 - UVA-CFP CENTER FOR PUBLIC SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,657.73	$0.00	$1,657.73
Medical.....	.....			$4,276.01	$0.00	$4,276.01
				$5,941.74	$0.00	$5,941.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$82.00	$0.00	$82.00
Indemnity.....	.....			$1,657.73	$0.00	$1,657.73
Medical.....	.....			$14,344.84	$0.00	$14,344.84
				$16,084.57	$0.00	$16,084.57
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

69 - UVA-CHE CHEMISTRY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$494.06	$0.00	$494.06
				$494.06	$0.00	$494.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.56	$0.00	$172.56
				$172.56	$0.00	$172.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

69 - UVA-CHE CHEMISTRY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,361.30**	**$0.00**	**$1,361.30**
				$1,398.30	**$0.00**	**$1,398.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,597.00**	**$0.00**	**$1,597.00**
Indemnity				**$18,277.52**	**$0.00**	**$18,277.52**
Medical				**$30,852.33**	**$0.00**	**$30,852.33**
				$50,726.85	**$0.00**	**$50,726.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$483.51**	**$0.00**	**$483.51**
				$483.51	**$0.00**	**$483.51**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$934.38**	**$0.00**	**$934.38**
				$934.38	**$0.00**	**$934.38**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

69 - UVA-CHE CHEMISTRY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$921.47**	**$0.00**	**$921.47**
				$921.47	**$0.00**	**$921.47**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$2,307.62**	**$0.00**	**$2,307.62**
Indemnity				**$23,064.94**	**$0.00**	**$23,064.94**
Medical				**$104,272.30**	**$0.00**	**$104,272.30**
				$129,644.86	**$0.00**	**$129,644.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,316.39**	**$0.00**	**$8,316.39**
				$8,324.39	**$0.00**	**$8,324.39**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

69 - UVA-CHE CHEMISTRY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,949.62	$0.00	$3,949.62
Indemnity.....	.....			$41,342.46	$0.00	$41,342.46
Medical.....	.....			$147,808.30	$0.00	$147,808.30
				$193,100.38	$0.00	$193,100.38
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

6 - UVA-ALB ALD LIB-AQUISITIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.70	$0.00	$213.70
				$213.70	$0.00	$213.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

6 - UVA-ALB ALD LIB-AQUISITIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.28	$0.00	$412.28
				$449.28	$0.00	$449.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,855.75	$0.00	$8,855.75
				$8,855.75	$0.00	$8,855.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,481.73	$0.00	$9,481.73
				$9,518.73	$0.00	$9,518.73
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

76 - UVA-COD COLLEGE OF ARTS & SCI-DEAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

76 - UVA-COD COLLEGE OF ARTS & SCI-DEAN

WC2004	**7/1/2003 - 6/30/2004**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$200.20**	**$0.00**	**$200.20**
			$218.70	**$0.00**	**$218.70**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$382.38**	**$0.00**	**$382.38**
			$400.88	**$0.00**	**$400.88**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$37.00**	**$0.00**	**$37.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$582.58**	**$0.00**	**$582.58**
			$619.58	**$0.00**	**$619.58**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

77 - UVA-COE COMMERCE-DEANS OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,459.12**	**$0.00**	**$2,459.12**
			$2,459.12	**$0.00**	**$2,459.12**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

77 - UVA-COE COMMERCE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$36.00	$0.00	$36.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,921.78	$0.00	$2,921.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$357.65	$0.00	$357.65
				$3,279.43	$0.00	$3,279.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,957.78	$0.00	$2,957.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,816.77	$0.00	$2,816.77
				$5,774.55	$0.00	$5,774.55
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

78 - UVA-COH COMMERCE-SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$164.74	$0.00	$164.74
				$164.74	$0.00	$164.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

78 - UVA-COH COMMERCE-SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.07	$0.00	$97.07
				$97.07	$0.00	$97.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$261.81	$0.00	$261.81
				$261.81	$0.00	$261.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

79 - UVA-COL COMMERCE-SCHOOL LIBRARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

79 - UVA-COL COMMERCE-SCHOOL LIBRARY

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

80 - UVA-COP COMPTROLLER-UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$2.91	$0.00	$2.91
Medical.....	.....	$215.00	$0.00	$215.00
		$217.91	$0.00	$217.91

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$1,695.32	$0.00	$1,695.32
Indemnity.....	.....	$49,901.39	$0.00	$49,901.39
Medical.....	.....	$40,901.87	$0.00	$40,901.87
		$92,498.58	$0.00	$92,498.58

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$497.05	$0.00	$497.05
		$497.05	$0.00	$497.05

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

80 - UVA-COP COMPTROLLER-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.31	$0.00	$203.31
				$203.31	$0.00	$203.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$368.04	$0.00	$368.04
				$368.04	$0.00	$368.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,953.41	$0.00	$1,953.41
				$1,953.41	$0.00	$1,953.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,143.80	$0.00	$1,143.80
Medical.....	.....			$7,459.29	$0.00	$7,459.29
				$8,603.09	$0.00	$8,603.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

80 - UVA-COP COMPTROLLER-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$623.34	$0.00	$623.34
				$623.34	$0.00	$623.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$410.56	$0.00	$410.56
				$410.56	$0.00	$410.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,743.89	$0.00	$1,743.89
Medical.....	.....			$4,186.11	$0.00	$4,186.11
				$5,930.00	$0.00	$5,930.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

80 - UVA-COP COMPTROLLER-UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$1,713.82	$0.00	$1,713.82
Indemnity.....	.....			$52,791.99	$0.00	$52,791.99
Medical.....	.....			$56,817.98	$0.00	$56,817.98
				$111,323.79	$0.00	$111,323.79
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

81 - UVA-CPA INFORMATION TECHNOLOGY& COM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$528.69	$0.00	$528.69
				$528.69	$0.00	$528.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.15	$0.00	$212.15
				$212.15	$0.00	$212.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

81 - UVA-CPA INFORMATION TECHNOLOGY& COM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$518.50	$0.00	$518.50
				$555.50	$0.00	$555.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,402.51	$0.00	$1,402.51
				$1,402.51	$0.00	$1,402.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,661.85	$0.00	$2,661.85
				$2,698.85	$0.00	$2,698.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

82 - UVA-CPC INFORMATION TECHNOLOGY& COM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,083.00	$0.00	$4,083.00
				$4,083.00	$0.00	$4,083.00
# of Claims	1					
# Open	0	Recovery Amount:	-$48.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

82 - UVA-CPC INFORMATION TECHNOLOGY& COM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$500.00	$0.00	$500.00
				$500.00	$0.00	$500.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,583.00	$0.00	$4,583.00
				$4,583.00	$0.00	$4,583.00
# of Claims	2					
# Open	0	Recovery Amount:	-$48.00			

83 - UVA-CSR CENTER FOR SURVEY RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.00	$0.00	$21.00
				$21.00	$0.00	$21.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

83 - UVA-CSR CENTER FOR SURVEY RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$145.79	$0.00	$145.79
				$145.79	$0.00	$145.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$166.79	$0.00	$166.79
				$166.79	$0.00	$166.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

84 - UVA-CTA CONT & PROF STUD-BUSINESS O

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

84 - UVA-CTA CONT & PROF STUD-BUSINESS O

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$14,469.30	$20,587.70	$35,057.00
Indemnity.....	.....			$70,855.65	$0.00	$70,855.65
Medical.....	.....			$147,130.55	$38,776.07	$185,906.62
				$232,455.50	$59,363.77	$291,819.27
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$359.31	$0.00	$359.31
Medical.....	.....			$70,754.72	$0.00	$70,754.72
				$71,122.03	$0.00	$71,122.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,477.30	$20,587.70	$35,065.00
Indemnity.....	.....			$71,214.96	$0.00	$71,214.96
Medical.....	.....			$217,885.27	$38,776.07	$256,661.34
				$303,577.53	$59,363.77	$362,941.30
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

85 - UVA-CTB CONT & PROF STUD-CENTRAL VA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.88	$0.00	$219.88
				$219.88	$0.00	$219.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

85 - UVA-CTB CONT & PROF STUD-CENTRAL VA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,005.52	$0.00	$5,005.52
				$5,005.52	$0.00	$5,005.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.97	$0.00	$465.97
				$465.97	$0.00	$465.97
# of Claims	2					
# Open	0	Recovery Amount:	-$88.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.00	$0.00	$85.00
				$85.00	$0.00	$85.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

85 - UVA-CTB CONT & PROF STUD-CENTRAL VA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,776.37	$0.00	$5,776.37
				$5,776.37	$0.00	$5,776.37
# of Claims	7					
# Open	0	Recovery Amount:	-$88.90			

86 - UVA-CTC CONT & PROF STUD-CONF & INS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,138.73	$0.00	$1,138.73
Medical.....	.....			$812.17	$0.00	$812.17
				$1,950.90	$0.00	$1,950.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.90	$0.00	$129.90
				$148.40	$0.00	$148.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$1,138.73	$0.00	$1,138.73
Medical.....	.....			$942.07	$0.00	$942.07
				$2,099.30	$0.00	$2,099.30

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

86 - UVA-CTC CONT & PROF STUD-CONF & INS

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

87 - UVA-CTD CONT & PROF STUD-DEANS OFC

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$296.50**	**$0.00**	**$296.50**
		$296.50	**$0.00**	**$296.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$345.06**	**$0.00**	**$345.06**
		$363.56	**$0.00**	**$363.56**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$18.50**	**$0.00**	**$18.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$314.78**	**$0.00**	**$314.78**
		$333.28	**$0.00**	**$333.28**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$760.12**	**$0.00**	**$760.12**
		$760.12	**$0.00**	**$760.12**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$37.00**	**$0.00**	**$37.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

87 - UVA-CTD CONT & PROF STUD-DEANS OFC

Medical			**$1,716.46**	**$0.00**	**$1,716.46**
			$1,753.46	**$0.00**	**$1,753.46**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

8 - UVA-ALD ALD LIB-BUSINESS SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

91 - UVA-CTH CONT & PROF STUD-HAMPTON RD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$163.88**	**$0.00**	**$163.88**
Medical			**$6,227.50**	**$0.00**	**$6,227.50**
			$6,391.38	**$0.00**	**$6,391.38**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

91 - UVA-CTH CONT & PROF STUD-HAMPTON RD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.00	$0.00	$235.00
				$235.00	$0.00	$235.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$93.00	$0.00	$93.00
				$93.00	$0.00	$93.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

91 - UVA-CTH CONT & PROF STUD-HAMPTON RD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$282.48	$0.00	$282.48
				$282.48	$0.00	$282.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,316.70	$0.00	$1,316.70
				$1,316.70	$0.00	$1,316.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,519.00	$0.00	$1,519.00
				$1,519.00	$0.00	$1,519.00
# of Claims	1					
# Open	0	Recovery Amount:	-$1,519.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$163.88	$0.00	$163.88
Medical.....	.....			$9,673.68	$0.00	$9,673.68
				$9,837.56	$0.00	$9,837.56
# of Claims	13					
# Open	0	Recovery Amount:	-$1,519.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

92 - UVA-CTI CONT & PROF STUD-INTER STUD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.00	$0.00	$247.00
				$247.00	$0.00	$247.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$164.68	$0.00	$164.68
				$164.68	$0.00	$164.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

92 - UVA-CTI CONT & PROF STUD-INTER STUD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$388.74	$0.00	$388.74
				$388.74	$0.00	$388.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$256.44	$0.00	$256.44
				$256.44	$0.00	$256.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.11	$0.00	$77.11
				$77.11	$0.00	$77.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$96.00	$0.00	$96.00
				$96.00	$0.00	$96.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

92 - UVA-CTI CONT & PROF STUD-INTER STUD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,267.97	$0.00	$1,267.97
				$1,267.97	$0.00	$1,267.97
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

93 - UVA-CTL CONT & PROF STUD-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,320.76	$0.00	$7,320.76
				$7,320.76	$0.00	$7,320.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,320.76	$0.00	$7,320.76
				$7,320.76	$0.00	$7,320.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

95 - UVA-CTN CONT & PROF STUD-N VA CNTR

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

95 - UVA-CTN CONT & PROF STUD-N VA CNTR

WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$18.50	**$0.00**	**$18.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**				
Expense			**$18.50**	**$0.00**	**$18.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,932.27**	**$0.00**	**$1,932.27**
			$1,950.77	**$0.00**	**$1,950.77**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$37.00**	**$0.00**	**$37.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,932.27**	**$0.00**	**$1,932.27**
			$1,969.27	**$0.00**	**$1,969.27**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

97 - UVA-CTR CONT & PROF STUD-ROANOKE RE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$665.22**	**$0.00**	**$665.22**
			$665.22	**$0.00**	**$665.22**
# of Claims	**7**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

97 - UVA-CTR CONT & PROF STUD-ROANOKE RE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.70	$0.00	$230.70
				$230.70	$0.00	$230.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$655.87	$0.00	$655.87
				$655.87	$0.00	$655.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.55	$0.00	$179.55
				$179.55	$0.00	$179.55
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

97 - UVA-CTR CONT & PROF STUD-ROANOKE RE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,180.33	$0.00	$1,180.33
				$1,180.33	$0.00	$1,180.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$46.00	$0.00	$46.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$46.00	$0.00	$46.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,278.02	$0.00	$1,278.02
				$1,278.02	$0.00	$1,278.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,929.50	$0.00	$2,929.50
				$2,929.50	$0.00	$2,929.50
# of Claims	3					
# Open	0	Recovery Amount:	-$2,929.50			

Grand Totals						
Expense.....	.....			$46.00	$0.00	$46.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,194.19	$0.00	$7,194.19
				$7,240.19	$0.00	$7,240.19
# of Claims	25					
# Open	0	Recovery Amount:	-$2,929.50			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

98 - UVA-CTS CONT & PROF STUD-S WEST REG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,077.53	$0.00	$3,077.53
				$3,096.03	$0.00	$3,096.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$445.70	$0.00	$445.70
				$464.20	$0.00	$464.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

98 - UVA-CTS CONT & PROF STUD-S WEST REG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,905.17	$0.00	$1,905.17
				$1,905.17	$0.00	$1,905.17
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.81	$0.00	$853.81
				$853.81	$0.00	$853.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,230.00	$0.00	$1,230.00
				$1,258.00	$0.00	$1,258.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,924.40	$0.00	$3,924.40
				$3,924.40	$0.00	$3,924.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$764.00	$0.00	$764.00
				$764.00	$0.00	$764.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

98 - UVA-CTS CONT & PROF STUD-S WEST REG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$88.77	$0.00	$88.77
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,707.80	$0.00	$2,707.80
				$2,796.57	$0.00	$2,796.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,351.52	$0.00	$3,351.52
				$3,351.52	$0.00	$3,351.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,655.33	$0.00	$4,655.33
				$4,655.33	$0.00	$4,655.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$190.77	$0.00	$190.77
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22,915.26	$0.00	$22,915.26
				$23,106.03	$0.00	$23,106.03
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

99 - UVA-CTT CONT & PROF STUD-EDUC TECHN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

9 - UVA-ALG ALD LIB-CATALOGING SVCS DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$996.54	$0.00	$996.54
				$996.54	$0.00	$996.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$996.54	$0.00	$996.54
				$996.54	$0.00	$996.54

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

9 - UVA-ALG ALD LIB-CATALOGING SVCS DEPT

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$7,257.23	$0.00	$7,257.23
Indemnity.....	.....			$397,184.49	$0.00	$397,184.49
Medical.....	.....			$411,554.97	$0.00	$411,554.97
				$815,996.69	$0.00	$815,996.69
# of Claims	1,800					
# Open	0	Recovery Amount:	-$53.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$14,827.50	$0.00	$14,827.50
Indemnity.....	.....			$545,668.25	$0.00	$545,668.25
Medical.....	.....			$406,345.11	$0.00	$406,345.11
				$966,840.86	$0.00	$966,840.86
# of Claims	1,836					
# Open	0	Recovery Amount:	-$4,018.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,714.13	$0.00	$2,714.13
Indemnity.....	.....			$159,598.17	$0.00	$159,598.17
Medical.....	.....			$311,295.72	$0.00	$311,295.72
				$473,608.02	$0.00	$473,608.02
# of Claims	1,521					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,570.42	$0.00	$5,570.42
Medical.....	.....			$10,911.12	$0.00	$10,911.12
				$16,481.54	$0.00	$16,481.54
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$190.30	$0.00	$190.30
Indemnity.....	.....			$181,888.84	$0.00	$181,888.84
Medical.....	.....			$84,162.36	$0.00	$84,162.36
				$266,241.50	$0.00	$266,241.50
# of Claims	31					
# Open	0	Recovery Amount:	-$260.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,183.52	$0.00	$7,183.52
Medical.....	.....			$29,566.94	$0.00	$29,566.94
				$36,750.46	$0.00	$36,750.46
# of Claims	29					
# Open	0	Recovery Amount:	-$48.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,040.00	$0.00	$1,040.00
Indemnity.....	.....			$317,613.28	$0.00	$317,613.28
Medical.....	.....			$102,755.69	$0.00	$102,755.69
				$421,408.97	$0.00	$421,408.97
# of Claims	64					
# Open	0	Recovery Amount:	-$499.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,346.19	$0.00	$5,346.19
Medical.....	.....			$17,101.02	$0.00	$17,101.02
				$22,447.21	$0.00	$22,447.21
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$78,829.06	$0.00	$78,829.06
Medical.....	.....			$91,880.38	$0.00	$91,880.38
				$170,709.44	$0.00	$170,709.44
# of Claims	29					
# Open	0	Recovery Amount:	-$10,975.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$42,456.39	$0.00	$42,456.39
Medical.....	.....			$110,169.13	$0.00	$110,169.13
				$152,975.52	$0.00	$152,975.52
# of Claims	44					
# Open	0	Recovery Amount:	-$10,234.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,654.89	$0.00	$2,654.89
				$2,654.89	$0.00	$2,654.89
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$391.21	$0.00	$391.21
				$409.71	$0.00	$409.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,721.01	$0.00	$1,721.01
				$1,739.51	$0.00	$1,739.51
# of Claims	3					
# Open	0	Recovery Amount:	-$488.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,364.69	$0.00	$2,364.69
				$2,364.69	$0.00	$2,364.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$51.42	$0.00	$51.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,104.23	$0.00	$24,104.23
				$24,155.65	$0.00	$24,155.65
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$147.62	$0.00	$147.62
Indemnity.....	.....			$3,380.43	$0.00	$3,380.43
Medical.....	.....			$15,645.83	$0.00	$15,645.83
				$19,173.88	$0.00	$19,173.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$405.73	$0.00	$405.73
				$405.73	$0.00	$405.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$274.69	$0.00	$274.69
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,890.57	$0.00	$2,890.57
				$3,165.26	$0.00	$3,165.26
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$13,638.24	$0.00	$13,638.24
Indemnity.....	.....			$42,615.89	$0.00	$42,615.89
Medical.....	.....			$46,178.67	$0.00	$46,178.67
				$102,432.80	$0.00	$102,432.80
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,086.38	$3,652.32	$11,738.70
Indemnity.....	.....			$50,280.83	$54,236.00	$104,516.83
Medical.....	.....			$246,656.89	$57,667.21	$304,324.10
				$305,024.10	$115,555.53	$420,579.63
# of Claims	100					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$59,235.99	$79,847.09	$139,083.08
Indemnity.....	.....			$479,272.98	$292,087.37	$771,360.35
Medical.....	.....			$773,114.65	$907,485.85	$1,680,600.50
				$1,311,623.62	$1,279,420.31	$2,591,043.93
# of Claims	218					
# Open	4	Recovery Amount:	-$1,250.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$12,820.52	$14,107.71	$26,928.23
Indemnity.....	.....			$228,920.59	$78,590.29	$307,510.88
Medical.....	.....			$517,823.55	$243,710.87	$761,534.42
				$759,564.66	$336,408.87	$1,095,973.53
# of Claims	180					
# Open	4	Recovery Amount:	-$861.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$68,890.33	$21,541.30	$90,431.63
Indemnity.....	.....			$591,746.84	$355,081.27	$946,828.11
Medical.....	.....			$554,365.38	$149,464.27	$703,829.65
				$1,215,002.55	$526,086.84	$1,741,089.39
# of Claims	101					
# Open	5	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

207 - UNIVERSITY OF VIRGINIA

S207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$28,623.50**	**$20,795.20**	**$49,418.70**
Indemnity				**$200,823.67**	**$165,728.78**	**$366,552.45**
Medical				**$478,155.86**	**$148,624.48**	**$626,780.34**
				$707,603.03	**$335,148.46**	**$1,042,751.49**
# of Claims	**127**					
# Open	**12**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24,165.44**	**$25,348.34**	**$49,513.78**
Indemnity				**$79,371.55**	**$100,737.54**	**$180,109.09**
Medical				**$263,893.92**	**$164,985.00**	**$428,878.92**
				$367,430.91	**$291,070.88**	**$658,501.79**
# of Claims	**63**					
# Open	**14**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$242,350.29**	**$165,291.96**	**$407,642.25**
Indemnity				**$3,417,751.39**	**$1,046,461.25**	**$4,464,212.64**
Medical				**$4,506,109.52**	**$1,671,937.68**	**$6,178,047.20**
				$8,166,211.20	**$2,883,690.89**	**$11,049,902.09**
# of Claims	**6,240**					
# Open	**41**	**Recovery Amount:**	**-$28,689.98**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

10 - VPISU-Natural Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,337.10	$0.00	$8,337.10
				$8,337.10	$0.00	$8,337.10
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,127.36	$0.00	$5,127.36
				$5,127.36	$0.00	$5,127.36
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,652.02	$0.00	$3,652.02
				$3,652.02	$0.00	$3,652.02
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$233.87	$0.00	$233.87
Medical.....	.....			$5,204.07	$0.00	$5,204.07
				$5,437.94	$0.00	$5,437.94
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

10 - VPISU-Natural Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,707.65	$0.00	$3,707.65
				$3,707.65	$0.00	$3,707.65
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$478.42	$0.00	$478.42
				$478.42	$0.00	$478.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,201.47	$0.00	$5,201.47
Medical.....	.....			$16,439.08	$0.00	$16,439.08
				$21,640.55	$0.00	$21,640.55
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,346.27	$0.00	$8,346.27
				$8,376.27	$0.00	$8,376.27
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

10 - VPISU-Natural Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$658.40	$0.00	$658.40
Medical.....	.....			$51,503.24	$0.00	$51,503.24
				$52,169.64	$0.00	$52,169.64
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$25.03	$0.00	$25.03
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,502.93	$0.00	$13,502.93
				$13,527.96	$0.00	$13,527.96
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,775.50	$0.00	$1,775.50
				$1,811.50	$0.00	$1,811.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$51.08	$0.00	$51.08
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,217.37	$0.00	$3,217.37
				$3,268.45	$0.00	$3,268.45
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

10 - VPISU-Natural Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$26.63	$0.00	$26.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47,662.16	$0.00	$47,662.16
				$47,688.79	$0.00	$47,688.79
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$143.35	$0.00	$143.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,987.82	$0.00	$3,987.82
				$4,131.17	$0.00	$4,131.17
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$219.00	$0.00	$219.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,079.97	$0.00	$10,079.97
				$10,298.97	$0.00	$10,298.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$102.60	$0.00	$102.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,720.73	$0.00	$2,720.73
				$2,823.33	$0.00	$2,823.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

10 - VPISU-Natural Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$100.52	$250.00	$350.52
Indemnity.....	.....			$448.37	$0.00	$448.37
Medical.....	.....			$4,811.46	$4,800.00	$9,611.46
				$5,360.35	$5,050.00	$10,410.35
# of Claims	10					
# Open	5	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$742.21	$250.00	$992.21
Indemnity.....	.....			$6,542.11	$0.00	$6,542.11
Medical.....	.....			$190,553.15	$4,800.00	$195,353.15
				$197,837.47	$5,050.00	$202,887.47
# of Claims	186					
# Open	5	Recovery Amount:	$0.00			

11 - VPISU-Dean of Libraries

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$443.00	$0.00	$443.00
				$443.00	$0.00	$443.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.00	$0.00	$97.00
				$97.00	$0.00	$97.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

11 - VPISU-Dean of Libraries

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.08	$0.00	$472.08
				$472.08	$0.00	$472.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.00	$0.00	$78.00
				$78.00	$0.00	$78.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,008.08	$0.00	$2,008.08
Indemnity.....	.....			$1,102.07	$0.00	$1,102.07
Medical.....	.....			$22,105.57	$0.00	$22,105.57
				$25,215.72	$0.00	$25,215.72
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

11 - VPISU-Dean of Libraries

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.00**	**$0.00**	**$130.00**
				$130.00	**$0.00**	**$130.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$71.20**	**$0.00**	**$71.20**
				$71.20	**$0.00**	**$71.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$12.71	$0.00	$12.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$498.00	$0.00	$498.00
				$510.71	$0.00	$510.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$11.20	$0.00	$11.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.29	$0.00	$226.29
				$237.49	$0.00	$237.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$33.92	$0.00	$33.92
Indemnity.....	.....			$4,842.49	$0.00	$4,842.49
Medical.....	.....			$6,827.68	$0.00	$6,827.68
				$11,704.09	$0.00	$11,704.09
# of Claims	6					
# Open	0	Recovery Amount:	-$6,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22.71	$0.00	$22.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.27	$0.00	$242.27
				$264.98	$0.00	$264.98
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

11 - VPISU-Dean of Libraries

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$23.33**	**$0.00**	**$23.33**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$371.32**	**$0.00**	**$371.32**
				$394.65	**$0.00**	**$394.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$48.20**	**$0.00**	**$48.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$223.60**	**$0.00**	**$223.60**
				$271.80	**$0.00**	**$271.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$69.82**	**$5.00**	**$74.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$232.04**	**$2,767.96**	**$3,000.00**
				$301.86	**$2,772.96**	**$3,074.82**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,229.97**	**$5.00**	**$2,234.97**
Indemnity				**$5,944.56**	**$0.00**	**$5,944.56**
Medical				**$32,018.05**	**$2,767.96**	**$34,786.01**
				$40,192.58	**$2,772.96**	**$42,965.54**
# of Claims	**61**					
# Open	**1**	**Recovery Amount:**	**-$6,000.00**			

1 - VPISU - Agriculture & Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

1 - VPISU - Agriculture & Life Sciences

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$26,065.60**	**$0.00**	**$26,065.60**
Medical				**$106,298.72**	**$0.00**	**$106,298.72**
				$132,372.32	**$0.00**	**$132,372.32**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$110.37**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$45.00**	**$0.00**	**$45.00**
Indemnity		**$1,272.64**	**$0.00**	**$1,272.64**
Medical		**$59,699.16**	**$0.00**	**$59,699.16**
		$61,016.80	**$0.00**	**$61,016.80**
# of Claims	**64**			
# Open	**0**	**Recovery Amount:**	**-$5,211.60**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$14,790.75**	**$0.00**	**$14,790.75**
Medical		**$90,291.39**	**$0.00**	**$90,291.39**
		$105,082.14	**$0.00**	**$105,082.14**
# of Claims	**66**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$9,580.42**	**$4,000.00**	**$13,580.42**
Indemnity		**$270,379.14**	**$0.00**	**$270,379.14**
Medical		**$411,706.17**	**$108,247.31**	**$519,953.48**
		$691,665.73	**$112,247.31**	**$803,913.04**
# of Claims	**39**			
# Open	**1**	**Recovery Amount:**	**-$3,265.49**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$48.17**	**$0.00**	**$48.17**
Indemnity		**$13,156.55**	**$0.00**	**$13,156.55**
Medical		**$121,035.90**	**$76,025.51**	**$197,061.41**
		$134,240.62	**$76,025.51**	**$210,266.13**
# of Claims	**51**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

1 - VPISU - Agriculture & Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$19,645.27	$0.00	$19,645.27
Indemnity.....	.....			$403,097.47	$0.00	$403,097.47
Medical.....	.....			$414,511.45	$273,482.40	$687,993.85
				$837,254.19	$273,482.40	$1,110,736.59
# of Claims	50					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$1,094.10	$0.00	$1,094.10
Indemnity.....	.....			$10,699.76	$0.00	$10,699.76
Medical.....	.....			$111,434.83	$0.00	$111,434.83
				$123,228.69	$0.00	$123,228.69
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$1,587.83	$0.00	$1,587.83
Medical.....	.....			$19,461.76	$0.00	$19,461.76
				$21,081.59	$0.00	$21,081.59
# of Claims	36					
# Open	0	Recovery Amount:	-$3,153.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$83.62	$0.00	$83.62
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29,480.28	$0.00	$29,480.28
				$29,563.90	$0.00	$29,563.90
# of Claims	56					
# Open	0	Recovery Amount:	-$196.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

1 - VPISU - Agriculture & Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$822.10	$0.00	$822.10
Indemnity.....	.....			$27,472.37	$0.00	$27,472.37
Medical.....	.....			$89,270.77	$0.00	$89,270.77
				$117,565.24	$0.00	$117,565.24
# of Claims	45					
# Open	0	Recovery Amount:	-$2,263.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$11,771.08	$4,715.22	$16,486.30
Indemnity.....	.....			$96,506.68	$0.00	$96,506.68
Medical.....	.....			$249,118.79	$69,890.57	$319,009.36
				$357,396.55	$74,605.79	$432,002.34
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$213.61	$0.00	$213.61
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45,951.67	$0.00	$45,951.67
				$46,165.28	$0.00	$46,165.28
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$10,450.70	$0.00	$10,450.70
Indemnity.....	.....			$278,919.96	$0.00	$278,919.96
Medical.....	.....			$250,406.38	$0.00	$250,406.38
				$539,777.04	$0.00	$539,777.04
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

1 - VPISU - Agriculture & Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$1,335.79	$0.00	$1,335.79
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60,750.13	$0.00	$60,750.13
				$62,085.92	$0.00	$62,085.92
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$478.05	$0.00	$478.05
Indemnity.....	.....			$6,924.00	$0.00	$6,924.00
Medical.....	.....			$41,280.90	$0.00	$41,280.90
				$48,682.95	$0.00	$48,682.95
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$280.70	$0.00	$280.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,120.35	$0.00	$8,120.35
				$8,401.05	$0.00	$8,401.05
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$165.40	$0.00	$165.40
Indemnity.....	.....			$5,704.39	$0.00	$5,704.39
Medical.....	.....			$5,398.05	$0.00	$5,398.05
				$11,267.84	$0.00	$11,267.84
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

1 - VPISU - Agriculture & Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$460.06	$4,010.82	$4,470.88
Indemnity.....	.....			$2,973.36	$12,701.90	$15,675.26
Medical.....	.....			$64,078.45	$35,671.80	$99,750.25
				$67,511.87	$52,384.52	$119,896.39
# of Claims	33					
# Open	4	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$56,514.07	$12,726.04	$69,240.11
Indemnity.....	.....			$1,159,550.50	$12,701.90	$1,172,252.40
Medical.....	.....			$2,178,295.15	$563,317.59	$2,741,612.74
				$3,394,359.72	$588,745.53	$3,983,105.25
# of Claims	764					
# Open	8	Recovery Amount:	-$14,200.09			

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$767.00	$0.00	$767.00
Indemnity.....	.....			$3,903.40	$0.00	$3,903.40
Medical.....	.....			$18,071.17	$0.00	$18,071.17
				$22,741.57	$0.00	$22,741.57
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$45,861.31	$12,683.09	$58,544.40
Indemnity.....	.....			$1,187,758.49	$0.00	$1,187,758.49
Medical.....	.....			$1,957,160.24	$429,602.06	$2,386,762.30
				$3,190,780.04	$442,285.15	$3,633,065.19
# of Claims	517					
# Open	3	Recovery Amount:	-$2,997.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$41,737.78	$6,937.84	$48,675.62
Indemnity.....	.....			$756,198.56	$0.00	$756,198.56
Medical.....	.....			$1,421,769.31	$390,550.24	$1,812,319.55
				$2,219,705.65	$397,488.08	$2,617,193.73
# of Claims	549					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$31,406.21	$0.00	$31,406.21
Indemnity.....	.....			$617,209.94	$0.00	$617,209.94
Medical.....	.....			$456,583.91	$0.00	$456,583.91
				$1,105,200.06	$0.00	$1,105,200.06
# of Claims	514					
# Open	0	Recovery Amount:	-$137.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,919.19	$0.00	$2,919.19
Indemnity.....	.....			$122,424.07	$0.00	$122,424.07
Medical.....	.....			$560,130.31	$0.00	$560,130.31
				$685,473.57	$0.00	$685,473.57
# of Claims	10					
# Open	0	Recovery Amount:	-$101.08			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$4,518.54**	**$0.00**	**$4,518.54**
Indemnity				**$229,614.67**	**$0.00**	**$229,614.67**
Medical				**$229,220.37**	**$0.00**	**$229,220.37**
				$463,353.58	**$0.00**	**$463,353.58**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$4,972.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$2,359.70**	**$40.00**	**$2,399.70**
Indemnity				**$68,664.60**	**$0.00**	**$68,664.60**
Medical				**$160,500.08**	**$128,576.98**	**$289,077.06**
				$231,524.38	**$128,616.98**	**$360,141.36**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$484.17**	**$0.00**	**$484.17**
				$484.17	**$0.00**	**$484.17**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$943.96	$0.00	$943.96
Indemnity.....	.....			$117,383.77	$0.00	$117,383.77
Medical.....	.....			$158,034.31	$0.00	$158,034.31
				$276,362.04	$0.00	$276,362.04
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$1,568.00	$0.00	$1,568.00
Indemnity.....	.....			$240,983.41	$0.00	$240,983.41
Medical.....	.....			$196,723.22	$0.00	$196,723.22
				$439,274.63	$0.00	$439,274.63
# of Claims	75					
# Open	0	Recovery Amount:	-$363.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$32,877.52	$2,859.10	$35,736.62
Indemnity.....	.....			$993,854.35	$0.00	$993,854.35
Medical.....	.....			$2,842,253.88	$508,836.12	$3,351,090.00
				$3,868,985.75	$511,695.22	$4,380,680.97
# of Claims	427					
# Open	3	Recovery Amount:	-$5,124.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$29,299.25	$5,776.30	$35,075.55
Indemnity.....	.....			$1,168,280.12	$0.00	$1,168,280.12
Medical.....	.....			$1,593,987.43	$681,346.46	$2,275,333.89
				$2,791,566.80	$687,122.76	$3,478,689.56
# of Claims	370					
# Open	7	Recovery Amount:	-$859.58			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$29,215.45	$0.00	$29,215.45
Indemnity.....	.....			$914,560.56	$0.00	$914,560.56
Medical.....	.....			$2,032,176.66	$975,671.30	$3,007,847.96
				$2,975,952.67	$975,671.30	$3,951,623.97
# of Claims	536					
# Open	1	Recovery Amount:	-$11,424.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$51,466.87	$8,476.44	$59,943.31
Indemnity.....	.....			$679,080.97	$0.00	$679,080.97
Medical.....	.....			$2,347,454.07	$141,715.98	$2,489,170.05
				$3,078,001.91	$150,192.42	$3,228,194.33
# of Claims	607					
# Open	2	Recovery Amount:	-$6,161.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$17,695.18	$3,078.37	$20,773.55
Indemnity.....	.....			$431,292.27	$0.00	$431,292.27
Medical.....	.....			$1,018,354.55	$205,965.29	$1,224,319.84
				$1,467,342.00	$209,043.66	$1,676,385.66
# of Claims	676					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$828.32	$0.00	$828.32
Indemnity.....	.....			$68,014.55	$0.00	$68,014.55
Medical.....	.....			$527,729.24	$0.00	$527,729.24
				$596,572.11	$0.00	$596,572.11
# of Claims	570					
# Open	0	Recovery Amount:	-$3,934.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$622.34	$0.00	$622.34
Medical.....	.....			$9,078.38	$0.00	$9,078.38
				$9,700.72	$0.00	$9,700.72
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,287.67	$0.00	$2,287.67
				$2,287.67	$0.00	$2,287.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$36.68**	**$0.00**	**$36.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$36.68	**$0.00**	**$36.68**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

208 - VPI SU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,308.09	$0.00	$2,308.09
				$2,308.09	$0.00	$2,308.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$293,500.96	$39,851.14	$333,352.10
Indemnity.....	.....			$7,599,846.07	$0.00	$7,599,846.07
Medical.....	.....			$15,534,307.06	$3,462,264.43	$18,996,571.49
				$23,427,654.09	$3,502,115.57	$26,929,769.66
# of Claims	4,936					
# Open	22	Recovery Amount:	-$36,076.55			

25 - VPISU-Executive Vice Pres

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,268.16	$0.00	$3,268.16
				$3,268.16	$0.00	$3,268.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

25 - VPISU-Executive Vice Pres

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,551.48	$0.00	$4,551.48
				$4,551.48	$0.00	$4,551.48
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.81	$0.00	$30.81
				$30.81	$0.00	$30.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,259.35	$0.00	$1,259.35
				$1,259.35	$0.00	$1,259.35
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,722.27	$0.00	$1,722.27
Medical.....	.....			$8,082.21	$0.00	$8,082.21
				$9,804.48	$0.00	$9,804.48
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

25 - VPISU-Executive Vice Pres

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,368.01	$0.00	$1,368.01
Medical.....	.....			$45,793.81	$0.00	$45,793.81
				$47,161.82	$0.00	$47,161.82
# of Claims	14					
# Open	0	Recovery Amount:	-$2,021.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,737.60	$0.00	$3,737.60
				$3,737.60	$0.00	$3,737.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,617.40	$0.00	$3,617.40
				$3,617.40	$0.00	$3,617.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40,502.57	$0.00	$40,502.57
				$40,510.57	$0.00	$40,510.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

25 - VPISU-Executive Vice Pres

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$85.81	$0.00	$85.81
Indemnity.....	.....			$328.71	$0.00	$328.71
Medical.....	.....			$126,332.36	$0.00	$126,332.36
				$126,746.88	$0.00	$126,746.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,345.89	$0.00	$1,345.89
				$1,358.57	$0.00	$1,358.57
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$31.15	$0.00	$31.15
Indemnity.....	.....			$7,977.30	$0.00	$7,977.30
Medical.....	.....			$36,078.05	$0.00	$36,078.05
				$44,086.50	$0.00	$44,086.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$188.13	$0.00	$188.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.32	$0.00	$356.32
				$544.45	$0.00	$544.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

25 - VPISU-Executive Vice Pres

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$393.56	$0.00	$393.56
Medical.....	.....			$9,471.55	$0.00	$9,471.55
				$9,873.11	$0.00	$9,873.11
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$26.40	$0.00	$26.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$56.27	$0.00	$56.27
				$82.67	$0.00	$82.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$25.68	$50.00	$75.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$25.68	$1,250.00	$1,275.68
# of Claims	3					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$385.85	$50.00	$435.85
Indemnity.....	.....			$11,789.85	$0.00	$11,789.85
Medical.....	.....			$284,483.83	$1,200.00	$285,683.83
				$296,659.53	$1,250.00	$297,909.53
# of Claims	123					
# Open	2	Recovery Amount:	-$2,021.12			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

26 - VPISU-SVP&Provost

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,934.50	$0.00	$1,934.50
				$1,934.50	$0.00	$1,934.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,869.93	$0.00	$9,869.93
Medical.....	.....			$25,916.52	$0.00	$25,916.52
				$35,786.45	$0.00	$35,786.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,251.75	$0.00	$4,251.75
				$4,251.75	$0.00	$4,251.75
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,967.85	$0.00	$3,967.85
Medical.....	.....			$28,183.73	$0.00	$28,183.73
				$32,151.58	$0.00	$32,151.58
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

26 - VPISU-SVP&Provost

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,681.00	$0.00	$1,681.00
Medical.....	.....			$34,329.90	$0.00	$34,329.90
				$36,010.90	$0.00	$36,010.90
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.00	$0.00	$283.00
				$283.00	$0.00	$283.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,167.77	$0.00	$3,167.77
				$3,167.77	$0.00	$3,167.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,654.05	$0.00	$1,654.05
				$1,654.05	$0.00	$1,654.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.37	$0.00	$73.37
				$73.37	$0.00	$73.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

26 - VPISU-SVP&Provost

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$796.73	$0.00	$796.73
				$796.73	$0.00	$796.73
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$64.38	$0.00	$64.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,361.78	$0.00	$1,361.78
				$1,426.16	$0.00	$1,426.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$34.01	$0.00	$34.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,289.49	$0.00	$2,289.49
				$2,323.50	$0.00	$2,323.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$29.63	$0.00	$29.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$287.77	$0.00	$287.77
				$317.40	$0.00	$317.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.34	$0.00	$52.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$875.59	$0.00	$875.59
				$927.93	$0.00	$927.93
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

26 - VPISU-SVP&Provost

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$132.75**	**$0.00**	**$132.75**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,395.19**	**$0.00**	**$14,395.19**
				$14,527.94	**$0.00**	**$14,527.94**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$26.90**	**$0.00**	**$26.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$170.00**	**$0.00**	**$170.00**
				$196.90	**$0.00**	**$196.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$30.30**	**$0.00**	**$30.30**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,231.55**	**$0.00**	**$1,231.55**
				$1,261.85	**$0.00**	**$1,261.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$10.84**	**$0.00**	**$10.84**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$10.84	**$0.00**	**$10.84**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$381.15**	**$0.00**	**$381.15**
Indemnity				**$15,518.78**	**$0.00**	**$15,518.78**
Medical				**$121,202.69**	**$0.00**	**$121,202.69**
				$137,102.62	**$0.00**	**$137,102.62**
# of Claims	**112**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

27 - VPISU-President

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310.50**	**$0.00**	**$310.50**
				$310.50	**$0.00**	**$310.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$49.40**	**$0.00**	**$49.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,276.68**	**$0.00**	**$9,276.68**
				$9,326.08	**$0.00**	**$9,326.08**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$25.68**	**$0.00**	**$25.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$242.00**	**$0.00**	**$242.00**
				$267.68	**$0.00**	**$267.68**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Expense	**$75.08**	**$0.00**	**$75.08**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$9,829.18**	**$0.00**	**$9,829.18**
	$9,904.26	**$0.00**	**$9,904.26**

# of Claims 16

 # Open 0 **Recovery Amount:** $0.00

28 - VPISU-Vice Provost-Outreach

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$842.14**	**$0.00**	**$842.14**
Medical			**$9,760.07**	**$0.00**	**$9,760.07**
			$10,602.21	**$0.00**	**$10,602.21**
# of Claims	11				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$1,634.82**	**$0.00**	**$1,634.82**
Medical			**$20,866.90**	**$0.00**	**$20,866.90**
			$22,501.72	**$0.00**	**$22,501.72**
# of Claims	19				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**				
Expense			**$17,948.06**	**$0.00**	**$17,948.06**
Indemnity			**$107,411.25**	**$0.00**	**$107,411.25**
Medical			**$257,707.04**	**$0.00**	**$257,707.04**
			$383,066.35	**$0.00**	**$383,066.35**
# of Claims	21				
# Open	0	**Recovery Amount:**	-$12,000.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$9,317.22**	**$0.00**	**$9,317.22**
Medical			**$63,994.97**	**$0.00**	**$63,994.97**
			$73,312.19	**$0.00**	**$73,312.19**
# of Claims	28				
# Open	0	**Recovery Amount:**	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

28 - VPISU-Vice Provost-Outreach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,989.47	$0.00	$2,989.47
				$2,989.47	$0.00	$2,989.47
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$11,027.76	$0.00	$11,027.76
Indemnity.....	.....			$188,383.70	$0.00	$188,383.70
Medical.....	.....			$126,425.57	$0.00	$126,425.57
				$325,837.03	$0.00	$325,837.03
# of Claims	20					
# Open	0	Recovery Amount:	-$97.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$2,913.78	$0.00	$2,913.78
Medical.....	.....			$13,150.11	$0.00	$13,150.11
				$16,091.89	$0.00	$16,091.89
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$17,948.95	$0.00	$17,948.95
Indemnity.....	.....			$142,963.58	$0.00	$142,963.58
Medical.....	.....			$125,844.95	$0.00	$125,844.95
				$286,757.48	$0.00	$286,757.48
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

28 - VPISU-Vice Provost-Outreach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,291.25	$0.00	$10,291.25
				$10,291.25	$0.00	$10,291.25
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$6,296.79	$0.00	$6,296.79
Indemnity.....	.....			$115,038.70	$0.00	$115,038.70
Medical.....	.....			$39,700.58	$0.00	$39,700.58
				$161,036.07	$0.00	$161,036.07
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$175.17	$0.00	$175.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,329.20	$0.00	$9,329.20
				$9,504.37	$0.00	$9,504.37
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$60.71	$0.00	$60.71
Indemnity.....	.....			$5,054.46	$0.00	$5,054.46
Medical.....	.....			$71,262.82	$0.00	$71,262.82
				$76,377.99	$0.00	$76,377.99
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

28 - VPISU-Vice Provost-Outreach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$126.78	$0.00	$126.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,682.67	$0.00	$9,682.67
				$9,809.45	$0.00	$9,809.45
# of Claims	18					
# Open	0	Recovery Amount:	-$3,913.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$83.45	$0.00	$83.45
Indemnity.....	.....			$4,286.51	$0.00	$4,286.51
Medical.....	.....			$7,124.94	$0.00	$7,124.94
				$11,494.90	$0.00	$11,494.90
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$24.80	$0.00	$24.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$24.80	$0.00	$24.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$51.40	$0.00	$51.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$51.40	$0.00	$51.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$53,771.87	$0.00	$53,771.87
Indemnity.....	.....			$577,846.16	$0.00	$577,846.16
Medical.....	.....			$768,130.54	$0.00	$768,130.54
				$1,399,748.57	$0.00	$1,399,748.57
# of Claims	260					
# Open	0	Recovery Amount:	-$16,010.10			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

2 - VPISU-Architecture & Urban Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,579.85**	**$0.00**	**$1,579.85**
				$1,579.85	**$0.00**	**$1,579.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,677.88**	**$0.00**	**$2,677.88**
				$2,677.88	**$0.00**	**$2,677.88**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,180.91**	**$0.00**	**$2,180.91**
				$2,180.91	**$0.00**	**$2,180.91**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

2 - VPISU-Architecture & Urban Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$534.40**	**$0.00**	**$534.40**
				$534.40	**$0.00**	**$534.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$24.90**	**$0.00**	**$24.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.90	**$0.00**	**$24.90**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$572.10**	**$0.00**	**$572.10**
Medical				**$18,301.47**	**$0.00**	**$18,301.47**
				$18,881.57	**$0.00**	**$18,881.57**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$87.25**	**$0.00**	**$87.25**
Indemnity				**$9,299.93**	**$0.00**	**$9,299.93**
Medical				**$150,606.18**	**$0.00**	**$150,606.18**
				$159,993.36	**$0.00**	**$159,993.36**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

2 - VPISU-Architecture & Urban Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$272.01	$0.00	$272.01
				$272.01	$0.00	$272.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.60	$0.00	$203.60
				$203.60	$0.00	$203.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$26.00	$0.00	$26.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14.90	$0.00	$14.90
				$40.90	$0.00	$40.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$167.33	$0.00	$167.33
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,713.66	$0.00	$3,713.66
				$3,880.99	$0.00	$3,880.99
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.04	$0.00	$341.04
				$341.04	$0.00	$341.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

2 - VPISU-Architecture & Urban Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$41.40**	**$0.00**	**$41.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$41.40	**$0.00**	**$41.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$374.88**	**$0.00**	**$374.88**
Indemnity				**$9,872.03**	**$0.00**	**$9,872.03**
Medical				**$180,425.90**	**$0.00**	**$180,425.90**
				$190,672.81	**$0.00**	**$190,672.81**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

30 - VPISU-Vice Pres Alumni Relations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

30 - VPISU-Vice Pres Alumni Relations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$14.43	$0.00	$14.43
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.00	$0.00	$89.00
				$103.43	$0.00	$103.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$15.39	$0.00	$15.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$15.39	$0.00	$15.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

30 - VPISU-Vice Pres Alumni Relations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$29.74	$0.00	$29.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,794.91	$0.00	$6,794.91
				$6,824.65	$0.00	$6,824.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$59.56	$0.00	$59.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,017.91	$0.00	$7,017.91
				$7,077.47	$0.00	$7,077.47
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

32 - VPISU-Vice Pres-Multicultural Aff.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$99.25	$0.00	$99.25
				$99.25	$0.00	$99.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

32 - VPISU-Vice Pres-Multicultural Aff.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$423.34**	**$0.00**	**$423.34**
				$423.34	**$0.00**	**$423.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$272.00**	**$0.00**	**$272.00**
				$272.00	**$0.00**	**$272.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$794.59**	**$0.00**	**$794.59**
				$794.59	**$0.00**	**$794.59**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

3 - VPISU-College of Business

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$200.63**	**$0.00**	**$200.63**
				$200.63	**$0.00**	**$200.63**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$594.10**	**$0.00**	**$594.10**
				$594.10	**$0.00**	**$594.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$2,752.70**	**$0.00**	**$2,752.70**
Medical				**$8,145.29**	**$0.00**	**$8,145.29**
				$10,917.99	**$0.00**	**$10,917.99**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

3 - VPISU-College of Business

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$70.00	$0.00	$70.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$70.00	$0.00	$70.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$11.70	$0.00	$11.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$11.70	$0.00	$11.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$66.61	$0.00	$66.61
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$23,628.89	$0.00	$23,628.89
				$23,695.50	$0.00	$23,695.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$164.73	$0.00	$164.73
Medical.....	.....			$90.00	$0.00	$90.00
				$262.73	$0.00	$262.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

3 - VPISU-College of Business

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$161.50**	**$0.00**	**$161.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,962.35**	**$0.00**	**$1,962.35**
				$2,123.85	**$0.00**	**$2,123.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$337.81**	**$0.00**	**$337.81**
Indemnity				**$2,917.43**	**$0.00**	**$2,917.43**
Medical				**$34,621.26**	**$0.00**	**$34,621.26**
				$37,876.50	**$0.00**	**$37,876.50**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

41 - VPISU-Vice Pres - Development

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,060.66**	**$0.00**	**$1,060.66**
				$1,060.66	**$0.00**	**$1,060.66**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

41 - VPISU-Vice Pres - Development

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,427.13**	**$0.00**	**$3,427.13**
				$3,427.13	**$0.00**	**$3,427.13**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,868.36**	**$0.00**	**$2,868.36**
				$2,868.36	**$0.00**	**$2,868.36**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,815.64**	**$0.00**	**$3,815.64**
				$3,815.64	**$0.00**	**$3,815.64**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

41 - VPISU-Vice Pres - Development

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,443.37	$0.00	$3,443.37
				$3,443.37	$0.00	$3,443.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$559.82	$0.00	$559.82
				$559.82	$0.00	$559.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,129.73	$0.00	$1,129.73
				$1,129.73	$0.00	$1,129.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

41 - VPISU-Vice Pres - Development

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$10.71**	**$0.00**	**$10.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$10.71	**$0.00**	**$10.71**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$43.67**	**$0.00**	**$43.67**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$43.67	**$0.00**	**$43.67**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$44.10**	**$0.00**	**$44.10**
Indemnity				**$333.39**	**$0.00**	**$333.39**
Medical				**$38,271.01**	**$0.00**	**$38,271.01**
				$38,648.50	**$0.00**	**$38,648.50**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

41 - VPISU-Vice Pres - Development

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$168.25	$0.00	$168.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$112.00	$0.00	$112.00
				$280.25	$0.00	$280.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$61.30	$0.00	$61.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$61.30	$0.00	$61.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$29.00	$0.00	$29.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.90	$0.00	$120.90
				$149.90	$0.00	$149.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$357.03	$0.00	$357.03
Indemnity.....	.....			$333.39	$0.00	$333.39
Medical.....	.....			$54,808.62	$0.00	$54,808.62
				$55,499.04	$0.00	$55,499.04
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

42 - VPISU-Vice Pres - Info Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,742.69	$0.00	$8,742.69
				$8,742.69	$0.00	$8,742.69
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,599.49	$0.00	$1,599.49
				$1,599.49	$0.00	$1,599.49
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,157.00	$0.00	$1,157.00
Medical.....	.....			$1,542.26	$0.00	$1,542.26
				$2,699.26	$0.00	$2,699.26
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,586.80	$0.00	$2,586.80
				$2,586.80	$0.00	$2,586.80
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

42 - VPISU-Vice Pres - Info Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,709.28	$0.00	$8,709.28
				$8,709.28	$0.00	$8,709.28
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,206.35	$0.00	$1,206.35
				$1,206.35	$0.00	$1,206.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,086.09	$0.00	$3,086.09
				$3,086.09	$0.00	$3,086.09
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,777.54	$0.00	$3,777.54
				$3,777.54	$0.00	$3,777.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$567.53	$0.00	$567.53
Indemnity.....	.....			$7,031.56	$0.00	$7,031.56
Medical.....	.....			$54,959.32	$0.00	$54,959.32
				$62,558.41	$0.00	$62,558.41
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

42 - VPISU-Vice Pres - Info Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$44.80	$0.00	$44.80
Indemnity.....	.....			$239.56	$0.00	$239.56
Medical.....	.....			$80,756.71	$0.00	$80,756.71
				$81,041.07	$0.00	$81,041.07
# of Claims	17					
# Open	0	Recovery Amount:	-$1,361.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$132.49	$0.00	$132.49
Indemnity.....	.....			$959.40	$0.00	$959.40
Medical.....	.....			$17,130.61	$0.00	$17,130.61
				$18,222.50	$0.00	$18,222.50
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$84.05	$0.00	$84.05
Indemnity.....	.....			$1,155.65	$0.00	$1,155.65
Medical.....	.....			$11,268.60	$0.00	$11,268.60
				$12,508.30	$0.00	$12,508.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$14.92	$0.00	$14.92
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$597.20	$0.00	$597.20
				$612.12	$0.00	$612.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$63.56	$0.00	$63.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$865.07	$0.00	$865.07
				$928.63	$0.00	$928.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

42 - VPISU-Vice Pres - Info Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$52.50	$0.00	$52.50
Indemnity.....	.....			$2,733.28	$0.00	$2,733.28
Medical.....	.....			$23,530.00	$0.00	$23,530.00
				$26,315.78	$0.00	$26,315.78
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$58.48	$100.00	$158.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,287.00	$6,900.00	$8,187.00
				$1,345.48	$7,000.00	$8,345.48
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,026.33	$100.00	$1,126.33
Indemnity.....	.....			$13,276.45	$0.00	$13,276.45
Medical.....	.....			$221,645.01	$6,900.00	$228,545.01
				$235,947.79	$7,000.00	$242,947.79
# of Claims	170					
# Open	1	Recovery Amount:	-$1,361.75			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

43 - VPISU-Vice Pres for Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$40.00	$268.00	$308.00
Indemnity.....	.....			$25,493.66	$0.00	$25,493.66
Medical.....	.....			$146,004.19	$16,503.50	$162,507.69
				$171,537.85	$16,771.50	$188,309.35
# of Claims	244					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$11,410.63	$75.28	$11,485.91
Indemnity.....	.....			$12,909.62	$0.00	$12,909.62
Medical.....	.....			$249,278.79	$30,329.84	$279,608.63
				$273,599.04	$30,405.12	$304,004.16
# of Claims	233					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$53,807.38	$4,094.90	$57,902.28
Indemnity.....	.....			$392,510.33	$0.00	$392,510.33
Medical.....	.....			$643,078.54	$306,011.65	$949,090.19
				$1,089,396.25	$310,106.55	$1,399,502.80
# of Claims	310					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$18,373.72	$144.00	$18,517.72
Indemnity.....	.....			$220,959.74	$0.00	$220,959.74
Medical.....	.....			$383,505.27	$121,433.28	$504,938.55
				$622,838.73	$121,577.28	$744,416.01
# of Claims	297					
# Open	1	Recovery Amount:	-$5,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$36,476.11**	**$18.82**	**$36,494.93**
Indemnity				**$248,516.98**	**$0.00**	**$248,516.98**
Medical				**$509,477.45**	**$25,921.03**	**$535,398.48**
				$794,470.54	**$25,939.85**	**$820,410.39**
# of Claims	**319**					
# Open	**1**	**Recovery Amount:**	**-$524.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$22,310.75**	**$0.00**	**$22,310.75**
Indemnity				**$106,821.91**	**$0.00**	**$106,821.91**
Medical				**$379,222.49**	**$0.00**	**$379,222.49**
				$508,355.15	**$0.00**	**$508,355.15**
# of Claims	**295**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$1,078.37**	**$0.00**	**$1,078.37**
Indemnity				**$9,110.29**	**$0.00**	**$9,110.29**
Medical				**$148,824.65**	**$0.00**	**$148,824.65**
				$159,013.31	**$0.00**	**$159,013.31**
# of Claims	**325**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$7,137.46**	**$94.10**	**$7,231.56**
Indemnity				**$194,191.11**	**$0.00**	**$194,191.11**
Medical				**$311,387.33**	**$185,129.43**	**$496,516.76**
				$512,715.90	**$185,223.53**	**$697,939.43**
# of Claims	**362**					
# Open	**1**	**Recovery Amount:**	**-$1,707.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,733.64**	**$0.00**	**$1,733.64**
Indemnity				**$100,284.53**	**$0.00**	**$100,284.53**
Medical				**$341,338.10**	**$0.00**	**$341,338.10**
				$443,356.27	**$0.00**	**$443,356.27**
# of Claims	**362**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11,739.14	$0.00	$11,739.14
Indemnity.....	.....			$123,275.21	$0.00	$123,275.21
Medical.....	.....			$202,437.99	$0.00	$202,437.99
				$337,452.34	$0.00	$337,452.34
# of Claims	346					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$537.21	$0.00	$537.21
Indemnity.....	.....			$20,386.74	$0.00	$20,386.74
Medical.....	.....			$297,078.99	$0.00	$297,078.99
				$318,002.94	$0.00	$318,002.94
# of Claims	320					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$3,245.85	$0.00	$3,245.85
Indemnity.....	.....			$48,793.61	$0.00	$48,793.61
Medical.....	.....			$152,479.52	$0.00	$152,479.52
				$204,518.98	$0.00	$204,518.98
# of Claims	255					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$4,360.69	$0.00	$4,360.69
Indemnity.....	.....			$154,379.93	$0.00	$154,379.93
Medical.....	.....			$216,453.76	$63,410.00	$279,863.76
				$375,194.38	$63,410.00	$438,604.38
# of Claims	262					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$1,424.03	$0.00	$1,424.03
Indemnity.....	.....			$20,024.51	$0.00	$20,024.51
Medical.....	.....			$174,996.53	$0.00	$174,996.53
				$196,445.07	$0.00	$196,445.07
# of Claims	226					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$1,610.45**	**$0.00**	**$1,610.45**
Indemnity				**$58,319.88**	**$0.00**	**$58,319.88**
Medical				**$44,537.31**	**$0.00**	**$44,537.31**
				$104,467.64	**$0.00**	**$104,467.64**
# of Claims	**167**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$14,946.34**	**$0.00**	**$14,946.34**
Indemnity				**$108,349.66**	**$0.00**	**$108,349.66**
Medical				**$248,450.43**	**$0.00**	**$248,450.43**
				$371,746.43	**$0.00**	**$371,746.43**
# of Claims	**123**					
# Open	**0**	**Recovery Amount:**	**-$50.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$7,721.42**	**$7,000.00**	**$14,721.42**
Indemnity				**$29,938.61**	**$39,993.60**	**$69,932.21**
Medical				**$41,579.79**	**$14,230.00**	**$55,809.79**
				$79,239.82	**$61,223.60**	**$140,463.42**
# of Claims	**164**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$1,172.83**	**$7,450.94**	**$8,623.77**
Indemnity				**$20,203.38**	**$13,096.48**	**$33,299.86**
Medical				**$33,584.19**	**$33,042.99**	**$66,627.18**
				$54,960.40	**$53,590.41**	**$108,550.81**
# of Claims	**172**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$199,126.02**	**$19,146.04**	**$218,272.06**
Indemnity				**$1,894,469.70**	**$53,090.08**	**$1,947,559.78**
Medical				**$4,523,715.32**	**$796,011.72**	**$5,319,727.04**
				$6,617,311.04	**$868,247.84**	**$7,485,558.88**
# of Claims	**4,782**					
# Open	**15**	**Recovery Amount:**	**-$7,282.10**			

44 - VPISU-VP for Business Affairs

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

44 - VPISU-VP for Business Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$15,757.42	$0.00	$15,757.42
Indemnity.....	.....			$131,368.96	$0.00	$131,368.96
Medical.....	.....			$611,635.80	$134,855.99	$746,491.79
				$758,762.18	$134,855.99	$893,618.17
# of Claims	154					
# Open	1	Recovery Amount:	-$844.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$27,276.81	$0.00	$27,276.81
Indemnity.....	.....			$330,512.41	$0.00	$330,512.41
Medical.....	.....			$211,331.00	$0.00	$211,331.00
				$569,120.22	$0.00	$569,120.22
# of Claims	195					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,560.30	$0.00	$1,560.30
Indemnity.....	.....			$14,141.64	$0.00	$14,141.64
Medical.....	.....			$143,536.37	$0.00	$143,536.37
				$159,238.31	$0.00	$159,238.31
# of Claims	135					
# Open	0	Recovery Amount:	-$130.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$34,287.77	$2,678.82	$36,966.59
Indemnity.....	.....			$305,726.05	$0.00	$305,726.05
Medical.....	.....			$360,178.17	$47,143.18	$407,321.35
				$700,191.99	$49,822.00	$750,013.99
# of Claims	160					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

44 - VPISU-VP for Business Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$25,687.04	$4,289.27	$29,976.31
Indemnity.....	.....			$145,244.01	$0.00	$145,244.01
Medical.....	.....			$255,599.16	$77,662.00	$333,261.16
				$426,530.21	$81,951.27	$508,481.48
# of Claims	143					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$19,249.32	$5,407.06	$24,656.38
Indemnity.....	.....			$410,764.76	$0.00	$410,764.76
Medical.....	.....			$684,940.49	$53,108.18	$738,048.67
				$1,114,954.57	$58,515.24	$1,173,469.81
# of Claims	113					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$27,244.65	$2,188.05	$29,432.70
Indemnity.....	.....			$436,024.70	$347,787.44	$783,812.14
Medical.....	.....			$293,363.49	$77,681.78	$371,045.27
				$756,632.84	$427,657.27	$1,184,290.11
# of Claims	197					
# Open	2	Recovery Amount:	-$197.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$15,285.51	$0.00	$15,285.51
Indemnity.....	.....			$183,232.97	$0.00	$183,232.97
Medical.....	.....			$359,176.61	$419,502.58	$778,679.19
				$557,695.09	$419,502.58	$977,197.67
# of Claims	79					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

44 - VPISU-VP for Business Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$20,055.66	$18.82	$20,074.48
Indemnity.....	.....			$184,385.38	$2,771.98	$187,157.36
Medical.....	.....			$94,367.85	$61,009.80	$155,377.65
				$298,808.89	$63,800.60	$362,609.49
# of Claims	82					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$184.37	$0.00	$184.37
Indemnity.....	.....			$9,298.07	$0.00	$9,298.07
Medical.....	.....			$114,069.55	$0.00	$114,069.55
				$123,551.99	$0.00	$123,551.99
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$7,818.51	$0.00	$7,818.51
Indemnity.....	.....			$250,143.37	$0.00	$250,143.37
Medical.....	.....			$269,774.06	$0.00	$269,774.06
				$527,735.94	$0.00	$527,735.94
# of Claims	72					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$22,842.35	$10,805.45	$33,647.80
Indemnity.....	.....			$413,810.74	$173,147.54	$586,958.28
Medical.....	.....			$300,278.82	$714,788.89	$1,015,067.71
				$736,931.91	$898,741.88	$1,635,673.79
# of Claims	81					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

44 - VPISU-VP for Business Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,453.23	$0.00	$8,453.23
Indemnity.....	.....			$150,632.20	$0.00	$150,632.20
Medical.....	.....			$161,040.18	$0.00	$161,040.18
				$320,125.61	$0.00	$320,125.61
# of Claims	90					
# Open	0	Recovery Amount:	-$6,706.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$12,474.87	$3,451.13	$15,926.00
Indemnity.....	.....			$48,751.25	$0.00	$48,751.25
Medical.....	.....			$194,598.45	$82,225.05	$276,823.50
				$255,824.57	$85,676.18	$341,500.75
# of Claims	91					
# Open	1	Recovery Amount:	-$1,728.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$432.10	$0.00	$432.10
Indemnity.....	.....			$13,278.60	$0.00	$13,278.60
Medical.....	.....			$28,744.00	$0.00	$28,744.00
				$42,454.70	$0.00	$42,454.70
# of Claims	69					
# Open	0	Recovery Amount:	-$261.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$23,731.27	$11,234.60	$34,965.87
Indemnity.....	.....			$112,856.66	$171,218.23	$284,074.89
Medical.....	.....			$431,119.07	$72,918.75	$504,037.82
				$567,707.00	$255,371.58	$823,078.58
# of Claims	94					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

44 - VPISU-VP for Business Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,346.16	$460.40	$6,806.56
Indemnity.....	.....			$38,205.93	$0.00	$38,205.93
Medical.....	.....			$122,583.76	$27,509.30	$150,093.06
				$167,135.85	$27,969.70	$195,105.55
# of Claims	58					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$400.44	$476.55	$876.99
Indemnity.....	.....			$16,930.02	$28,530.94	$45,460.96
Medical.....	.....			$44,739.77	$90,643.55	$135,383.32
				$62,070.23	$119,651.04	$181,721.27
# of Claims	48					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$269,087.78	$41,010.15	$310,097.93
Indemnity.....	.....			$3,195,307.72	$723,456.13	$3,918,763.85
Medical.....	.....			$4,681,076.60	$1,859,049.05	$6,540,125.65
				$8,145,472.10	$2,623,515.33	$10,768,987.43
# of Claims	1,961					
# Open	22	Recovery Amount:	-$9,870.03			

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,602.30	$0.00	$6,602.30
				$6,602.30	$0.00	$6,602.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$735.70	$0.00	$735.70
				$735.70	$0.00	$735.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,322.69	$0.00	$2,322.69
				$2,322.69	$0.00	$2,322.69
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,853.69	$0.00	$4,853.69
Medical.....	.....			$16,152.07	$0.00	$16,152.07
				$21,005.76	$0.00	$21,005.76
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$600.61	$0.00	$600.61
Medical.....	.....			$1,828.76	$0.00	$1,828.76
				$2,429.37	$0.00	$2,429.37
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$92.47	$80.00	$172.47
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37,395.20	$169,614.73	$207,009.93
				$37,487.67	$169,694.73	$207,182.40
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.00	$0.00	$231.00
				$231.00	$0.00	$231.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,029.08	$0.00	$2,029.08
				$2,071.08	$0.00	$2,071.08
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,808.70	$0.00	$3,808.70
				$3,808.70	$0.00	$3,808.70
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,261.91	$0.00	$1,261.91
				$1,261.91	$0.00	$1,261.91
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$67.04	$0.00	$67.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,296.49	$0.00	$10,296.49
				$10,363.53	$0.00	$10,363.53
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$52.95	$0.00	$52.95
Indemnity.....	.....			$11,529.79	$0.00	$11,529.79
Medical.....	.....			$80,691.36	$0.00	$80,691.36
				$92,274.10	$0.00	$92,274.10
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$143.28	$0.00	$143.28
Indemnity.....	.....			$1,021.21	$0.00	$1,021.21
Medical.....	.....			$83,319.99	$0.00	$83,319.99
				$84,484.48	$0.00	$84,484.48
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$171.64	$0.00	$171.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,813.49	$0.00	$3,813.49
				$3,985.13	$0.00	$3,985.13
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$118.70	$0.00	$118.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,252.61	$0.00	$1,252.61
				$1,371.31	$0.00	$1,371.31
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$326.56	$0.00	$326.56
				$326.56	$0.00	$326.56
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$82.30	$0.00	$82.30
Indemnity.....	.....			$22,981.31	$0.00	$22,981.31
Medical.....	.....			$16,191.66	$0.00	$16,191.66
				$39,255.27	$0.00	$39,255.27
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

45 - VPISU-VP-Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$31.00	$0.00	$31.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$323.93	$0.00	$323.93
				$354.93	$0.00	$354.93
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$801.38	$80.00	$881.38
Indemnity.....	.....			$40,986.61	$0.00	$40,986.61
Medical.....	.....			$268,583.50	$169,614.73	$438,198.23
				$310,371.49	$169,694.73	$480,066.22
# of Claims	214					
# Open	1	Recovery Amount:	$0.00			

46 - VPISU-VP for Finance and CFO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$153.09	$0.00	$153.09
Medical.....	.....			$4,342.08	$0.00	$4,342.08
				$4,495.17	$0.00	$4,495.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

46 - VPISU-VP for Finance and CFO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,207.77**	**$0.00**	**$1,207.77**
				$1,207.77	**$0.00**	**$1,207.77**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,150.22**	**$0.00**	**$5,150.22**
				$5,150.22	**$0.00**	**$5,150.22**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

46 - VPISU-VP for Finance and CFO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,471.60**	**$0.00**	**$4,471.60**
				$4,471.60	**$0.00**	**$4,471.60**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$918.99**	**$0.00**	**$918.99**
Medical				**$24,724.11**	**$0.00**	**$24,724.11**
				$25,643.10	**$0.00**	**$25,643.10**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$490.11**	**$0.00**	**$490.11**
				$490.11	**$0.00**	**$490.11**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$59.70**	**$0.00**	**$59.70**
				$59.70	**$0.00**	**$59.70**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

46 - VPISU-VP for Finance and CFO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$19.57**	**$0.00**	**$19.57**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,021.75**	**$0.00**	**$6,021.75**
				$6,041.32	**$0.00**	**$6,041.32**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$23.15**	**$0.00**	**$23.15**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$184.00**	**$0.00**	**$184.00**
				$207.15	**$0.00**	**$207.15**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

46 - VPISU-VP for Finance and CFO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$29.45**	**$0.00**	**$29.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$29.45	**$0.00**	**$29.45**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$281.00**	**$0.00**	**$281.00**
				$281.00	**$0.00**	**$281.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$80.17**	**$0.00**	**$80.17**
Indemnity				**$1,072.08**	**$0.00**	**$1,072.08**
Medical				**$46,932.34**	**$0.00**	**$46,932.34**
				$48,084.59	**$0.00**	**$48,084.59**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

47 - VPISU-Graduate School

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$10,377.71	$0.00	$10,377.71
Indemnity.....	.....			$234,267.12	$0.00	$234,267.12
Medical.....	.....			$255,978.40	$28,337.64	$284,316.04
				$500,623.23	$28,337.64	$528,960.87
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.19	$0.00	$283.19
				$283.19	$0.00	$283.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

47 - VPISU-Graduate School

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$342.71**	**$0.00**	**$342.71**
				$342.71	**$0.00**	**$342.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$15.89**	**$0.00**	**$15.89**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$282.75**	**$0.00**	**$282.75**
				$298.64	**$0.00**	**$298.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21,779.37**	**$0.00**	**$21,779.37**
				$21,795.37	**$0.00**	**$21,795.37**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

47 - VPISU-Graduate School

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$50.13**	**$0.00**	**$50.13**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60.03**	**$0.00**	**$60.03**
				$110.16	**$0.00**	**$110.16**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$10,459.73**	**$0.00**	**$10,459.73**
Indemnity				**$234,267.12**	**$0.00**	**$234,267.12**
Medical				**$278,726.45**	**$28,337.64**	**$307,064.09**
				$523,453.30	**$28,337.64**	**$551,790.94**
# of Claims	**22**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

48 - VPISU University Treasurer

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

50 - VPISU VP of Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$43.32**	**$25.50**	**$68.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$362.64**	**$837.36**	**$1,200.00**
				$405.96	**$862.86**	**$1,268.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$43.32**	**$25.50**	**$68.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$362.64**	**$837.36**	**$1,200.00**
				$405.96	**$862.86**	**$1,268.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

53 - VPISU Vice Pres - Business Affairs

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

53 - VPISU Vice Pres - Business Affairs

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$524.06**	**$0.00**	**$524.06**
			$524.06	**$0.00**	**$524.06**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$18.82**	**$3,700.00**	**$3,718.82**
Indemnity		**$68.54**	**$3,529.60**	**$3,598.14**
Medical		**$942.30**	**$19,815.00**	**$20,757.30**
		$1,029.66	**$27,044.60**	**$28,074.26**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense	**$18.82**	**$3,700.00**	**$3,718.82**
Indemnity	**$68.54**	**$3,529.60**	**$3,598.14**
Medical	**$1,466.36**	**$19,815.00**	**$21,281.36**
	$1,553.72	**$27,044.60**	**$28,598.32**
# of Claims	**3**		
# Open	**1**	**Recovery Amount:**	**$0.00**

54 - VPISU Innovation Campus

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$40.00**	**$0.00**	**$40.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$40.00	**$0.00**	**$40.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense	**$40.00**	**$0.00**	**$40.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$40.00	**$0.00**	**$40.00**
# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

54 - VPISU Innovation Campus

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$40.00**	**$0.00**	**$40.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$40.00**	**$0.00**	**$40.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

5 - VPISU-College of Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$853.97**	**$0.00**	**$853.97**
				$853.97	**$0.00**	**$853.97**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,824.73**	**$0.00**	**$1,824.73**
Indemnity				**$1,268,410.06**	**$0.00**	**$1,268,410.06**
Medical				**$106,482.36**	**$0.00**	**$106,482.36**
				$1,376,717.15	**$0.00**	**$1,376,717.15**
# of Claims	**147**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

5 - VPISU-College of Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,181.19	$0.00	$3,181.19
				$3,181.19	$0.00	$3,181.19
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$2,804.50	$0.00	$2,804.50
Indemnity.....	.....			$5,144.70	$0.00	$5,144.70
Medical.....	.....			$39,615.53	$0.00	$39,615.53
				$47,564.73	$0.00	$47,564.73
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,035.04	$0.00	$10,035.04
Medical.....	.....			$18,646.58	$0.00	$18,646.58
				$28,681.62	$0.00	$28,681.62
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,961.95	$0.00	$2,961.95
Medical.....	.....			$6,533.60	$0.00	$6,533.60
				$9,495.55	$0.00	$9,495.55
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

5 - VPISU-College of Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$51.80	$0.00	$51.80
Indemnity.....	.....			$1,195.89	$0.00	$1,195.89
Medical.....	.....			$1,919.43	$0.00	$1,919.43
				$3,167.12	$0.00	$3,167.12
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$17,337.27	$9,917.60	$27,254.87
Indemnity.....	.....			$461,977.21	$5,610.04	$467,587.25
Medical.....	.....			$1,649,998.80	$1,625,604.86	$3,275,603.66
				$2,129,313.28	$1,641,132.50	$3,770,445.78
# of Claims	14					
# Open	1	Recovery Amount:	-$631.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$483.94	$0.00	$483.94
Medical.....	.....			$16,026.88	$0.00	$16,026.88
				$16,518.82	$0.00	$16,518.82
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$28.12	$0.00	$28.12
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,242.33	$0.00	$4,242.33
				$4,270.45	$0.00	$4,270.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

5 - VPISU-College of Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$88.06	$0.00	$88.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52,208.00	$0.00	$52,208.00
				$52,296.06	$0.00	$52,296.06
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$35.04	$0.00	$35.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,612.08	$0.00	$7,612.08
				$7,647.12	$0.00	$7,647.12
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$100.67	$0.00	$100.67
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,343.75	$0.00	$11,343.75
				$11,444.42	$0.00	$11,444.42
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$114.84	$0.00	$114.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,271.77	$0.00	$1,271.77
				$1,386.61	$0.00	$1,386.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

5 - VPISU-College of Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$267.80	$0.00	$267.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,742.10	$0.00	$12,742.10
				$13,009.90	$0.00	$13,009.90
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$31.00	$0.00	$31.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$610.90	$0.00	$610.90
				$641.90	$0.00	$641.90
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$2,656.31	$1,137.09	$3,793.40
Indemnity.....	.....			$21,212.26	$50,605.64	$71,817.90
Medical.....	.....			$155,057.15	$61,546.68	$216,603.83
				$178,925.72	$113,289.41	$292,215.13
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$44.50	$31.18	$75.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,716.63	$3,383.37	$6,100.00
				$2,761.13	$3,414.55	$6,175.68
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,392.64	$11,085.87	$36,478.51
Indemnity.....	.....			$1,771,421.05	$56,215.68	$1,827,636.73
Medical.....	.....			$2,091,063.05	$1,690,534.91	$3,781,597.96
				$3,887,876.74	$1,757,836.46	$5,645,713.20
# of Claims	359					
# Open	3	Recovery Amount:	-$631.55			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

7 - VPISU-Liberal Arts & Human Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$814.62	$0.00	$814.62
				$814.62	$0.00	$814.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$406,092.24	$0.00	$406,092.24
Medical.....	.....			$7,038.16	$0.00	$7,038.16
				$413,130.40	$0.00	$413,130.40
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28,353.04	$0.00	$28,353.04
				$28,353.04	$0.00	$28,353.04
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,999.62	$0.00	$6,999.62
				$6,999.62	$0.00	$6,999.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

7 - VPISU-Liberal Arts & Human Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,556.28	$0.00	$3,556.28
				$3,556.28	$0.00	$3,556.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$42.23	$72.00	$114.23
Indemnity.....	.....			$5,494.10	$0.00	$5,494.10
Medical.....	.....			$38,038.25	$56,140.80	$94,179.05
				$43,574.58	$56,212.80	$99,787.38
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$276.15	$0.00	$276.15
Indemnity.....	.....			$4,455.96	$0.00	$4,455.96
Medical.....	.....			$99,644.18	$0.00	$99,644.18
				$104,376.29	$0.00	$104,376.29
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,020.59	$0.00	$3,020.59
Indemnity.....	.....			$4,166.92	$0.00	$4,166.92
Medical.....	.....			$49,876.09	$0.00	$49,876.09
				$57,063.60	$0.00	$57,063.60
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,206.19	$0.00	$1,206.19
				$1,238.19	$0.00	$1,238.19
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

7 - VPISU-Liberal Arts & Human Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$168.00	$0.00	$168.00
Indemnity.....	.....			$8,150.46	$0.00	$8,150.46
Medical.....	.....			$4,620.00	$0.00	$4,620.00
				$12,938.46	$0.00	$12,938.46
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$57.17	$0.00	$57.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,041.75	$0.00	$1,041.75
				$1,098.92	$0.00	$1,098.92
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$37.17	$0.00	$37.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,420.10	$0.00	$2,420.10
				$2,457.27	$0.00	$2,457.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$104.94	$0.00	$104.94
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,105.18	$0.00	$6,105.18
				$6,210.12	$0.00	$6,210.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$94.89	$0.00	$94.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.72	$0.00	$347.72
				$442.61	$0.00	$442.61
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

7 - VPISU-Liberal Arts & Human Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$81.90	$0.00	$81.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$778.26	$0.00	$778.26
				$860.16	$0.00	$860.16
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$47.20	$0.00	$47.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.57	$0.00	$186.57
				$233.77	$0.00	$233.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$20.00	$0.00	$20.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$124.02	$0.00	$124.02
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$809.20	$0.00	$809.20
				$933.22	$0.00	$933.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,106.26	$72.00	$4,178.26
Indemnity.....	.....			$428,359.68	$0.00	$428,359.68
Medical.....	.....			$251,835.21	$56,140.80	$307,976.01
				$684,301.15	$56,212.80	$740,513.95
# of Claims	127					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

8 - VPISU-College of Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$9,933.98**	**$84.00**	**$10,017.98**
Indemnity				**$102,594.36**	**$0.00**	**$102,594.36**
Medical				**$115,349.61**	**$50,783.48**	**$166,133.09**
				$227,877.95	**$50,867.48**	**$278,745.43**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,530.57**	**$0.00**	**$5,530.57**
				$5,530.57	**$0.00**	**$5,530.57**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$16.98**	**$0.00**	**$16.98**
Indemnity				**$83.65**	**$0.00**	**$83.65**
Medical				**$4,409.08**	**$0.00**	**$4,409.08**
				$4,509.71	**$0.00**	**$4,509.71**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$17.84**	**$0.00**	**$17.84**
Indemnity				**$8,848.68**	**$0.00**	**$8,848.68**
Medical				**$54,662.09**	**$0.00**	**$54,662.09**
				$63,528.61	**$0.00**	**$63,528.61**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$9,228.57**	**$0.00**	**$9,228.57**
				$9,228.57	**$0.00**	**$9,228.57**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$3,632.10**	**$0.00**	**$3,632.10**
				$3,632.10	**$0.00**	**$3,632.10**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$2,337.94**	**$0.00**	**$2,337.94**
Medical	.....			**$43,620.68**	**$0.00**	**$43,620.68**
				$45,958.62	**$0.00**	**$45,958.62**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$3,419.76**	**$0.00**	**$3,419.76**
				$3,419.76	**$0.00**	**$3,419.76**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$317.20**	**$0.00**	**$317.20**
				$317.20	**$0.00**	**$317.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$112.36**	**$0.00**	**$112.36**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,845.82**	**$0.00**	**$8,845.82**
				$8,958.18	**$0.00**	**$8,958.18**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$28.30**	**$0.00**	**$28.30**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,277.59**	**$0.00**	**$1,277.59**
				$1,305.89	**$0.00**	**$1,305.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$44.59**	**$0.00**	**$44.59**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,446.41**	**$0.00**	**$8,446.41**
				$8,491.00	**$0.00**	**$8,491.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$48.82**	**$0.00**	**$48.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$750.61**	**$0.00**	**$750.61**
				$799.43	**$0.00**	**$799.43**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$252.42**	**$0.00**	**$252.42**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$839.44**	**$0.00**	**$839.44**
				$1,091.86	**$0.00**	**$1,091.86**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$194.20**	**$0.00**	**$194.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,376.64**	**$0.00**	**$1,376.64**
				$1,570.84	**$0.00**	**$1,570.84**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,305.52**	**$0.00**	**$6,305.52**
				$6,313.52	**$0.00**	**$6,313.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$367.43**	**$494.00**	**$861.43**
Indemnity				**$8,109.54**	**$6,278.13**	**$14,387.67**
Medical				**$162,957.48**	**$49,922.85**	**$212,880.33**
				$171,434.45	**$56,694.98**	**$228,129.43**
# of Claims	**10**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$94.31**	**$0.00**	**$94.31**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$913.21**	**$5,610.87**	**$6,524.08**
				$1,007.52	**$5,610.87**	**$6,618.39**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,119.23**	**$578.00**	**$11,697.23**
Indemnity				**$121,974.17**	**$6,278.13**	**$128,252.30**
Medical				**$431,882.38**	**$106,317.20**	**$538,199.58**
				$564,975.78	**$113,173.33**	**$678,149.11**
# of Claims	**173**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

9 - VPISU-College of Veterinary Medicine

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

9 - VPISU-College of Veterinary Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,487.41**	**$0.00**	**$2,487.41**
Medical				**$45,533.09**	**$0.00**	**$45,533.09**
				$48,020.50	**$0.00**	**$48,020.50**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$153.22**	**$0.00**	**$153.22**
Medical				**$42,062.59**	**$0.00**	**$42,062.59**
				$42,215.81	**$0.00**	**$42,215.81**
# of Claims	**86**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$15.00**	**$0.00**	**$15.00**
Indemnity				**$971.13**	**$0.00**	**$971.13**
Medical				**$24,120.57**	**$0.00**	**$24,120.57**
				$25,106.70	**$0.00**	**$25,106.70**
# of Claims	**89**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$2,434.27**	**$0.00**	**$2,434.27**
Indemnity				**$30,245.21**	**$0.00**	**$30,245.21**
Medical				**$295,223.13**	**$0.00**	**$295,223.13**
				$327,902.61	**$0.00**	**$327,902.61**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

9 - VPISU-College of Veterinary Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,255.07	$0.00	$3,255.07
Medical.....	.....			$33,027.21	$0.00	$33,027.21
				$36,282.28	$0.00	$36,282.28
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$315.81	$0.00	$315.81
Indemnity.....	.....			$6,195.19	$0.00	$6,195.19
Medical.....	.....			$49,961.08	$0.00	$49,961.08
				$56,472.08	$0.00	$56,472.08
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$15,802.31	$0.00	$15,802.31
Indemnity.....	.....			$553,206.02	$0.00	$553,206.02
Medical.....	.....			$111,557.06	$0.00	$111,557.06
				$680,565.39	$0.00	$680,565.39
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,809.04	$0.00	$1,809.04
Medical.....	.....			$17,203.34	$0.00	$17,203.34
				$19,012.38	$0.00	$19,012.38
# of Claims	73					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

9 - VPISU-College of Veterinary Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$10,718.78**	**$0.00**	**$10,718.78**
Medical				**$72,326.24**	**$0.00**	**$72,326.24**
				$83,077.02	**$0.00**	**$83,077.02**
# of Claims	**61**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$16,459.88**	**$9,765.31**	**$26,225.19**
Indemnity				**$248,373.65**	**$24,731.96**	**$273,105.61**
Medical				**$227,963.04**	**$211,787.87**	**$439,750.91**
				$492,796.57	**$246,285.14**	**$739,081.71**
# of Claims	**52**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$84.08**	**$0.00**	**$84.08**
Indemnity				**$8,942.79**	**$0.00**	**$8,942.79**
Medical				**$47,261.70**	**$0.00**	**$47,261.70**
				$56,288.57	**$0.00**	**$56,288.57**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$3,847.28**	**$0.00**	**$3,847.28**
Indemnity				**$54,295.71**	**$0.00**	**$54,295.71**
Medical				**$268,065.55**	**$12,000.00**	**$280,065.55**
				$326,208.54	**$12,000.00**	**$338,208.54**
# of Claims	**54**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

9 - VPISU-College of Veterinary Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$260.68	$0.00	$260.68
Indemnity.....	.....			$14,215.91	$0.00	$14,215.91
Medical.....	.....			$68,484.19	$0.00	$68,484.19
				$82,960.78	$0.00	$82,960.78
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,879.39	$0.00	$3,879.39
Indemnity.....	.....			$172,541.78	$0.00	$172,541.78
Medical.....	.....			$56,229.22	$0.00	$56,229.22
				$232,650.39	$0.00	$232,650.39
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$354.75	$0.00	$354.75
Indemnity.....	.....			$415.47	$0.00	$415.47
Medical.....	.....			$19,391.16	$0.00	$19,391.16
				$20,161.38	$0.00	$20,161.38
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$393.28	$0.00	$393.28
Indemnity.....	.....			$7,639.79	$0.00	$7,639.79
Medical.....	.....			$59,714.83	$0.00	$59,714.83
				$67,747.90	$0.00	$67,747.90
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

9 - VPISU-College of Veterinary Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$742.86**	**$3,653.29**	**$4,396.15**
Indemnity				**$159,065.51**	**$24,274.71**	**$183,340.22**
Medical				**$37,784.84**	**$20,205.91**	**$57,990.75**
				$197,593.21	**$48,133.91**	**$245,727.12**
# of Claims	**66**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$204.37**	**$174.00**	**$378.37**
Indemnity				**$5,742.15**	**$0.00**	**$5,742.15**
Medical				**$9,162.87**	**$4,641.32**	**$13,804.19**
				$15,109.39	**$4,815.32**	**$19,924.71**
# of Claims	**59**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$44,825.96**	**$13,592.60**	**$58,418.56**
Indemnity				**$1,280,273.83**	**$49,006.67**	**$1,329,280.50**
Medical				**$1,485,071.71**	**$248,635.10**	**$1,733,706.81**
				$2,810,171.50	**$311,234.37**	**$3,121,405.87**
# of Claims	**1,176**					
# Open	**8**	**Recovery Amount:**	**$0.00**			

S208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$16,717.92**	**$0.00**	**$16,717.92**
Indemnity				**$383,668.44**	**$0.00**	**$383,668.44**
Medical				**$343,080.05**	**$0.00**	**$343,080.05**
				$743,466.41	**$0.00**	**$743,466.41**
# of Claims	**449**					
# Open	**0**	**Recovery Amount:**	**-$669.51**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$148,227.07	$3,500.00	$151,727.07
Indemnity.....	.....			$1,288,979.66	$123,438.40	$1,412,418.06
Medical.....	.....			$4,377,305.85	$2,633,016.27	$7,010,322.12
				$5,814,512.58	$2,759,954.67	$8,574,467.25
# of Claims	437					
# Open	2	Recovery Amount:	-$85,505.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$22,789.33	$0.00	$22,789.33
Indemnity.....	.....			$339,036.24	$0.00	$339,036.24
Medical.....	.....			$298,320.25	$0.00	$298,320.25
				$660,145.82	$0.00	$660,145.82
# of Claims	438					
# Open	0	Recovery Amount:	-$2,706.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$1,851.15	$0.00	$1,851.15
Indemnity.....	.....			$634,579.07	$0.00	$634,579.07
Medical.....	.....			$767,872.49	$0.00	$767,872.49
				$1,404,302.71	$0.00	$1,404,302.71
# of Claims	497					
# Open	0	Recovery Amount:	-$3,961.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$4,166.66	$1,963.96	$6,130.62
Indemnity.....	.....			$615,675.86	$0.00	$615,675.86
Medical.....	.....			$1,037,021.54	$41,128.20	$1,078,149.74
				$1,656,864.06	$43,092.16	$1,699,956.22
# of Claims	513					
# Open	1	Recovery Amount:	-$3,270.52			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$7,490.30**	**$382.56**	**$7,872.86**
Indemnity				**$365,105.31**	**$0.00**	**$365,105.31**
Medical				**$715,517.62**	**$14,976.98**	**$730,494.60**
				$1,088,113.23	**$15,359.54**	**$1,103,472.77**
# of Claims	**501**					
# Open	**1**	**Recovery Amount:**	**-$28,065.27**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$4,712.16**	**$0.00**	**$4,712.16**
Indemnity				**$143,736.09**	**$0.00**	**$143,736.09**
Medical				**$421,343.17**	**$0.00**	**$421,343.17**
				$569,791.42	**$0.00**	**$569,791.42**
# of Claims	**474**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,958.22**	**$144.00**	**$4,102.22**
Indemnity				**$643,999.13**	**$0.00**	**$643,999.13**
Medical				**$1,375,457.83**	**$1,563,004.49**	**$2,938,462.32**
				$2,023,415.18	**$1,563,148.49**	**$3,586,563.67**
# of Claims	**437**					
# Open	**2**	**Recovery Amount:**	**-$18,933.76**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$5,541.94**	**$394.00**	**$5,935.94**
Indemnity				**$768,003.28**	**$0.00**	**$768,003.28**
Medical				**$1,073,683.47**	**$221,785.44**	**$1,295,468.91**
				$1,847,228.69	**$222,179.44**	**$2,069,408.13**
# of Claims	**407**					
# Open	**2**	**Recovery Amount:**	**-$97,997.80**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$8,902.88**	**$240.00**	**$9,142.88**
Indemnity				**$300,980.29**	**$0.00**	**$300,980.29**
Medical				**$1,180,631.91**	**$159,511.85**	**$1,340,143.76**
				$1,490,515.08	**$159,751.85**	**$1,650,266.93**
# of Claims	**387**					
# Open	**4**	**Recovery Amount:**	**-$2,367.54**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$19,256.51**	**$6,787.51**	**$26,044.02**
Indemnity				**$146,312.23**	**$0.00**	**$146,312.23**
Medical				**$270,055.25**	**$348,278.62**	**$618,333.87**
				$435,623.99	**$355,066.13**	**$790,690.12**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$50.10**	**$0.00**	**$50.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$799.09**	**$0.00**	**$799.09**
				$849.19	**$0.00**	**$849.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

208 - VPI STATE UNIVERSITY

S208 - VPI STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,395.54**	**$0.00**	**$1,395.54**
				$1,395.54	**$0.00**	**$1,395.54**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$156.06**	**$217.86**	**$373.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,302.96**	**$9,197.04**	**$15,500.00**
				$6,459.02	**$9,414.90**	**$15,873.92**
# of Claims	**15**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$243,820.30**	**$13,629.89**	**$257,450.19**
Indemnity				**$5,630,075.60**	**$123,438.40**	**$5,753,514.00**
Medical				**$11,868,787.02**	**$4,990,898.89**	**$16,859,685.91**
				$17,742,682.92	**$5,127,967.18**	**$22,870,650.10**
# of Claims	**4,561**					
# Open	**19**	**Recovery Amount:**	**-$243,478.08**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

101 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$396.20**	**$0.00**	**$396.20**
				$396.20	**$0.00**	**$396.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.00**	**$0.00**	**$103.00**
				$103.00	**$0.00**	**$103.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$792.10**	**$0.00**	**$792.10**
				$792.10	**$0.00**	**$792.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

101 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$228.96**	**$0.00**	**$228.96**
				$228.96	**$0.00**	**$228.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

101 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,784.25	$0.00	$2,784.25
				$2,792.25	$0.00	$2,792.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,312.35	$0.00	$2,312.35
Medical.....	.....			$34,979.04	$0.00	$34,979.04
				$37,299.39	$0.00	$37,299.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.07	$0.00	$224.07
				$224.07	$0.00	$224.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

101 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$22.84	$0.00	$22.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$428.65	$578.46	$1,007.11
				$451.49	$578.46	$1,029.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$38.84	$0.00	$38.84
Indemnity.....	.....			$2,312.35	$0.00	$2,312.35
Medical.....	.....			$39,936.27	$578.46	$40,514.73
				$42,287.46	$578.46	$42,865.92
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

102 - UVA Health - EEG/EMG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,413.00	$0.00	$1,413.00
				$1,413.00	$0.00	$1,413.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

102 - UVA Health - EEG/EMG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.85	$0.00	$182.85
				$182.85	$0.00	$182.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,655.53	$0.00	$1,655.53
				$1,655.53	$0.00	$1,655.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

102 - UVA Health - EEG/EMG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,871.37	$0.00	$7,871.37
				$7,871.37	$0.00	$7,871.37
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$573.30	$0.00	$573.30
				$573.30	$0.00	$573.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,576.86	$0.00	$3,576.86
Medical.....	.....			$35,495.93	$0.00	$35,495.93
				$39,080.79	$0.00	$39,080.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,576.86	$0.00	$3,576.86
Medical.....	.....			$47,191.98	$0.00	$47,191.98
				$50,776.84	$0.00	$50,776.84
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

103 - UVA Health - NEWBORN ICU / ECMO /

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

103 - UVA Health - NEWBORN ICU / ECMO /

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$723.78**	**$0.00**	**$723.78**
				$723.78	**$0.00**	**$723.78**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$184.30**	**$0.00**	**$184.30**
Medical		**$14,129.23**	**$0.00**	**$14,129.23**
		$14,313.53	**$0.00**	**$14,313.53**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$11,084.34**	**$0.00**	**$11,084.34**
Medical		**$6,493.49**	**$0.00**	**$6,493.49**
		$17,577.83	**$0.00**	**$17,577.83**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**-$11,870.60**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,591.04**	**$0.00**	**$2,591.04**
Medical		**$5,395.84**	**$0.00**	**$5,395.84**
		$7,986.88	**$0.00**	**$7,986.88**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,724.61**	**$0.00**	**$1,724.61**
		$1,724.61	**$0.00**	**$1,724.61**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

103 - UVA Health - NEWBORN ICU / ECMO /

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,958.33	$0.00	$9,958.33
Medical.....	.....			$9,670.00	$0.00	$9,670.00
				$19,628.33	$0.00	$19,628.33
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,782.50	$0.00	$2,782.50
Medical.....	.....			$7,098.78	$0.00	$7,098.78
				$9,881.28	$0.00	$9,881.28
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,521.91	$0.00	$3,521.91
				$3,521.91	$0.00	$3,521.91
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$45.00	$0.00	$45.00
Indemnity.....	.....			$7,088.54	$0.00	$7,088.54
Medical.....	.....			$16,383.14	$0.00	$16,383.14
				$23,516.68	$0.00	$23,516.68
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

103 - UVA Health - NEWBORN ICU / ECMO /

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,367.92	$0.00	$5,367.92
				$5,367.92	$0.00	$5,367.92
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$29.37	$0.00	$29.37
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$623.70	$0.00	$623.70
				$653.07	$0.00	$653.07
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$608.38	$0.00	$608.38
				$608.38	$0.00	$608.38
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$11,005.95	$0.00	$11,005.95
Indemnity.....	.....			$197,298.04	$0.00	$197,298.04
Medical.....	.....			$124,331.72	$0.00	$124,331.72
				$332,635.71	$0.00	$332,635.71
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

103 - UVA Health - NEWBORN ICU / ECMO /

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,181.63	$0.00	$3,181.63
				$3,181.63	$0.00	$3,181.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$26,619.86	$860.03	$27,479.89
Indemnity.....	.....			$371,447.15	$82,009.73	$453,456.88
Medical.....	.....			$346,022.60	$609,101.85	$955,124.45
				$744,089.61	$691,971.61	$1,436,061.22
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,472.51	$0.00	$4,472.51
				$4,472.51	$0.00	$4,472.51
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,040.50	$0.00	$1,040.50
				$1,040.50	$0.00	$1,040.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

103 - UVA Health - NEWBORN ICU / ECMO /

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$872.85**	**$0.00**	**$872.85**
				$872.85	**$0.00**	**$872.85**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$80.64**	**$0.00**	**$80.64**
Indemnity				**$2,164.00**	**$0.00**	**$2,164.00**
Medical				**$34,723.88**	**$0.00**	**$34,723.88**
				$36,968.52	**$0.00**	**$36,968.52**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$57.90**	**$0.00**	**$57.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$156.79**	**$0.00**	**$156.79**
				$214.69	**$0.00**	**$214.69**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$37,838.72**	**$860.03**	**$38,698.75**
Indemnity				**$604,598.24**	**$82,009.73**	**$686,607.97**
Medical				**$586,543.26**	**$609,101.85**	**$1,195,645.11**
				$1,228,980.22	**$691,971.61**	**$1,920,951.83**
# of Claims	**196**					
# Open	**1**	**Recovery Amount:**	**-$11,870.60**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

104 - UVA Health - NORTHRIDGE INTERNAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

104 - UVA Health - NORTHRIDGE INTERNAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

106 - UVA Health - NUTRITION SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$696.00	$0.00	$696.00
				$696.00	$0.00	$696.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.20	$0.00	$412.20
				$412.20	$0.00	$412.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,167.82	$0.00	$1,167.82
				$1,167.82	$0.00	$1,167.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$961.54**	**$0.00**	**$961.54**
				$961.54	**$0.00**	**$961.54**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,109.88**	**$0.00**	**$1,109.88**
				$1,109.88	**$0.00**	**$1,109.88**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$929.70**	**$0.00**	**$929.70**
				$929.70	**$0.00**	**$929.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$698.38**	**$0.00**	**$698.38**
Medical				**$3,699.95**	**$0.00**	**$3,699.95**
				$4,406.33	**$0.00**	**$4,406.33**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19.72**	**$0.00**	**$19.72**
				$19.72	**$0.00**	**$19.72**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,679.55**	**$0.00**	**$1,679.55**
				$1,679.55	**$0.00**	**$1,679.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$698.38**	**$0.00**	**$698.38**
Medical				**$10,779.36**	**$0.00**	**$10,779.36**
				$11,485.74	**$0.00**	**$11,485.74**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

108 - UVA Health - OBSTETRICS & GYNECOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$272.81**	**$0.00**	**$272.81**
				$272.81	**$0.00**	**$272.81**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,523.04**	**$0.00**	**$1,523.04**
				$1,523.04	**$0.00**	**$1,523.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

108 - UVA Health - OBSTETRICS & GYNECOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$515.10**	**$0.00**	**$515.10**
				$515.10	**$0.00**	**$515.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$54.79**	**$0.00**	**$54.79**
				$54.79	**$0.00**	**$54.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$125.95**	**$0.00**	**$125.95**
Medical				**$534.94**	**$0.00**	**$534.94**
				$660.89	**$0.00**	**$660.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

108 - UVA Health - OBSTETRICS & GYNECOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$815.99	$0.00	$815.99
				$815.99	$0.00	$815.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

108 - UVA Health - OBSTETRICS & GYNECOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10.70	$0.00	$10.70
				$10.70	$0.00	$10.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$46.25	$0.00	$46.25
Indemnity.....	.....			$786.60	$0.00	$786.60
Medical.....	.....			$18,841.44	$0.00	$18,841.44
				$19,674.29	$0.00	$19,674.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

108 - UVA Health - OBSTETRICS & GYNECOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.22	$0.00	$30.22
				$30.22	$0.00	$30.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46.25	$0.00	$46.25
Indemnity.....	.....			$912.55	$0.00	$912.55
Medical.....	.....			$22,599.03	$0.00	$22,599.03
				$23,557.83	$0.00	$23,557.83
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

109 - UVA Health - Employee Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

109 - UVA Health - Employee Health

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$270.02**	**$0.00**	**$270.02**
		$270.02	**$0.00**	**$270.02**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$36.77**	**$0.00**	**$36.77**
		$36.77	**$0.00**	**$36.77**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$126.00**	**$0.00**	**$126.00**
		$126.00	**$0.00**	**$126.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

109 - UVA Health - Employee Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$2,127.44**	**$0.00**	**$2,127.44**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$155.70**	**$0.00**	**$155.70**
				$2,283.14	**$0.00**	**$2,283.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$48.00	**$0.00**	**$48.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

109 - UVA Health - Employee Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,175.44	$0.00	$2,175.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$588.49	$0.00	$588.49
				$2,763.93	$0.00	$2,763.93
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,318.77	$0.00	$4,318.77
				$4,318.77	$0.00	$4,318.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,907.14	$0.00	$4,907.14
				$4,907.14	$0.00	$4,907.14
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,270.53	$0.00	$7,270.53
				$7,270.53	$0.00	$7,270.53
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,615.59	$0.00	$1,615.59
				$1,615.59	$0.00	$1,615.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$627.72	$0.00	$627.72
Indemnity.....	.....			$37,686.74	$0.00	$37,686.74
Medical.....	.....			$54,520.16	$0.00	$54,520.16
				$92,834.62	$0.00	$92,834.62
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.76	$0.00	$22.76
				$22.76	$0.00	$22.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,598.90	$0.00	$2,598.90
Medical.....	.....			$3,301.98	$0.00	$3,301.98
				$5,908.88	$0.00	$5,908.88
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$50.00	$0.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,172.65	$0.00	$1,172.65
				$1,222.65	$0.00	$1,222.65
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,580.32	$0.00	$1,580.32
				$1,580.32	$0.00	$1,580.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$706.24	$0.00	$706.24
				$706.24	$0.00	$706.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$12.15	$0.00	$12.15
Indemnity.....	.....			$12,493.11	$0.00	$12,493.11
Medical.....	.....			$31,445.19	$0.00	$31,445.19
				$43,950.45	$0.00	$43,950.45
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$692.04	$0.00	$692.04
				$692.04	$0.00	$692.04
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$922.65	$0.00	$922.65
				$922.65	$0.00	$922.65
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11.20	$0.00	$11.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$11.20	$0.00	$11.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$11,219.59	$0.00	$11,219.59
Medical.....	.....			$7,036.97	$0.00	$7,036.97
				$18,304.56	$0.00	$18,304.56
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12,195.06	$5,142.40	$17,337.46
Indemnity.....	.....			$297,965.77	$145,833.90	$443,799.67
Medical.....	.....			$109,757.77	$131,252.79	$241,010.56
				$419,918.60	$282,229.09	$702,147.69
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$146.23	$0.00	$146.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$146.23	$0.00	$146.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$6,949.88	$0.00	$6,949.88
Indemnity.....	.....			$34,899.87	$0.00	$34,899.87
Medical.....	.....			$23,958.64	$0.00	$23,958.64
				$65,808.39	$0.00	$65,808.39
# of Claims	11					
# Open	0	Recovery Amount:	-$422.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$10,625.07	$10,000.00	$20,625.07
Indemnity.....	.....			$196,743.86	$161,406.14	$358,150.00
Medical.....	.....			$59,926.14	$38,411.47	$98,337.61
				$267,295.07	$209,817.61	$477,112.68
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,077.46	$0.00	$4,077.46
				$4,085.46	$0.00	$4,085.46
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

10 - UVA Health - 6 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$371.22	$0.00	$371.22
				$371.22	$0.00	$371.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$30.34	$27.66	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$30.34	$1,227.66	$1,258.00
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$30,711.65	$15,170.06	$45,881.71
Indemnity.....	.....			$593,607.84	$307,240.04	$900,847.88
Medical.....	.....			$317,604.22	$170,864.26	$488,468.48
				$941,923.71	$493,274.36	$1,435,198.07
# of Claims	186					
# Open	3	Recovery Amount:	-$422.39			

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,561.27	$0.00	$1,561.27
				$1,561.27	$0.00	$1,561.27
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,249.77	$0.00	$13,249.77
				$13,249.77	$0.00	$13,249.77
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$253.28	$0.00	$253.28
Medical.....	.....			$4,792.49	$0.00	$4,792.49
				$5,045.77	$0.00	$5,045.77
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,668.31	$0.00	$1,668.31
Medical.....	.....			$4,165.54	$0.00	$4,165.54
				$5,833.85	$0.00	$5,833.85
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,520.19	$0.00	$11,520.19
Medical.....	.....			$62,154.89	$0.00	$62,154.89
				$73,675.08	$0.00	$73,675.08
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$8,685.69	$0.00	$8,685.69
Medical.....	.....			$20,032.94	$0.00	$20,032.94
				$30,278.63	$0.00	$30,278.63
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18,713.90	$4,481.18	$23,195.08
Indemnity.....	.....			$433,095.39	$0.56	$433,095.95
Medical.....	.....			$268,567.60	$15,000.00	$283,567.60
				$720,376.89	$19,481.74	$739,858.63
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$15,113.71	$0.00	$15,113.71
Indemnity.....	.....			$87,889.49	$0.00	$87,889.49
Medical.....	.....			$137,378.96	$0.00	$137,378.96
				$240,382.16	$0.00	$240,382.16
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,298.53	$0.00	$6,298.53
				$6,298.53	$0.00	$6,298.53
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28,287.82	$0.00	$28,287.82
Indemnity.....	.....			$460,384.59	$0.00	$460,384.59
Medical.....	.....			$75,512.12	$0.00	$75,512.12
				$564,184.53	$0.00	$564,184.53
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$18,881.26	$9,143.40	$28,024.66
Medical.....	.....			$91,417.05	$65,927.46	$157,344.51
				$110,334.31	$75,070.86	$185,405.17
# of Claims	46					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$455.45	$0.00	$455.45
Indemnity.....	.....			$54,605.15	$0.00	$54,605.15
Medical.....	.....			$177,456.86	$0.00	$177,456.86
				$232,517.46	$0.00	$232,517.46
# of Claims	50					
# Open	0	Recovery Amount:	-$150.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,612.52	$0.00	$3,612.52
Indemnity.....	.....			$151,107.95	$0.00	$151,107.95
Medical.....	.....			$114,937.47	$0.00	$114,937.47
				$269,657.94	$0.00	$269,657.94
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8,024.39	$0.00	$8,024.39
Indemnity.....	.....			$233,651.42	$0.00	$233,651.42
Medical.....	.....			$442,310.81	$0.00	$442,310.81
				$683,986.62	$0.00	$683,986.62
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$6,574.87	$0.00	$6,574.87
Indemnity.....	.....			$141,181.81	$0.00	$141,181.81
Medical.....	.....			$75,330.89	$0.00	$75,330.89
				$223,087.57	$0.00	$223,087.57
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$5,135.29	$0.00	$5,135.29
Indemnity.....	.....			$43,628.46	$0.00	$43,628.46
Medical.....	.....			$109,109.15	$70,113.15	$179,222.30
				$157,872.90	$70,113.15	$227,986.05
# of Claims	66					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$28,265.25	$0.00	$28,265.25
Medical.....	.....			$84,803.34	$0.00	$84,803.34
				$113,084.59	$0.00	$113,084.59
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,794.25	$280.00	$2,074.25
Indemnity.....	.....			$36,671.53	$0.00	$36,671.53
Medical.....	.....			$131,295.64	$223,998.82	$355,294.46
				$169,761.42	$224,278.82	$394,040.24
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8,198.35	$3,111.43	$11,309.78
Indemnity.....	.....			$102,227.19	$99,724.29	$201,951.48
Medical.....	.....			$83,362.71	$19,178.73	$102,541.44
				$193,788.25	$122,014.45	$315,802.70
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$63.15	$0.00	$63.15
Indemnity.....	.....			$284.46	$0.00	$284.46
Medical.....	.....			$4,513.34	$0.00	$4,513.34
				$4,860.95	$0.00	$4,860.95
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8,389.62	$19,400.27	$27,789.89
Indemnity.....	.....			$157,163.97	$421,345.07	$578,509.04
Medical.....	.....			$395,894.36	$228,407.69	$624,302.05
				$561,447.95	$669,153.03	$1,230,600.98
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

111 - UVA Health - OPERATING ROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$335.69	$0.00	$335.69
Indemnity.....	.....			$14,455.19	$0.00	$14,455.19
Medical.....	.....			$27,958.06	$0.00	$27,958.06
				$42,748.94	$0.00	$42,748.94
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$6,321.24	$547.74	$6,868.98
Indemnity.....	.....			$60,081.10	$17,584.46	$77,665.56
Medical.....	.....			$18,100.87	$59,164.44	$77,265.31
				$84,503.21	$77,296.64	$161,799.85
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$112,632.25	$27,820.62	$140,452.87
Indemnity.....	.....			$2,045,701.68	$547,797.78	$2,593,499.46
Medical.....	.....			$2,350,204.66	$681,790.29	$3,031,994.95
				$4,508,538.59	$1,257,408.69	$5,765,947.28
# of Claims	973					
# Open	7	Recovery Amount:	-$150.00			

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$690.94	$0.00	$690.94
				$690.94	$0.00	$690.94
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,330.38**	**$0.00**	**$2,330.38**
				$2,330.38	**$0.00**	**$2,330.38**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,731.75**	**$0.00**	**$1,731.75**
				$1,731.75	**$0.00**	**$1,731.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,188.22**	**$0.00**	**$2,188.22**
				$2,188.22	**$0.00**	**$2,188.22**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$391.85**	**$0.00**	**$391.85**
				$391.85	**$0.00**	**$391.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$94.97	$0.00	$94.97
Indemnity.....	.....			$7,358.07	$0.00	$7,358.07
Medical.....	.....			$32,454.33	$0.00	$32,454.33
				$39,907.37	$0.00	$39,907.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.35	$0.00	$182.35
				$182.35	$0.00	$182.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,674.30	$0.00	$1,674.30
				$1,674.30	$0.00	$1,674.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$843.01	$0.00	$843.01
				$843.01	$0.00	$843.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$994.16	$0.00	$994.16
				$994.16	$0.00	$994.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,632.57	$0.00	$4,632.57
				$4,632.57	$0.00	$4,632.57
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,324.02	$0.00	$6,324.02
				$6,332.02	$0.00	$6,332.02
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,294.56	$0.00	$2,294.56
				$2,294.56	$0.00	$2,294.56
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$57.34	$0.00	$57.34
				$57.34	$0.00	$57.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,196.50	$0.00	$1,196.50
				$1,196.50	$0.00	$1,196.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,120.86	$0.00	$1,120.86
				$1,128.86	$0.00	$1,128.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

113 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$129.79	$0.00	$129.79
Indemnity.....	.....			$7,358.07	$0.00	$7,358.07
Medical.....	.....			$59,107.14	$0.00	$59,107.14
				$66,595.00	$0.00	$66,595.00
# of Claims	69					
# Open	0	Recovery Amount:	$0.00			

114 - UVA Health - Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,186.14	$0.00	$1,186.14
				$1,186.14	$0.00	$1,186.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

114 - UVA Health - Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,695.40	$0.00	$1,695.40
				$1,695.40	$0.00	$1,695.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$90.22	$0.00	$90.22
Medical.....	.....			$0.00	$0.00	$0.00
				$108.72	$0.00	$108.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

114 - UVA Health - Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$176.25**	**$0.00**	**$176.25**
				$176.25	**$0.00**	**$176.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,853.18**	**$0.00**	**$1,853.18**
				$1,853.18	**$0.00**	**$1,853.18**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$860.76**	**$0.00**	**$860.76**
				$860.76	**$0.00**	**$860.76**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$776.40**	**$0.00**	**$776.40**
				$776.40	**$0.00**	**$776.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

114 - UVA Health - Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,619.90**	**$0.00**	**$1,619.90**
				$1,619.90	**$0.00**	**$1,619.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

114 - UVA Health - Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$771.63	$0.00	$771.63
				$771.63	$0.00	$771.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$90.22	$0.00	$90.22
Medical.....	.....			$9,099.66	$0.00	$9,099.66
				$9,208.38	$0.00	$9,208.38
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

116 - UVA Health - PROSTH & ORTHO DIVIS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

116 - UVA Health - PROSTH & ORTHO DIVIS

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$333.10**	**$0.00**	**$333.10**
			$333.10	**$0.00**	**$333.10**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$146.00**	**$0.00**	**$146.00**
		$146.00	**$0.00**	**$146.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$70.06**	**$0.00**	**$70.06**
Indemnity		**$2,753.92**	**$0.00**	**$2,753.92**
Medical		**$23,583.81**	**$0.00**	**$23,583.81**
		$26,407.79	**$0.00**	**$26,407.79**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$70.06**	**$0.00**	**$70.06**
Indemnity		**$2,753.92**	**$0.00**	**$2,753.92**
Medical		**$24,062.91**	**$0.00**	**$24,062.91**
		$26,886.89	**$0.00**	**$26,886.89**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

117 - UVA Health - OTOLARYNGOLOGY

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

117 - UVA Health - OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$252.77**	**$0.00**	**$252.77**
				$252.77	**$0.00**	**$252.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,295.46**	**$0.00**	**$1,295.46**
				$1,295.46	**$0.00**	**$1,295.46**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

117 - UVA Health - OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.80**	**$0.00**	**$135.80**
				$135.80	**$0.00**	**$135.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,586.70**	**$0.00**	**$1,586.70**
				$1,586.70	**$0.00**	**$1,586.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

117 - UVA Health - OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,537.89**	**$0.00**	**$1,537.89**
				$1,537.89	**$0.00**	**$1,537.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$979.37**	**$0.00**	**$979.37**
				$979.37	**$0.00**	**$979.37**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

117 - UVA Health - OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$37.05**	**$0.00**	**$37.05**
				$37.05	**$0.00**	**$37.05**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

117 - UVA Health - OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$592.28**	**$0.00**	**$592.28**
				$592.28	**$0.00**	**$592.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,417.32**	**$0.00**	**$6,417.32**
				$6,417.32	**$0.00**	**$6,417.32**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

118 - UVA Health - PATHOLOGY CLINICAL L

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,103.36**	**$0.00**	**$1,103.36**
				$1,103.36	**$0.00**	**$1,103.36**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

118 - UVA Health - PATHOLOGY CLINICAL L

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$103.00**	**$0.00**	**$103.00**
				$103.00	**$0.00**	**$103.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$230.67**	**$0.00**	**$230.67**
				$230.67	**$0.00**	**$230.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,292.87**	**$0.00**	**$3,292.87**
				$3,318.27	**$0.00**	**$3,318.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,729.90**	**$0.00**	**$4,729.90**
				$4,755.30	**$0.00**	**$4,755.30**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

119 - UVA Health - PATIENT & FAMILY COU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.84	$0.00	$203.84
				$203.84	$0.00	$203.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,982.42	$0.00	$4,982.42
Medical.....	.....			$26,560.57	$0.00	$26,560.57
				$31,550.99	$0.00	$31,550.99
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

119 - UVA Health - PATIENT & FAMILY COU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$18.82	**$1,200.00**	**$1,218.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$26.82**	**$0.00**	**$26.82**
Indemnity				**$4,982.42**	**$0.00**	**$4,982.42**
Medical				**$26,764.41**	**$1,200.00**	**$27,964.41**
				$31,773.65	**$1,200.00**	**$32,973.65**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$288.47**	**$0.00**	**$288.47**
				$288.47	**$0.00**	**$288.47**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,822.24**	**$0.00**	**$7,822.24**
				$7,822.24	**$0.00**	**$7,822.24**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.60	$0.00	$212.60
				$212.60	$0.00	$212.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,156.04	$0.00	$1,156.04
				$1,156.04	$0.00	$1,156.04
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$169.39	$0.00	$169.39
Medical.....	.....			$1,924.41	$0.00	$1,924.41
				$2,093.80	$0.00	$2,093.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$273.42	$0.00	$273.42
				$273.42	$0.00	$273.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,367.45	$0.00	$4,367.45
				$4,367.45	$0.00	$4,367.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,359.37	$0.00	$4,359.37
				$4,359.37	$0.00	$4,359.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,982.26	$0.00	$1,982.26
				$1,982.26	$0.00	$1,982.26
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,872.08	$0.00	$1,872.08
				$1,872.08	$0.00	$1,872.08
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,724.87	$0.00	$4,724.87
				$4,724.87	$0.00	$4,724.87
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$161.43	$0.00	$161.43
Medical.....	.....			$1,822.79	$0.00	$1,822.79
				$1,984.22	$0.00	$1,984.22
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$17,851.80	$0.00	$17,851.80
Indemnity.....	.....			$273,873.33	$0.00	$273,873.33
Medical.....	.....			$124,803.42	$0.00	$124,803.42
				$416,528.55	$0.00	$416,528.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,607.11**	**$0.00**	**$1,607.11**
				$1,607.11	**$0.00**	**$1,607.11**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,236.58**	**$0.00**	**$9,236.58**
				$9,244.58	**$0.00**	**$9,244.58**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,125.46**	**$0.00**	**$1,125.46**
				$1,125.46	**$0.00**	**$1,125.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$579.50	$0.00	$579.50
				$579.50	$0.00	$579.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$56.00	$0.00	$56.00
				$80.35	$0.00	$80.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,326.36	$0.00	$2,326.36
				$2,326.36	$0.00	$2,326.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$228.00	$236.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.12	$1,200.00	$1,280.12
				$88.12	$1,428.00	$1,516.12
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

11 - UVA Health - 6 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$26.82	$0.00	$26.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$686.56	$0.00	$686.56
				$713.38	$0.00	$713.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$17,918.97	$228.00	$18,146.97
Indemnity.....	.....			$274,204.15	$0.00	$274,204.15
Medical.....	.....			$171,307.11	$1,200.00	$172,507.11
				$463,430.23	$1,428.00	$464,858.23
# of Claims	137					
# Open	1	Recovery Amount:	$0.00			

122 - UVA Health - PATIENT REP DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

122 - UVA Health - PATIENT REP DEPT

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

124 - UVA Health - PCS ADMIN

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$1,056.23	$0.00	$1,056.23
Indemnity.....	.....	$1,066.13	$0.00	$1,066.13
Medical.....	.....	$103,421.91	$0.00	$103,421.91
		$105,544.27	$0.00	$105,544.27

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$949.26	$0.00	$949.26
		$949.26	$0.00	$949.26

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

124 - UVA Health - PCS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$831.00**	**$0.00**	**$831.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,729.73**	**$0.00**	**$4,729.73**
				$5,560.73	**$0.00**	**$5,560.73**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$566.01**	**$0.00**	**$566.01**
				$566.01	**$0.00**	**$566.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$67.51**	**$0.00**	**$67.51**
Indemnity				**$9,578.06**	**$0.00**	**$9,578.06**
Medical				**$24,111.83**	**$0.00**	**$24,111.83**
				$33,757.40	**$0.00**	**$33,757.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

124 - UVA Health - PCS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,180.53**	**$0.00**	**$6,180.53**
				$6,180.53	**$0.00**	**$6,180.53**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$49.85**	**$0.00**	**$49.85**
Indemnity				**$50,781.04**	**$0.00**	**$50,781.04**
Medical				**$55,868.87**	**$0.00**	**$55,868.87**
				$106,699.76	**$0.00**	**$106,699.76**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

124 - UVA Health - PCS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,666.35**	**$0.00**	**$11,666.35**
				$11,674.35	**$0.00**	**$11,674.35**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

124 - UVA Health - PCS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$58.00	$0.00	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,090.12	$0.00	$8,090.12
				$8,148.12	$0.00	$8,148.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,070.59	$0.00	$2,070.59
Indemnity.....	.....			$61,425.23	$0.00	$61,425.23
Medical.....	.....			$215,584.61	$0.00	$215,584.61
				$279,080.43	$0.00	$279,080.43
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.04**	**$0.00**	**$147.04**
				$147.04	**$0.00**	**$147.04**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$980.00**	**$0.00**	**$980.00**
		$980.00	**$0.00**	**$980.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$165.00**	**$0.00**	**$165.00**
		$165.00	**$0.00**	**$165.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$166.08**	**$0.00**	**$166.08**
		$166.08	**$0.00**	**$166.08**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,225.22	$0.00	$1,225.22
				$1,225.22	$0.00	$1,225.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,607.33	$0.00	$1,607.33
				$1,607.33	$0.00	$1,607.33
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$731.85	$0.00	$731.85
				$731.85	$0.00	$731.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,671.34	$0.00	$1,671.34
				$1,671.34	$0.00	$1,671.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.10	$0.00	$197.10
				$197.10	$0.00	$197.10
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,301.42	$0.00	$7,301.42
Medical.....	.....			$3,923.00	$0.00	$3,923.00
				$11,224.42	$0.00	$11,224.42
# of Claims	3					
# Open	0	Recovery Amount:	-$3,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$484.51	$0.00	$484.51
Medical.....	.....			$2,296.44	$0.00	$2,296.44
				$2,788.95	$0.00	$2,788.95
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$15.57	$0.00	$15.57
Medical.....	.....			$84.19	$0.00	$84.19
				$107.76	$0.00	$107.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,727.37	$275.86	$2,003.23
Indemnity.....	.....			$5,060.28	$0.02	$5,060.30
Medical.....	.....			$69,445.29	$146,311.88	$215,757.17
				$76,232.94	$146,587.76	$222,820.70
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$24.39	$0.00	$24.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,746.54	$0.00	$1,746.54
				$1,770.93	$0.00	$1,770.93
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

125 - UVA Health - PEDIATRIC ICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$1,767.76	$275.86	$2,043.62
Indemnity.....	.....			$12,861.78	$0.02	$12,861.80
Medical.....	.....			$84,386.42	$146,311.88	$230,698.30
				$99,015.96	$146,587.76	$245,603.72
# of Claims	84					
# Open	1	Recovery Amount:	-$3,000.00			

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$319.00**	**$0.00**	**$319.00**
				$319.00	**$0.00**	**$319.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$122.97**	**$0.00**	**$122.97**
				$122.97	**$0.00**	**$122.97**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.10	$0.00	$853.10
				$853.10	$0.00	$853.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$409.62	$0.00	$409.62
				$409.62	$0.00	$409.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$900.91	$0.00	$900.91
				$900.91	$0.00	$900.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.50	$0.00	$178.50
				$178.50	$0.00	$178.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$5,579.61	$0.00	$5,579.61
Indemnity.....	.....			$51,161.18	$0.00	$51,161.18
Medical.....	.....			$143,516.54	$0.00	$143,516.54
				$200,257.33	$0.00	$200,257.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$683.22	$0.00	$683.22
				$683.22	$0.00	$683.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,238.54	$0.00	$7,238.54
Medical.....	.....			$34,587.51	$0.00	$34,587.51
				$41,834.05	$0.00	$41,834.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$25.92	$0.00	$25.92
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,713.42	$0.00	$2,713.42
				$2,739.34	$0.00	$2,739.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

126 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$9,622.34**	**$4,009.64**	**$13,631.98**
Indemnity				**$112,421.83**	**$189,663.17**	**$302,085.00**
Medical				**$78,273.89**	**$43,766.49**	**$122,040.38**
				$200,318.06	**$237,439.30**	**$437,757.36**
# of Claims	**13**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$395.36**	**$0.00**	**$395.36**
				$403.36	**$0.00**	**$403.36**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$87.52**	**$170.48**	**$258.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$2,400.00**	**$2,400.00**
				$87.52	**$2,570.48**	**$2,658.00**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$15,331.39**	**$4,180.12**	**$19,511.51**
Indemnity				**$170,821.55**	**$189,663.17**	**$360,484.72**
Medical				**$262,954.04**	**$46,166.49**	**$309,120.53**
				$449,106.98	**$240,009.78**	**$689,116.76**
# of Claims	**70**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

127 - UVA Health - PHARMACY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$232.93	$0.00	$232.93
				$232.93	$0.00	$232.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$88.16	$0.00	$88.16
Medical.....	.....			$7,409.96	$0.00	$7,409.96
				$7,498.12	$0.00	$7,498.12
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,445.51	$0.00	$4,445.51
Medical.....	.....			$30,525.42	$0.00	$30,525.42
				$34,970.93	$0.00	$34,970.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.60	$0.00	$252.60
				$252.60	$0.00	$252.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

127 - UVA Health - PHARMACY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$842.56	$0.00	$842.56
				$842.56	$0.00	$842.56
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.71	$0.00	$200.71
				$200.71	$0.00	$200.71
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,796.23	$0.00	$4,796.23
				$4,796.23	$0.00	$4,796.23
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

127 - UVA Health - PHARMACY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,850.21	$0.00	$1,850.21
				$1,850.21	$0.00	$1,850.21
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,091.99	$0.00	$3,091.99
				$3,091.99	$0.00	$3,091.99
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,730.27	$0.00	$2,730.27
				$2,730.27	$0.00	$2,730.27
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,181.94	$0.00	$1,181.94
				$1,181.94	$0.00	$1,181.94
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

127 - UVA Health - PHARMACY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,585.87	$0.00	$4,585.87
				$4,585.87	$0.00	$4,585.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,660.27	$0.00	$9,660.27
Medical.....	.....			$16,785.51	$0.00	$16,785.51
				$26,453.78	$0.00	$26,453.78
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,337.82	$0.00	$1,337.82
				$1,337.82	$0.00	$1,337.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,483.48	$0.00	$4,483.48
				$4,491.48	$0.00	$4,491.48
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

127 - UVA Health - PHARMACY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$37.60	$0.00	$37.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,148.53	$0.00	$10,148.53
				$10,186.13	$0.00	$10,186.13
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10,010.65	$1,074.75	$11,085.40
Indemnity.....	.....			$36,462.05	$28,672.20	$65,134.25
Medical.....	.....			$54,227.11	$60,908.66	$115,135.77
				$100,699.81	$90,655.61	$191,355.42
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$42.82	$3,550.00	$3,592.82
Indemnity.....	.....			$736.54	$10,864.01	$11,600.55
Medical.....	.....			$3,537.30	$26,147.87	$29,685.17
				$4,316.66	$40,561.88	$44,878.54
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10,107.07	$4,624.75	$14,731.82
Indemnity.....	.....			$51,392.53	$39,536.21	$90,928.74
Medical.....	.....			$148,220.44	$87,056.53	$235,276.97
				$209,720.04	$131,217.49	$340,937.53
# of Claims	178					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

128 - UVA Health - PLASTIC SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.54	$0.00	$193.54
				$193.54	$0.00	$193.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$437.27	$0.00	$437.27
				$437.27	$0.00	$437.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.00	$0.00	$128.00
				$128.00	$0.00	$128.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,328.66	$0.00	$1,328.66
				$1,328.66	$0.00	$1,328.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,372.74**	**$0.00**	**$2,372.74**
				$2,372.74	**$0.00**	**$2,372.74**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,460.21**	**$0.00**	**$4,460.21**
				$4,460.21	**$0.00**	**$4,460.21**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,990.17**	**$0.00**	**$1,990.17**
				$1,990.17	**$0.00**	**$1,990.17**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$11.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,155.99**	**$0.00**	**$1,155.99**
				$1,155.99	**$0.00**	**$1,155.99**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,475.72	$0.00	$4,475.72
Medical.....	.....			$14,116.60	$0.00	$14,116.60
				$18,592.32	$0.00	$18,592.32
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$119.04	$0.00	$119.04
Indemnity.....	.....			$6,993.40	$0.00	$6,993.40
Medical.....	.....			$37,956.58	$0.00	$37,956.58
				$45,069.02	$0.00	$45,069.02
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$574.28	$0.00	$574.28
				$574.28	$0.00	$574.28
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,971.83	$0.00	$4,971.83
				$4,979.83	$0.00	$4,979.83
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$802.33	$0.00	$802.33
Medical.....	.....			$13,108.20	$0.00	$13,108.20
				$13,910.53	$0.00	$13,910.53
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,099.12	$0.00	$1,099.12
				$1,099.12	$0.00	$1,099.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$68.33	$0.00	$68.33
Indemnity.....	.....			$20,898.19	$0.00	$20,898.19
Medical.....	.....			$44,403.96	$0.00	$44,403.96
				$65,370.48	$0.00	$65,370.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$32.75	$0.00	$32.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,670.36	$0.00	$9,670.36
				$9,703.11	$0.00	$9,703.11
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$869.51	$0.00	$869.51
Indemnity.....	.....			$6,013.61	$0.00	$6,013.61
Medical.....	.....			$12,567.36	$0.00	$12,567.36
				$19,450.48	$0.00	$19,450.48
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,605.78	$0.00	$9,605.78
				$9,605.78	$0.00	$9,605.78
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,031.86	$0.00	$4,031.86
				$4,031.86	$0.00	$4,031.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.40	$0.00	$52.40
Indemnity.....	.....			$6,182.86	$0.00	$6,182.86
Medical.....	.....			$25,572.64	$0.00	$25,572.64
				$31,807.90	$0.00	$31,807.90
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15.95	$0.00	$15.95
				$15.95	$0.00	$15.95
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$951.19	$0.00	$951.19
				$975.54	$0.00	$975.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$638.20	$0.00	$638.20
				$646.20	$0.00	$646.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

129 - UVA Health - PACU / SAS / PAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$1,182.38**	**$0.00**	**$1,182.38**
Indemnity				**$45,366.11**	**$0.00**	**$45,366.11**
Medical				**$182,430.07**	**$0.00**	**$182,430.07**
				$228,978.56	**$0.00**	**$228,978.56**
# of Claims	**188**					
# Open	**0**	**Recovery Amount:**	**-$11.35**			

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$99.84**	**$0.00**	**$99.84**
				$99.84	**$0.00**	**$99.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,807.29**	**$0.00**	**$4,807.29**
				$4,807.29	**$0.00**	**$4,807.29**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,545.24	$0.00	$5,545.24
Medical.....	.....			$15,919.84	$0.00	$15,919.84
				$21,465.08	$0.00	$21,465.08
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,122.81	$0.00	$19,122.81
				$19,122.81	$0.00	$19,122.81
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,795.00	$260.88	$2,055.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$41,447.62	$61,689.04	$103,136.66
				$43,242.62	$61,949.92	$105,192.54
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,484.01	$0.00	$6,484.01
				$6,484.01	$0.00	$6,484.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,580.99	$0.00	$5,580.99
				$5,580.99	$0.00	$5,580.99
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,376.59	$0.00	$6,376.59
Medical.....	.....			$5,170.40	$0.00	$5,170.40
				$11,546.99	$0.00	$11,546.99
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$6,140.00	$0.00	$6,140.00
Indemnity.....	.....			$8,793.56	$0.00	$8,793.56
Medical.....	.....			$37,106.91	$0.00	$37,106.91
				$52,040.47	$0.00	$52,040.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,577.02	$0.00	$4,577.02
				$4,577.02	$0.00	$4,577.02
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,287.81	$0.00	$6,287.81
				$6,287.81	$0.00	$6,287.81
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$763.78	$0.00	$763.78
Medical.....	.....			$2,021.61	$0.00	$2,021.61
				$2,785.39	$0.00	$2,785.39
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,001.67	$0.00	$3,001.67
				$3,001.67	$0.00	$3,001.67
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$25.40	$0.00	$25.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,376.94	$0.00	$6,376.94
				$6,402.34	$0.00	$6,402.34
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.76	$0.00	$92.76
				$92.76	$0.00	$92.76
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,313.28	$0.00	$5,313.28
Medical.....	.....			$37,165.67	$0.00	$37,165.67
				$42,486.95	$0.00	$42,486.95
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.97	$0.00	$88.97
				$88.97	$0.00	$88.97
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$31.60	$0.00	$31.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,978.78	$0.00	$1,978.78
				$2,010.38	$0.00	$2,010.38
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,876.89	$0.00	$1,876.89
Medical.....	.....			$4,611.73	$0.00	$4,611.73
				$6,504.62	$0.00	$6,504.62
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$6,608.99	$0.00	$6,608.99
Indemnity.....	.....			$32,459.28	$0.00	$32,459.28
Medical.....	.....			$65,764.22	$0.00	$65,764.22
				$104,832.49	$0.00	$104,832.49
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,756.26	$0.00	$6,756.26
Indemnity.....	.....			$22,077.82	$0.00	$22,077.82
Medical.....	.....			$8,145.40	$0.00	$8,145.40
				$36,979.48	$0.00	$36,979.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

12 - UVA Health - 6 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$200.00	$218.82
Indemnity.....	.....			$0.00	$9,675.00	$9,675.00
Medical.....	.....			$617.63	$23,140.00	$23,757.63
				$636.45	$33,015.00	$33,651.45
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$21,400.07	$460.88	$21,860.95
Indemnity.....	.....			$83,206.44	$9,675.00	$92,881.44
Medical.....	.....			$276,469.92	$84,829.04	$361,298.96
				$381,076.43	$94,964.92	$476,041.35
# of Claims	228					
# Open	2	Recovery Amount:	$0.00			

130 - UVA Health - PRE-CERT / PRE-AUTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,063.44	$0.00	$9,063.44
				$9,063.44	$0.00	$9,063.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

130 - UVA Health - PRE-CERT / PRE-AUTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.28	$0.00	$337.28
				$337.28	$0.00	$337.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$837.00	$0.00	$837.00
				$837.00	$0.00	$837.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,871.84	$0.00	$3,871.84
				$3,871.84	$0.00	$3,871.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,212.56	$0.00	$14,212.56
				$14,212.56	$0.00	$14,212.56
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

131 - UVA Health - Marketing & Communica

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

131 - UVA Health - Marketing & Communica

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$77.56**	**$0.00**	**$77.56**
				$77.56	**$0.00**	**$77.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$408.25**	**$0.00**	**$408.25**
		$408.25	**$0.00**	**$408.25**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

131 - UVA Health - Marketing & Communica

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,260.83**	**$0.00**	**$8,260.83**
				$8,260.83	**$0.00**	**$8,260.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,746.64**	**$0.00**	**$8,746.64**
				$8,746.64	**$0.00**	**$8,746.64**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

132 - UVA Health - PULMONARY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

132 - UVA Health - PULMONARY LAB

WC2004	**7/1/2003 - 6/30/2004**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,009.32**	**$0.00**	**$4,009.32**
				$4,009.32	**$0.00**	**$4,009.32**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$220.55**	**$0.00**	**$220.55**
				$220.55	**$0.00**	**$220.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

132 - UVA Health - PULMONARY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,196.24**	**$0.00**	**$1,196.24**
				$1,196.24	**$0.00**	**$1,196.24**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$408.44**	**$0.00**	**$408.44**
				$408.44	**$0.00**	**$408.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$340.70**	**$0.00**	**$340.70**
				$340.70	**$0.00**	**$340.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

132 - UVA Health - PULMONARY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,175.25	$0.00	$6,175.25
				$6,175.25	$0.00	$6,175.25
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

133 - UVA Health - PURCHASING GROUP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

133 - UVA Health - PURCHASING GROUP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

134 - UVA Health - RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$317.30	$0.00	$317.30
				$317.30	$0.00	$317.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

134 - UVA Health - RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$297.10	$0.00	$297.10
				$297.10	$0.00	$297.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,284.81	$0.00	$2,284.81
				$2,284.81	$0.00	$2,284.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

134 - UVA Health - RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$257.34**	**$0.00**	**$257.34**
				$257.34	**$0.00**	**$257.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$57.91**	**$0.00**	**$57.91**
				$57.91	**$0.00**	**$57.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$432.88**	**$0.00**	**$432.88**
				$432.88	**$0.00**	**$432.88**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

134 - UVA Health - RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,651.11	$0.00	$1,651.11
				$1,651.11	$0.00	$1,651.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$6,196.99	$7,803.01	$14,000.00
Indemnity.....	.....			$52,269.71	$61,177.65	$113,447.36
Medical.....	.....			$18,682.40	$23,387.34	$42,069.74
				$77,149.10	$92,368.00	$169,517.10
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

134 - UVA Health - RADIATION ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,196.99**	**$7,803.01**	**$14,000.00**
Indemnity				**$52,269.71**	**$61,177.65**	**$113,447.36**
Medical				**$23,980.85**	**$23,387.34**	**$47,368.19**
				$82,447.55	**$92,368.00**	**$174,815.55**
# of Claims	**23**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,532.00**	**$660.00**	**$4,192.00**
Indemnity				**$480,604.60**	**$0.00**	**$480,604.60**
Medical				**$497,347.67**	**$211,548.52**	**$708,896.19**
				$981,484.27	**$212,208.52**	**$1,193,692.79**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$268,167.15	$0.00	$268,167.15
Medical.....	.....			$9,651.89	$0.00	$9,651.89
				$277,819.04	$0.00	$277,819.04
# of Claims	1					
# Open	0	Recovery Amount:	-$188.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$268.28	$0.00	$268.28
Indemnity.....	.....			$307,667.27	$0.00	$307,667.27
Medical.....	.....			$59,072.33	$0.00	$59,072.33
				$367,007.88	$0.00	$367,007.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$768.34	$0.00	$768.34
				$768.34	$0.00	$768.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,040.00	$0.00	$1,040.00
Indemnity.....	.....			$222,192.43	$0.00	$222,192.43
Medical.....	.....			$90,824.72	$0.00	$90,824.72
				$314,057.15	$0.00	$314,057.15
# of Claims	28					
# Open	0	Recovery Amount:	-$1,217.71			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,411.41**	**$0.00**	**$11,411.41**
				$11,411.41	**$0.00**	**$11,411.41**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$17,987.68**	**$0.00**	**$17,987.68**
Medical				**$159,233.06**	**$0.00**	**$159,233.06**
				$177,570.74	**$0.00**	**$177,570.74**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$2,263.50**	**$0.00**	**$2,263.50**
Indemnity				**$4,786.72**	**$0.00**	**$4,786.72**
Medical				**$54,729.30**	**$0.00**	**$54,729.30**
				$61,779.52	**$0.00**	**$61,779.52**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,723.10**	**$0.00**	**$17,723.10**
				$17,723.10	**$0.00**	**$17,723.10**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$408.54	$0.00	$408.54
Indemnity.....	.....			$374.46	$0.00	$374.46
Medical.....	.....			$38,010.45	$0.00	$38,010.45
				$38,793.45	$0.00	$38,793.45
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,239.13	$0.00	$10,239.13
Medical.....	.....			$58,594.42	$0.00	$58,594.42
				$68,833.55	$0.00	$68,833.55
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,158.93	$0.00	$10,158.93
Medical.....	.....			$43,658.81	$0.00	$43,658.81
				$53,817.74	$0.00	$53,817.74
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$64,200.83	$0.00	$64,200.83
Medical.....	.....			$116,449.76	$33,769.75	$150,219.51
				$180,658.59	$33,769.75	$214,428.34
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$9,405.51**	**$0.00**	**$9,405.51**
Indemnity				**$447,035.60**	**$0.00**	**$447,035.60**
Medical				**$248,211.49**	**$0.00**	**$248,211.49**
				$704,652.60	**$0.00**	**$704,652.60**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$19.50**	**$0.00**	**$19.50**
Indemnity				**$11,402.15**	**$0.00**	**$11,402.15**
Medical				**$84,598.81**	**$0.00**	**$84,598.81**
				$96,020.46	**$0.00**	**$96,020.46**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$10,486.27**	**$0.00**	**$10,486.27**
Indemnity				**$259,796.95**	**$0.00**	**$259,796.95**
Medical				**$114,354.48**	**$0.00**	**$114,354.48**
				$384,637.70	**$0.00**	**$384,637.70**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15,358.15**	**$0.00**	**$15,358.15**
				$15,366.15	**$0.00**	**$15,366.15**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$19,490.77	$162.93	$19,653.70
Indemnity.....	.....			$128,109.75	$28,851.86	$156,961.61
Medical.....	.....			$149,263.95	$117,189.26	$266,453.21
				$296,864.47	$146,204.05	$443,068.52
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$22.43	$0.00	$22.43
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,725.33	$0.00	$20,725.33
				$20,747.76	$0.00	$20,747.76
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$377.22	$0.00	$377.22
Indemnity.....	.....			$2,141.95	$0.00	$2,141.95
Medical.....	.....			$26,691.33	$0.00	$26,691.33
				$29,210.50	$0.00	$29,210.50
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$13,112.04	$14,388.42	$27,500.46
Indemnity.....	.....			$98,804.74	$42,766.28	$141,571.02
Medical.....	.....			$176,971.78	$144,895.78	$321,867.56
				$288,888.56	$202,050.48	$490,939.04
# of Claims	25					
# Open	1	Recovery Amount:	-$2,379.72			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$93.23	$0.00	$93.23
Indemnity.....	.....			$3,604.86	$0.00	$3,604.86
Medical.....	.....			$58,914.82	$65,219.00	$124,133.82
				$62,612.91	$65,219.00	$127,831.91
# of Claims	22					
# Open	1	Recovery Amount:	-$35,572.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$11,095.69	$12,581.32	$23,677.01
Indemnity.....	.....			$124,202.30	$35,603.70	$159,806.00
Medical.....	.....			$121,875.14	$26,916.91	$148,792.05
				$257,173.13	$75,101.93	$332,275.06
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$5,506.35	$0.00	$5,506.35
Indemnity.....	.....			$88,951.74	$10,535.87	$99,487.61
Medical.....	.....			$184,189.77	$14,000.00	$198,189.77
				$278,647.86	$24,535.87	$303,183.73
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$210.34	$181.18	$391.52
Indemnity.....	.....			$2,948.57	$30,591.43	$33,540.00
Medical.....	.....			$39,453.83	$51,714.60	$91,168.43
				$42,612.74	$82,487.21	$125,099.95
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

135 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$88.06	$50.00	$138.06
Indemnity.....	.....			$0.00	$4,200.00	$4,200.00
Medical.....	.....			$1,313.00	$28,700.00	$30,013.00
				$1,401.06	$32,950.00	$34,351.06
# of Claims	17					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$77,785.73	$28,023.85	$105,809.58
Indemnity.....	.....			$2,553,377.81	$152,549.14	$2,705,926.95
Medical.....	.....			$2,399,397.14	$693,953.82	$3,093,350.96
				$5,030,560.68	$874,526.81	$5,905,087.49
# of Claims	640					
# Open	10	Recovery Amount:	-$39,357.82			

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$8,180.85	$200.00	$8,380.85
Indemnity.....	.....			$257,532.14	$0.00	$257,532.14
Medical.....	.....			$591,351.84	$47,442.15	$638,793.99
				$857,064.83	$47,642.15	$904,706.98
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,685.60	$0.00	$7,685.60
Medical.....	.....			$20,464.56	$0.00	$20,464.56
				$28,150.16	$0.00	$28,150.16
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,444.06**	**$0.00**	**$3,444.06**
				$3,444.06	**$0.00**	**$3,444.06**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,712.60**	**$0.00**	**$1,712.60**
				$1,712.60	**$0.00**	**$1,712.60**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,568.53**	**$0.00**	**$1,568.53**
				$1,568.53	**$0.00**	**$1,568.53**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$243.17**	**$0.00**	**$243.17**
				$243.17	**$0.00**	**$243.17**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,728.00**	**$0.00**	**$6,728.00**
Medical				**$5,223.00**	**$0.00**	**$5,223.00**
				$11,951.00	**$0.00**	**$11,951.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,430.52**	**$0.00**	**$1,430.52**
				$1,430.52	**$0.00**	**$1,430.52**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$109.65**	**$0.00**	**$109.65**
Indemnity				**$3,666.47**	**$0.00**	**$3,666.47**
Medical				**$10,006.10**	**$0.00**	**$10,006.10**
				$13,782.22	**$0.00**	**$13,782.22**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,390.84	$0.00	$3,390.84
				$3,390.84	$0.00	$3,390.84
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,006.97	$0.00	$1,006.97
				$1,006.97	$0.00	$1,006.97
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,916.96	$0.00	$1,916.96
				$1,916.96	$0.00	$1,916.96
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,215.83	$0.00	$3,215.83
				$3,226.53	$0.00	$3,226.53
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$19.57	$0.00	$19.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,949.08	$0.00	$5,949.08
				$5,968.65	$0.00	$5,968.65
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$34.41	$0.00	$34.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,097.22	$0.00	$7,097.22
				$7,131.63	$0.00	$7,131.63
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$25,949.97	$3,716.00	$29,665.97
Indemnity.....	.....			$265,876.69	$122,421.31	$388,298.00
Medical.....	.....			$13,285.07	$9,047.50	$22,332.57
				$305,111.73	$135,184.81	$440,296.54
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$22,624.17	$0.00	$22,624.17
Medical.....	.....			$9,692.20	$0.00	$9,692.20
				$32,324.37	$0.00	$32,324.37
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

136 - UVA Health - Acute Care Pool

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$72.50	$0.00	$72.50
Indemnity.....	.....			$12,451.27	$0.00	$12,451.27
Medical.....	.....			$11,685.01	$57,527.64	$69,212.65
				$24,208.78	$57,527.64	$81,736.42
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$163.63	$1,836.37	$2,000.00
Indemnity.....	.....			$10,090.77	$0.00	$10,090.77
Medical.....	.....			$48,529.22	$26,496.40	$75,025.62
				$58,783.62	$28,332.77	$87,116.39
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$34,549.28	$5,752.37	$40,301.65
Indemnity.....	.....			$586,655.11	$122,421.31	$709,076.42
Medical.....	.....			$741,212.78	$140,513.69	$881,726.47
				$1,362,417.17	$268,687.37	$1,631,104.54
# of Claims	211					
# Open	4	Recovery Amount:	$0.00			

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$92.15**	**$0.00**	**$92.15**
Medical				**$3,704.69**	**$0.00**	**$3,704.69**
				$3,796.84	**$0.00**	**$3,796.84**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$384.15**	**$0.00**	**$384.15**
Medical				**$2,888.53**	**$0.00**	**$2,888.53**
				$3,272.68	**$0.00**	**$3,272.68**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,178.72**	**$0.00**	**$5,178.72**
				$5,178.72	**$0.00**	**$5,178.72**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$165.08**	**$0.00**	**$165.08**
Medical				**$1,577.20**	**$0.00**	**$1,577.20**
				$1,742.28	**$0.00**	**$1,742.28**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,689.91	$0.00	$2,689.91
				$2,689.91	$0.00	$2,689.91
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,060.17	$0.00	$6,060.17
				$6,060.17	$0.00	$6,060.17
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,194.00	$0.00	$1,194.00
Medical.....	.....			$4,572.20	$0.00	$4,572.20
				$5,766.20	$0.00	$5,766.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,035.08	$0.00	$2,035.08
Medical.....	.....			$2,187.97	$0.00	$2,187.97
				$4,223.05	$0.00	$4,223.05
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,073.65	$0.00	$3,073.65
Medical.....	.....			$37,335.08	$0.00	$37,335.08
				$40,408.73	$0.00	$40,408.73
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$737.14	$2,000.00	$2,737.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81,247.42	$30,343.57	$111,590.99
				$81,984.56	$32,343.57	$114,328.13
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,389.02	$0.00	$1,389.02
				$1,425.02	$0.00	$1,425.02
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,178.44	$0.00	$3,178.44
				$3,178.44	$0.00	$3,178.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,394.72	$0.00	$1,394.72
				$1,394.72	$0.00	$1,394.72
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$33.41	$0.00	$33.41
Indemnity.....	.....			$150.83	$0.00	$150.83
Medical.....	.....			$4,882.23	$0.00	$4,882.23
				$5,066.47	$0.00	$5,066.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$121.19	$0.00	$121.19
Medical.....	.....			$4,036.60	$0.00	$4,036.60
				$4,165.79	$0.00	$4,165.79
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,063.51	$0.00	$1,063.51
Medical.....	.....			$14,490.82	$0.00	$14,490.82
				$15,562.33	$0.00	$15,562.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$429.44	$0.00	$429.44
				$429.44	$0.00	$429.44
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$46.68	$0.00	$46.68
Indemnity.....	.....			$9,118.65	$0.00	$9,118.65
Medical.....	.....			$25,850.45	$0.00	$25,850.45
				$35,015.78	$0.00	$35,015.78
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$5,645.18	$0.00	$5,645.18
Indemnity.....	.....			$31,241.73	$0.00	$31,241.73
Medical.....	.....			$46,321.92	$0.00	$46,321.92
				$83,208.83	$0.00	$83,208.83
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$39.85	$0.00	$39.85
Indemnity.....	.....			$17,095.78	$0.00	$17,095.78
Medical.....	.....			$36,648.60	$0.00	$36,648.60
				$53,784.23	$0.00	$53,784.23
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

137 - UVA Health - RENAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,554.26	$2,000.00	$8,554.26
Indemnity.....	.....			$65,735.80	$0.00	$65,735.80
Medical.....	.....			$286,064.13	$30,343.57	$316,407.70
				$358,354.19	$32,343.57	$390,697.76
# of Claims	238					
# Open	1	Recovery Amount:	$0.00			

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.00	$0.00	$233.00
				$233.00	$0.00	$233.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$14.00	$0.00	$14.00
Indemnity.....	.....			$6,656.59	$0.00	$6,656.59
Medical.....	.....			$30,268.93	$0.00	$30,268.93
				$36,939.52	$0.00	$36,939.52
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,661.93	$0.00	$1,661.93
				$1,661.93	$0.00	$1,661.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,036.61**	**$0.00**	**$2,036.61**
				$2,036.61	**$0.00**	**$2,036.61**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$22.79**	**$0.00**	**$22.79**
Indemnity				**$27,892.12**	**$0.00**	**$27,892.12**
Medical				**$52,710.29**	**$0.00**	**$52,710.29**
				$80,625.20	**$0.00**	**$80,625.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$869.87**	**$0.00**	**$869.87**
				$869.87	**$0.00**	**$869.87**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24,873.40	$4,874.56	$29,747.96
Indemnity.....	.....			$412,258.28	$0.00	$412,258.28
Medical.....	.....			$619,964.91	$131,564.67	$751,529.58
				$1,057,096.59	$136,439.23	$1,193,535.82
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$109.61	$0.00	$109.61
Indemnity.....	.....			$20,200.18	$0.00	$20,200.18
Medical.....	.....			$67,182.02	$0.00	$67,182.02
				$87,491.81	$0.00	$87,491.81
# of Claims	5					
# Open	0	Recovery Amount:	-$20,577.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$18.71**	**$0.00**	**$18.71**
Indemnity				**$943.54**	**$0.00**	**$943.54**
Medical				**$4,633.13**	**$0.00**	**$4,633.13**
				$5,595.38	**$0.00**	**$5,595.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$12.21**	**$0.00**	**$12.21**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,678.06**	**$0.00**	**$1,678.06**
				$1,690.27	**$0.00**	**$1,690.27**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,338.03**	**$0.00**	**$1,338.03**
				$1,338.03	**$0.00**	**$1,338.03**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,867.85**	**$0.00**	**$2,867.85**
				$2,867.85	**$0.00**	**$2,867.85**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$90.95**	**$0.00**	**$90.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$90.95	**$0.00**	**$90.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

138 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$25,141.67	$4,874.56	$30,016.23
Indemnity.....	.....			$467,950.71	$0.00	$467,950.71
Medical.....	.....			$785,444.63	$131,564.67	$917,009.30
				$1,278,537.01	$136,439.23	$1,414,976.24
# of Claims	113					
# Open	1	Recovery Amount:	-$20,577.00			

139 - UVA Health - RISK MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$526.00	$0.00	$526.00
				$526.00	$0.00	$526.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

139 - UVA Health - RISK MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.00	$0.00	$253.00
				$253.00	$0.00	$253.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$779.00	$0.00	$779.00
				$779.00	$0.00	$779.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

13 - UVA Health - 7 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.00	$0.00	$183.00
				$183.00	$0.00	$183.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

13 - UVA Health - 7 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28,747.47**	**$0.00**	**$28,747.47**
				$28,747.47	**$0.00**	**$28,747.47**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$784.90**	**$0.00**	**$784.90**
				$784.90	**$0.00**	**$784.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

13 - UVA Health - 7 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.07	$0.00	$84.07
				$84.07	$0.00	$84.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,600.29	$0.00	$1,600.29
				$1,600.29	$0.00	$1,600.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,414.59	$0.00	$3,414.59
				$3,414.59	$0.00	$3,414.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

13 - UVA Health - 7 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,575.36**	**$0.00**	**$2,575.36**
				$2,575.36	**$0.00**	**$2,575.36**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$37,389.68**	**$0.00**	**$37,389.68**
				$37,389.68	**$0.00**	**$37,389.68**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

140 - UVA Health - SOCIAL WORK

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

140 - UVA Health - SOCIAL WORK

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$181.50**	**$0.00**	**$181.50**
				$181.50	**$0.00**	**$181.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,140.20**	**$0.00**	**$1,140.20**
		$1,140.20	**$0.00**	**$1,140.20**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,806.36**	**$0.00**	**$3,806.36**
Medical		**$17,285.52**	**$0.00**	**$17,285.52**
		$21,091.88	**$0.00**	**$21,091.88**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

140 - UVA Health - SOCIAL WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,943.50	$0.00	$2,943.50
Medical.....	.....			$16,000.00	$0.00	$16,000.00
				$18,943.50	$0.00	$18,943.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$180.00	$0.00	$180.00
				$180.00	$0.00	$180.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

140 - UVA Health - SOCIAL WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$362.90	$0.00	$362.90
				$362.90	$0.00	$362.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,367.81	$0.00	$1,367.81
				$1,367.81	$0.00	$1,367.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

140 - UVA Health - SOCIAL WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,368.89	$0.00	$1,368.89
				$1,368.89	$0.00	$1,368.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,749.86	$0.00	$6,749.86
Medical.....	.....			$37,886.82	$0.00	$37,886.82
				$44,644.68	$0.00	$44,644.68
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$550.92	$0.00	$550.92
				$550.92	$0.00	$550.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,701.12	$0.00	$1,701.12
Medical.....	.....			$35,831.76	$0.00	$35,831.76
				$37,532.88	$0.00	$37,532.88
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$611.33	$0.00	$611.33
Indemnity.....	.....			$254.70	$0.00	$254.70
Medical.....	.....			$49,999.93	$0.00	$49,999.93
				$50,865.96	$0.00	$50,865.96
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.36	$0.00	$199.36
				$199.36	$0.00	$199.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,260.20	$0.00	$1,260.20
Medical.....	.....			$7,006.42	$0.00	$7,006.42
				$8,266.62	$0.00	$8,266.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,038.18	$0.00	$3,038.18
				$3,038.18	$0.00	$3,038.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$463.16	$0.00	$463.16
Indemnity.....	.....			$4,642.95	$0.00	$4,642.95
Medical.....	.....			$38,560.48	$0.00	$38,560.48
				$43,666.59	$0.00	$43,666.59
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$212.98	$0.00	$212.98
Medical.....	.....			$505.11	$0.00	$505.11
				$718.09	$0.00	$718.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$103.86	$0.00	$103.86
Medical.....	.....			$2,830.80	$0.00	$2,830.80
				$2,934.66	$0.00	$2,934.66
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$295.09	$0.00	$295.09
				$295.09	$0.00	$295.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$146.75	$0.00	$146.75
Indemnity.....	.....			$6,202.19	$0.00	$6,202.19
Medical.....	.....			$51,090.53	$0.00	$51,090.53
				$57,439.47	$0.00	$57,439.47
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$333.78	$0.00	$333.78
Indemnity.....	.....			$7,259.16	$0.00	$7,259.16
Medical.....	.....			$47,204.34	$0.00	$47,204.34
				$54,797.28	$0.00	$54,797.28
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$29,467.59	$0.00	$29,467.59
Medical.....	.....			$22,047.71	$0.00	$22,047.71
				$51,523.30	$0.00	$51,523.30
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,864.27	$0.00	$3,864.27
Medical.....	.....			$46,253.66	$0.00	$46,253.66
				$50,125.93	$0.00	$50,125.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8,217.19	$0.00	$8,217.19
Indemnity.....	.....			$273,081.19	$0.00	$273,081.19
Medical.....	.....			$68,040.60	$0.00	$68,040.60
				$349,338.98	$0.00	$349,338.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$22,071.72	$28,364.35	$50,436.07
Indemnity.....	.....			$120,285.61	$87,987.23	$208,272.84
Medical.....	.....			$131,221.32	$225,820.99	$357,042.31
				$273,578.65	$342,172.57	$615,751.22
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$54.50	$0.00	$54.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,290.85	$0.00	$6,290.85
				$6,345.35	$0.00	$6,345.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,223.46	$0.00	$6,223.46
Medical.....	.....			$34,762.85	$0.00	$34,762.85
				$40,994.31	$0.00	$40,994.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

142 - UVA Health - STOREROOM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.34	$0.00	$110.34
				$134.69	$0.00	$134.69
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$31,965.60	$28,364.35	$60,329.95
Indemnity.....	.....			$454,559.28	$87,987.23	$542,546.51
Medical.....	.....			$545,840.25	$225,820.99	$771,661.24
				$1,032,365.13	$342,172.57	$1,374,537.70
# of Claims	152					
# Open	1	Recovery Amount:	$0.00			

143 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$666.13	$0.00	$666.13
				$666.13	$0.00	$666.13
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

143 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,196.00**	**$0.00**	**$1,196.00**
				$1,196.00	**$0.00**	**$1,196.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$643.00**	**$0.00**	**$643.00**
				$643.00	**$0.00**	**$643.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,343.27**	**$0.00**	**$3,343.27**
				$3,343.27	**$0.00**	**$3,343.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

143 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$1,384.00	$0.00	$1,384.00
Indemnity.....	.....			$11,957.15	$0.00	$11,957.15
Medical.....	.....			$70,696.23	$0.00	$70,696.23
				$84,037.38	$0.00	$84,037.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,064.33	$0.00	$3,064.33
Medical.....	.....			$22,696.01	$0.00	$22,696.01
				$25,768.34	$0.00	$25,768.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

143 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$34.90	$0.00	$34.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,183.71	$0.00	$10,183.71
				$10,218.61	$0.00	$10,218.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,434.90	$0.00	$1,434.90
Indemnity.....	.....			$15,021.48	$0.00	$15,021.48
Medical.....	.....			$109,424.35	$0.00	$109,424.35
				$125,880.73	$0.00	$125,880.73
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,365.00**	**$0.00**	**$2,365.00**
Medical				**$1,759.65**	**$0.00**	**$1,759.65**
				$4,124.65	**$0.00**	**$4,124.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$380.25**	**$0.00**	**$380.25**
Indemnity				**$35,916.66**	**$0.00**	**$35,916.66**
Medical				**$49,698.38**	**$0.00**	**$49,698.38**
				$85,995.29	**$0.00**	**$85,995.29**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$514.04**	**$0.00**	**$514.04**
				$514.04	**$0.00**	**$514.04**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75,409.46**	**$0.00**	**$75,409.46**
				$75,409.46	**$0.00**	**$75,409.46**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$422.31**	**$0.00**	**$422.31**
				$422.31	**$0.00**	**$422.31**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$655.84	$0.00	$655.84
				$655.84	$0.00	$655.84
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$673.96	$0.00	$673.96
				$673.96	$0.00	$673.96
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.58	$0.00	$121.58
				$121.58	$0.00	$121.58
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,175.30	$0.00	$11,175.30
				$11,175.30	$0.00	$11,175.30
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$17,028.36	$0.00	$17,028.36
Indemnity.....	.....			$509,596.92	$0.00	$509,596.92
Medical.....	.....			$60,742.90	$97,311.40	$158,054.30
				$587,368.18	$97,311.40	$684,679.58
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$2,553.79	$0.00	$2,553.79
Medical.....	.....			$18,074.91	$0.00	$18,074.91
				$20,644.70	$0.00	$20,644.70
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$26.61	$0.00	$26.61
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$23,795.86	$0.00	$23,795.86
				$23,822.47	$0.00	$23,822.47
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,287.06	$0.00	$1,287.06
Medical.....	.....			$33,418.16	$0.00	$33,418.16
				$34,713.22	$0.00	$34,713.22
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,303.58	$0.00	$5,303.58
Medical.....	.....			$11,462.66	$0.00	$11,462.66
				$16,774.24	$0.00	$16,774.24
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$258.54	$0.00	$258.54
				$258.54	$0.00	$258.54
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22.20	$0.00	$22.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,488.66	$0.00	$6,488.66
				$6,510.86	$0.00	$6,510.86
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$18.82	$231.18	$250.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,376.63	$12,812.94	$21,189.57
				$8,395.45	$13,044.12	$21,439.57
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$956.38	$0.00	$956.38
				$964.38	$0.00	$964.38
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

144 - UVA Health - Therapy Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$306.33**	**$0.00**	**$306.33**
				$306.33	**$0.00**	**$306.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$17,516.24**	**$231.18**	**$17,747.42**
Indemnity				**$557,023.01**	**$0.00**	**$557,023.01**
Medical				**$304,311.55**	**$110,124.34**	**$414,435.89**
				$878,850.80	**$110,355.52**	**$989,206.32**
# of Claims	**160**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,249.52**	**$0.00**	**$7,249.52**
				$7,249.52	**$0.00**	**$7,249.52**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,588.89**	**$0.00**	**$1,588.89**
Medical				**$14,206.47**	**$0.00**	**$14,206.47**
				$15,795.36	**$0.00**	**$15,795.36**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,326.27**	**$0.00**	**$3,326.27**
Medical				**$41,700.79**	**$0.00**	**$41,700.79**
				$45,027.06	**$0.00**	**$45,027.06**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,304.13**	**$0.00**	**$1,304.13**
				$1,304.13	**$0.00**	**$1,304.13**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$101.86**	**$0.00**	**$101.86**
Medical				**$1,120.90**	**$0.00**	**$1,120.90**
				$1,222.76	**$0.00**	**$1,222.76**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$150.00**	**$0.00**	**$150.00**
				$150.00	**$0.00**	**$150.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,576.07**	**$0.00**	**$1,576.07**
				$1,576.07	**$0.00**	**$1,576.07**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$736.90**	**$0.00**	**$736.90**
				$736.90	**$0.00**	**$736.90**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$6,895.50**	**$48.00**	**$6,943.50**
Indemnity				**$202,422.42**	**$0.00**	**$202,422.42**
Medical				**$365,295.81**	**$356,746.42**	**$722,042.23**
				$574,613.73	**$356,794.42**	**$931,408.15**
# of Claims	**14**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,583.48**	**$0.00**	**$5,583.48**
				$5,583.48	**$0.00**	**$5,583.48**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$509.53	$0.00	$509.53
Medical.....	.....			$4,871.86	$0.00	$4,871.86
				$5,381.39	$0.00	$5,381.39
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,065.10	$0.00	$1,065.10
				$1,065.10	$0.00	$1,065.10
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$813.17	$0.00	$813.17
				$813.17	$0.00	$813.17
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$20.20**	**$0.00**	**$20.20**
Indemnity				**$2,385.44**	**$0.00**	**$2,385.44**
Medical				**$47,898.73**	**$0.00**	**$47,898.73**
				$50,304.37	**$0.00**	**$50,304.37**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,596.48**	**$0.00**	**$1,596.48**
				$1,596.48	**$0.00**	**$1,596.48**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,340.44**	**$0.00**	**$2,340.44**
				$2,340.44	**$0.00**	**$2,340.44**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,265.72**	**$0.00**	**$4,265.72**
				$4,265.72	**$0.00**	**$4,265.72**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

145 - UVA Health - STBICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23,546.92**	**$0.00**	**$23,546.92**
				$23,554.92	**$0.00**	**$23,554.92**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$25.90**	**$0.00**	**$25.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$934.15**	**$0.00**	**$934.15**
				$960.05	**$0.00**	**$960.05**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$26.82**	**$0.00**	**$26.82**
Indemnity				**$47,406.02**	**$0.00**	**$47,406.02**
Medical				**$17,961.53**	**$20,409.24**	**$38,370.77**
				$65,394.37	**$20,409.24**	**$85,803.61**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,976.42**	**$48.00**	**$7,024.42**
Indemnity				**$257,740.43**	**$0.00**	**$257,740.43**
Medical				**$544,218.17**	**$377,155.66**	**$921,373.83**
				$808,935.02	**$377,203.66**	**$1,186,138.68**
# of Claims	**282**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

148 - UVA Health - TCVPO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$855.32	$0.00	$855.32
				$855.32	$0.00	$855.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,440.93	$0.00	$1,440.93
				$1,440.93	$0.00	$1,440.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$731.81	$0.00	$731.81
Medical.....	.....			$1,450.97	$0.00	$1,450.97
				$2,182.78	$0.00	$2,182.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,473.89	$0.00	$11,473.89
Medical.....	.....			$8,442.42	$0.00	$8,442.42
				$19,916.31	$0.00	$19,916.31
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

148 - UVA Health - TCVPO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,959.72**	**$0.00**	**$2,959.72**
Medical				**$8,803.41**	**$0.00**	**$8,803.41**
				$11,763.13	**$0.00**	**$11,763.13**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,854.61**	**$0.00**	**$2,854.61**
				$2,854.61	**$0.00**	**$2,854.61**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,447.26**	**$0.00**	**$1,447.26**
				$1,447.26	**$0.00**	**$1,447.26**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,111.73**	**$0.00**	**$6,111.73**
				$6,111.73	**$0.00**	**$6,111.73**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,517.01**	**$0.00**	**$1,517.01**
				$1,517.01	**$0.00**	**$1,517.01**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

148 - UVA Health - TCVPO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.25**	**$0.00**	**$18.25**
				$18.25	**$0.00**	**$18.25**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,486.37**	**$0.00**	**$3,486.37**
				$3,486.37	**$0.00**	**$3,486.37**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$25,119.46**	**$0.00**	**$25,119.46**
Indemnity				**$140,698.83**	**$0.00**	**$140,698.83**
Medical				**$23,892.05**	**$0.00**	**$23,892.05**
				$189,710.34	**$0.00**	**$189,710.34**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,110.10**	**$0.00**	**$1,110.10**
				$1,110.10	**$0.00**	**$1,110.10**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$3.77**	**$0.00**	**$3.77**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,758.29**	**$0.00**	**$3,758.29**
				$3,762.06	**$0.00**	**$3,762.06**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

148 - UVA Health - TCVPO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,826.20	$0.00	$2,826.20
Indemnity.....	.....			$11,854.16	$0.00	$11,854.16
Medical.....	.....			$15,543.24	$0.00	$15,543.24
				$30,223.60	$0.00	$30,223.60
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,629.67	$0.00	$2,629.67
				$2,629.67	$0.00	$2,629.67
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8,155.02	$0.00	$8,155.02
Indemnity.....	.....			$333,480.29	$0.00	$333,480.29
Medical.....	.....			$82,333.07	$0.00	$82,333.07
				$423,968.38	$0.00	$423,968.38
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.57	$0.00	$252.57
				$252.57	$0.00	$252.57
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,046.61	$0.00	$5,046.61
				$5,046.61	$0.00	$5,046.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

148 - UVA Health - TCVPO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$40.70**	**$0.00**	**$40.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,766.05**	**$0.00**	**$5,766.05**
				$5,806.75	**$0.00**	**$5,806.75**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$84.44**	**$0.00**	**$84.44**
Indemnity				**$843.14**	**$0.00**	**$843.14**
Medical				**$7,507.33**	**$0.00**	**$7,507.33**
				$8,434.91	**$0.00**	**$8,434.91**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$36,229.59**	**$0.00**	**$36,229.59**
Indemnity				**$502,041.84**	**$0.00**	**$502,041.84**
Medical				**$184,267.26**	**$0.00**	**$184,267.26**
				$722,538.69	**$0.00**	**$722,538.69**
# of Claims	**207**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

149 - UVA Health - TEEN HEALTH CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$405.56	$0.00	$405.56
				$405.56	$0.00	$405.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.60	$0.00	$350.60
				$350.60	$0.00	$350.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$456.80	$0.00	$456.80
				$456.80	$0.00	$456.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$187.53**	**$0.00**	**$187.53**
				$187.53	**$0.00**	**$187.53**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,548.44	$0.00	$1,548.44
				$1,548.44	$0.00	$1,548.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$408.47	$0.00	$408.47
Medical.....	.....			$4,224.50	$0.00	$4,224.50
				$4,660.97	$0.00	$4,660.97
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,256.80	$0.00	$7,256.80
Medical.....	.....			$22,317.65	$0.00	$22,317.65
				$29,582.45	$0.00	$29,582.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$477.81	$0.00	$477.81
				$477.81	$0.00	$477.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$569.11	$0.00	$569.11
Medical.....	.....			$3,835.45	$0.00	$3,835.45
				$4,412.56	$0.00	$4,412.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.32	$0.00	$123.32
				$123.32	$0.00	$123.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

14 - UVA Health - 7 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$8,234.38**	**$0.00**	**$8,234.38**
Medical				**$34,087.66**	**$0.00**	**$34,087.66**
				$42,366.04	**$0.00**	**$42,366.04**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

150 - UVA Health - TELEMEDICINE CORRECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$127.85**	**$0.00**	**$127.85**
				$127.85	**$0.00**	**$127.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$333.00**	**$0.00**	**$333.00**
				$333.00	**$0.00**	**$333.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$460.85**	**$0.00**	**$460.85**
				$460.85	**$0.00**	**$460.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

150 - UVA Health - TELEMEDICINE CORRECT

151 - UVA Health - UMA - UNIVERSITY MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.00	$0.00	$53.00
				$53.00	$0.00	$53.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,935.80	$0.00	$4,935.80
				$4,935.80	$0.00	$4,935.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.30	$0.00	$436.30
				$436.30	$0.00	$436.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

151 - UVA Health - UMA - UNIVERSITY MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$486.72	$0.00	$486.72
				$486.72	$0.00	$486.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$9,336.88	$0.00	$9,336.88
Indemnity.....	.....			$286,436.57	$0.00	$286,436.57
Medical.....	.....			$45,737.50	$0.00	$45,737.50
				$341,510.95	$0.00	$341,510.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

151 - UVA Health - UMA - UNIVERSITY MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$508.65	$0.00	$508.65
Medical.....	.....			$10,252.77	$0.00	$10,252.77
				$10,761.42	$0.00	$10,761.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.50	$0.00	$337.50
				$337.50	$0.00	$337.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.20	$0.00	$151.20
				$151.20	$0.00	$151.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

151 - UVA Health - UMA - UNIVERSITY MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,248.36	$0.00	$3,248.36
Medical.....	.....			$5,686.55	$0.00	$5,686.55
				$8,942.91	$0.00	$8,942.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,140.72	$0.00	$1,140.72
				$1,140.72	$0.00	$1,140.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,280.46	$0.00	$2,280.46
Medical.....	.....			$39,714.11	$0.00	$39,714.11
				$42,002.57	$0.00	$42,002.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

151 - UVA Health - UMA - UNIVERSITY MED

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,806.94	$0.00	$1,806.94
				$1,842.94	$0.00	$1,842.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$9,388.88	$0.00	$9,388.88
Indemnity.....	.....			$292,474.04	$0.00	$292,474.04
Medical.....	.....			$110,739.11	$0.00	$110,739.11
				$412,602.03	$0.00	$412,602.03
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

152 - UVA Health - UNIVERSITY PHYSICIAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$132.28	$0.00	$132.28
Medical.....	.....			$726.84	$0.00	$726.84
				$859.12	$0.00	$859.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

152 - UVA Health - UNIVERSITY PHYSICIAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$317.41**	**$0.00**	**$317.41**
				$317.41	**$0.00**	**$317.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$314.99**	**$0.00**	**$314.99**
				$314.99	**$0.00**	**$314.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$358.55**	**$0.00**	**$358.55**
				$358.55	**$0.00**	**$358.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

152 - UVA Health - UNIVERSITY PHYSICIAN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$132.28	$0.00	$132.28
Medical.....	.....			$1,717.79	$0.00	$1,717.79
				$1,850.07	$0.00	$1,850.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

153 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

153 - UVA Health - UROLOGY

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$3,864.34**	**$0.00**	**$3,864.34**
Medical			**$10,598.78**	**$0.00**	**$10,598.78**
			$14,463.12	**$0.00**	**$14,463.12**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$154.00**	**$0.00**	**$154.00**
				$154.00	**$0.00**	**$154.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$776.91**	**$0.00**	**$776.91**
				$776.91	**$0.00**	**$776.91**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$138.61**	**$0.00**	**$138.61**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,277.60**	**$0.00**	**$5,277.60**
				$5,416.21	**$0.00**	**$5,416.21**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

153 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.65	$0.00	$156.65
				$156.65	$0.00	$156.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.87	$0.00	$127.87
				$127.87	$0.00	$127.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$2,642.50	$0.00	$2,642.50
Indemnity.....	.....			$262,430.68	$0.00	$262,430.68
Medical.....	.....			$155,266.08	$0.00	$155,266.08
				$420,339.26	$0.00	$420,339.26
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.68	$0.00	$181.68
				$181.68	$0.00	$181.68
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

153 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$24,805.49**	**$0.00**	**$24,805.49**
Medical				**$18,954.43**	**$0.00**	**$18,954.43**
				$43,759.92	**$0.00**	**$43,759.92**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

153 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$981.58**	**$0.00**	**$981.58**
				$981.58	**$0.00**	**$981.58**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$539.65**	**$0.00**	**$539.65**
				$539.65	**$0.00**	**$539.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,781.11**	**$0.00**	**$2,781.11**
Indemnity				**$291,100.51**	**$0.00**	**$291,100.51**
Medical				**$193,015.23**	**$0.00**	**$193,015.23**
				$486,896.85	**$0.00**	**$486,896.85**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

154 - UVA Health - UTILIZATION MANAGEME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,633.98	$0.00	$2,633.98
				$2,633.98	$0.00	$2,633.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.30	$0.00	$312.30
				$312.30	$0.00	$312.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,105.21	$0.00	$5,105.21
				$5,105.21	$0.00	$5,105.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,116.49	$0.00	$8,116.49
				$8,116.49	$0.00	$8,116.49
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

154 - UVA Health - UTILIZATION MANAGEME

156 - UVA Health - VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

15 - UVA Health - 8 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

15 - UVA Health - 8 CENTRAL

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$21,150.25**	**$0.00**	**$21,150.25**
Medical				**$3,339.05**	**$0.00**	**$3,339.05**
				$24,489.30	**$0.00**	**$24,489.30**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,452.72**	**$0.00**	**$2,452.72**
		$2,452.72	**$0.00**	**$2,452.72**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,863.57**	**$0.00**	**$3,863.57**
Medical		**$17,707.10**	**$0.00**	**$17,707.10**
		$21,570.67	**$0.00**	**$21,570.67**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$108.61**	**$0.00**	**$108.61**
Medical		**$2,018.53**	**$0.00**	**$2,018.53**
		$2,127.14	**$0.00**	**$2,127.14**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,049.00**	**$0.00**	**$5,049.00**
Medical		**$35,415.92**	**$0.00**	**$35,415.92**
		$40,464.92	**$0.00**	**$40,464.92**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

15 - UVA Health - 8 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,146.10	$0.00	$2,146.10
				$2,146.10	$0.00	$2,146.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,638.75	$0.00	$1,638.75
				$1,638.75	$0.00	$1,638.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

15 - UVA Health - 8 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,801.29**	**$0.00**	**$1,801.29**
				$1,801.29	**$0.00**	**$1,801.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,243.75**	**$0.00**	**$3,243.75**
				$3,243.75	**$0.00**	**$3,243.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

15 - UVA Health - 8 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,171.43	$0.00	$30,171.43
Medical.....	.....			$69,763.21	$0.00	$69,763.21
				$99,934.64	$0.00	$99,934.64
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,186.93	$0.00	$1,186.93
Medical.....	.....			$9,434.21	$0.00	$9,434.21
				$10,621.14	$0.00	$10,621.14
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,486.65	$0.00	$12,486.65
				$12,486.65	$0.00	$12,486.65
# of Claims	123					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,284.70	$0.00	$5,284.70
				$5,284.70	$0.00	$5,284.70
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,789.78	$0.00	$2,789.78
				$2,789.78	$0.00	$2,789.78
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,310.31	$0.00	$1,310.31
				$1,310.31	$0.00	$1,310.31
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,047.13	$0.00	$2,047.13
				$2,047.13	$0.00	$2,047.13
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,414.82	$0.00	$4,414.82
				$4,414.82	$0.00	$4,414.82
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	69					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,085.22	$0.00	$1,085.22
				$1,085.22	$0.00	$1,085.22
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,436.87	$0.00	$3,436.87
				$3,436.87	$0.00	$3,436.87
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$105.46	$0.00	$105.46
				$105.46	$0.00	$105.46
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$928.15	$0.00	$928.15
				$928.15	$0.00	$928.15
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$75.40	$0.00	$75.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,102.35	$0.00	$15,102.35
				$15,177.75	$0.00	$15,177.75
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$23.86	$0.00	$23.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,091.25	$0.00	$1,091.25
				$1,115.11	$0.00	$1,115.11
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$476.27	$0.00	$476.27
				$476.27	$0.00	$476.27
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,719.89	$0.00	$7,719.89
				$7,719.89	$0.00	$7,719.89
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,314.79	$0.00	$3,314.79
				$3,314.79	$0.00	$3,314.79
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

160 - UVA Health - INTERNS AND RESIDENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$549.54	$0.00	$549.54
				$549.54	$0.00	$549.54
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.02	$0.00	$177.02
				$177.02	$0.00	$177.02
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,287.68	$0.00	$6,287.68
				$6,287.68	$0.00	$6,287.68
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$99.26	$0.00	$99.26
Indemnity.....	.....			$1,186.93	$0.00	$1,186.93
Medical.....	.....			$78,042.09	$0.00	$78,042.09
				$79,328.28	$0.00	$79,328.28
# of Claims	1,458					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

161 - UVA Health - Outpatient Surg. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$236.59	$0.00	$236.59
Medical.....	.....			$7,824.21	$0.00	$7,824.21
				$8,060.80	$0.00	$8,060.80
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$288.00	$0.00	$288.00
				$288.00	$0.00	$288.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,809.85	$0.00	$3,809.85
				$3,809.85	$0.00	$3,809.85
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$833.02	$0.00	$833.02
				$833.02	$0.00	$833.02
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

161 - UVA Health - Outpatient Surg. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$23,055.94	$338.10	$23,394.04
Indemnity.....	.....			$181,574.49	$0.00	$181,574.49
Medical.....	.....			$238,098.79	$342,735.86	$580,834.65
				$442,729.22	$343,073.96	$785,803.18
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,364.05	$0.00	$2,364.05
				$2,364.05	$0.00	$2,364.05
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,965.89	$0.00	$4,965.89
				$4,965.89	$0.00	$4,965.89
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,405.57	$0.00	$1,405.57
				$1,405.57	$0.00	$1,405.57
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,323.00	$0.00	$5,323.00
Indemnity.....	.....			$217,035.38	$0.00	$217,035.38
Medical.....	.....			$27,673.81	$0.00	$27,673.81
				$250,032.19	$0.00	$250,032.19
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

161 - UVA Health - Outpatient Surg. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$362.55	$0.00	$362.55
Indemnity.....	.....			$327.62	$0.00	$327.62
Medical.....	.....			$16,712.04	$0.00	$16,712.04
				$17,402.21	$0.00	$17,402.21
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$22.41	$0.00	$22.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,052.41	$0.00	$8,052.41
				$8,074.82	$0.00	$8,074.82
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$14.39	$0.00	$14.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,972.57	$0.00	$1,972.57
				$1,986.96	$0.00	$1,986.96
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$612.15	$0.00	$612.15
				$612.15	$0.00	$612.15
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$35.99	$0.00	$35.99
Indemnity.....	.....			$12,516.00	$0.00	$12,516.00
Medical.....	.....			$100,380.48	$0.00	$100,380.48
				$112,932.47	$0.00	$112,932.47
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

161 - UVA Health - Outpatient Surg. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,933.92	$0.00	$5,933.92
				$5,941.92	$0.00	$5,941.92
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$24.22	$0.00	$24.22
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$42,970.45	$0.00	$42,970.45
				$42,994.67	$0.00	$42,994.67
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,339.87	$0.00	$8,339.87
Medical.....	.....			$59,655.30	$0.00	$59,655.30
				$68,003.17	$0.00	$68,003.17
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$76.70	$0.00	$76.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,550.25	$0.00	$11,550.25
				$11,626.95	$0.00	$11,626.95
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$751.72	$0.00	$751.72
				$751.72	$0.00	$751.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

161 - UVA Health - Outpatient Surg. Ctr.

Grand Totals

Expense			**$28,931.20**	**$338.10**	**$29,269.30**
Indemnity			**$420,029.95**	**$0.00**	**$420,029.95**
Medical			**$535,854.48**	**$342,735.86**	**$878,590.34**
			$984,815.63	**$343,073.96**	**$1,327,889.59**
# of Claims	**285**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

162 - UVA Health - Palliative Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,491.42**	**$0.00**	**$14,491.42**
Medical				**$16,878.09**	**$0.00**	**$16,878.09**
				$31,369.51	**$0.00**	**$31,369.51**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,315.64**	**$0.00**	**$2,315.64**
				$2,315.64	**$0.00**	**$2,315.64**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$581.93**	**$0.00**	**$581.93**
				$581.93	**$0.00**	**$581.93**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

162 - UVA Health - Palliative Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$863.67	$0.00	$863.67
				$863.67	$0.00	$863.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$940.56	$0.00	$940.56
				$940.56	$0.00	$940.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

162 - UVA Health - Palliative Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,019.94	$0.00	$1,019.94
Medical.....	.....			$12,129.43	$0.00	$12,129.43
				$13,149.37	$0.00	$13,149.37
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$175.00	$0.00	$175.00
Indemnity.....	.....			$57,855.45	$0.00	$57,855.45
Medical.....	.....			$15,353.58	$0.00	$15,353.58
				$73,384.03	$0.00	$73,384.03
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,964.43	$0.00	$9,964.43
				$9,972.43	$0.00	$9,972.43
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

162 - UVA Health - Palliative Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,022.25	$0.00	$1,022.25
				$1,030.25	$0.00	$1,030.25
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$854.20	$0.00	$854.20
Medical.....	.....			$5,041.09	$0.00	$5,041.09
				$5,911.29	$0.00	$5,911.29
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5.51	$0.00	$5.51
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,488.81	$0.00	$4,488.81
				$4,494.32	$0.00	$4,494.32
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.37	$0.00	$321.37
				$321.37	$0.00	$321.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

162 - UVA Health - Palliative Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,644.12	$0.00	$1,644.12
Medical.....	.....			$12,219.55	$0.00	$12,219.55
				$13,871.67	$0.00	$13,871.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,012.57	$0.00	$2,012.57
Medical.....	.....			$7,066.88	$0.00	$7,066.88
				$9,087.45	$0.00	$9,087.45
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$1.18	$20.00
Indemnity.....	.....			$15,998.85	$11,732.49	$27,731.34
Medical.....	.....			$5,886.86	$15,113.14	$21,000.00
				$21,904.53	$26,846.81	$48,751.34
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$247.33	$1.18	$248.51
Indemnity.....	.....			$93,876.55	$11,732.49	$105,609.04
Medical.....	.....			$95,074.14	$15,113.14	$110,187.28
				$189,198.02	$26,846.81	$216,044.83
# of Claims	144					
# Open	1	Recovery Amount:	$0.00			

163 - UVA Health - Lynchburg Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

163 - UVA Health - Lynchburg Dialysis

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,036.14**	**$0.00**	**$1,036.14**
				$1,036.14	**$0.00**	**$1,036.14**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$19,382.78**	**$0.00**	**$19,382.78**
		$19,382.78	**$0.00**	**$19,382.78**
# of Claims	**20**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$14,068.31**	**$0.00**	**$14,068.31**
Indemnity		**$172,536.38**	**$0.00**	**$172,536.38**
Medical		**$293,960.91**	**$372,440.91**	**$666,401.82**
		$480,565.60	**$372,440.91**	**$853,006.51**
# of Claims	**16**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$28,652.38**	**$412.50**	**$29,064.88**
Indemnity		**$196,084.15**	**$0.00**	**$196,084.15**
Medical		**$455,107.34**	**$663,003.48**	**$1,118,110.82**
		$679,843.87	**$663,415.98**	**$1,343,259.85**
# of Claims	**27**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$115.14**	**$0.00**	**$115.14**
Indemnity		**$3,712.07**	**$0.00**	**$3,712.07**
Medical		**$18,538.29**	**$0.00**	**$18,538.29**
		$22,365.50	**$0.00**	**$22,365.50**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

163 - UVA Health - Lynchburg Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$508.41**	**$0.00**	**$508.41**
Medical				**$14,001.37**	**$0.00**	**$14,001.37**
				$14,509.78	**$0.00**	**$14,509.78**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$17,173.78**	**$18.82**	**$17,192.60**
Indemnity				**$271,924.78**	**$0.00**	**$271,924.78**
Medical				**$452,643.09**	**$277,892.43**	**$730,535.52**
				$741,741.65	**$277,911.25**	**$1,019,652.90**
# of Claims	**24**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$4,578.08**	**$2,295.84**	**$6,873.92**
Indemnity				**$348,518.17**	**$0.00**	**$348,518.17**
Medical				**$105,005.11**	**$20,988.22**	**$125,993.33**
				$458,101.36	**$23,284.06**	**$481,385.42**
# of Claims	**7**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$993.21**	**$0.00**	**$993.21**
Medical				**$11,267.05**	**$0.00**	**$11,267.05**
				$12,260.26	**$0.00**	**$12,260.26**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

163 - UVA Health - Lynchburg Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,741.58	$0.00	$6,741.58
				$6,741.58	$0.00	$6,741.58
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$40.90	$0.00	$40.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$779.31	$0.00	$779.31
				$820.21	$0.00	$820.21
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$25.57	$0.00	$25.57
Indemnity.....	.....			$984.60	$0.00	$984.60
Medical.....	.....			$10,955.48	$0.00	$10,955.48
				$11,965.65	$0.00	$11,965.65
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

163 - UVA Health - Lynchburg Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,239.49	$0.00	$2,239.49
				$2,239.49	$0.00	$2,239.49
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$65.23	$0.00	$65.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,066.30	$0.00	$2,066.30
				$2,131.53	$0.00	$2,131.53
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$37.45	$0.00	$37.45
Indemnity.....	.....			$8,186.20	$0.00	$8,186.20
Medical.....	.....			$15,885.52	$0.00	$15,885.52
				$24,109.17	$0.00	$24,109.17
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

163 - UVA Health - Lynchburg Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$34.40	$0.00	$34.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$398.55	$0.00	$398.55
				$432.95	$0.00	$432.95
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$55.16	$0.00	$55.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,045.57	$0.00	$1,045.57
				$1,100.73	$0.00	$1,100.73
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$64,846.40	$2,727.16	$67,573.56
Indemnity.....	.....			$1,003,447.97	$0.00	$1,003,447.97
Medical.....	.....			$1,411,053.88	$1,334,325.04	$2,745,378.92
				$2,479,348.25	$1,337,052.20	$3,816,400.45
# of Claims	268					
# Open	4	Recovery Amount:	$0.00			

164 - UVA Health - WorkMed

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$653.25	$0.00	$653.25
				$653.25	$0.00	$653.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

164 - UVA Health - WorkMed

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$461.70**	**$0.00**	**$461.70**
				$461.70	**$0.00**	**$461.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$197.10**	**$0.00**	**$197.10**
				$197.10	**$0.00**	**$197.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

164 - UVA Health - WorkMed

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$131.62**	**$0.00**	**$131.62**
Indemnity				**$3,006.88**	**$0.00**	**$3,006.88**
Medical				**$49,320.22**	**$0.00**	**$49,320.22**
				$52,458.72	**$0.00**	**$52,458.72**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$27.00**	**$0.00**	**$27.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,050.38**	**$0.00**	**$1,050.38**
				$1,077.38	**$0.00**	**$1,077.38**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.00**	**$0.00**	**$207.00**
				$207.00	**$0.00**	**$207.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$55.25**	**$0.00**	**$55.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$49,636.84**	**$0.00**	**$49,636.84**
				$49,692.09	**$0.00**	**$49,692.09**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

164 - UVA Health - WorkMed

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$175.76**	**$0.00**	**$175.76**
				$183.76	**$0.00**	**$183.76**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$221.87**	**$0.00**	**$221.87**
Indemnity				**$3,006.88**	**$0.00**	**$3,006.88**
Medical				**$101,702.25**	**$0.00**	**$101,702.25**
				$104,931.00	**$0.00**	**$104,931.00**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

165 - UVA Health - Amherst Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$386.02**	**$0.00**	**$386.02**
				$386.02	**$0.00**	**$386.02**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

165 - UVA Health - Amherst Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$2,106.00**	**$0.00**	**$2,106.00**
Indemnity				**$8,265.49**	**$0.00**	**$8,265.49**
Medical				**$58,096.39**	**$0.00**	**$58,096.39**
				$68,467.88	**$0.00**	**$68,467.88**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$675.36**	**$0.00**	**$675.36**
Medical				**$12,867.28**	**$0.00**	**$12,867.28**
				$13,542.64	**$0.00**	**$13,542.64**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,037.80**	**$0.00**	**$5,037.80**
				$5,037.80	**$0.00**	**$5,037.80**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

165 - UVA Health - Amherst Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.00	$0.00	$170.00
				$178.00	$0.00	$178.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$355.00	$0.00	$355.00
				$355.00	$0.00	$355.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.41	$0.00	$465.41
				$465.41	$0.00	$465.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

165 - UVA Health - Amherst Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.73	$0.00	$442.73
				$442.73	$0.00	$442.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.63	$0.00	$298.63
				$298.63	$0.00	$298.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,114.00	$0.00	$2,114.00
Indemnity.....	.....			$8,940.85	$0.00	$8,940.85
Medical.....	.....			$78,194.26	$0.00	$78,194.26
				$89,249.11	$0.00	$89,249.11
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

166 - UVA Health - Short Stay Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

166 - UVA Health - Short Stay Unit

WC2009	**7/1/2008 - 6/30/2009**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$596.56**	**$0.00**	**$596.56**
		$596.56	**$0.00**	**$596.56**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,491.47**	**$0.00**	**$3,491.47**
Medical		**$7,462.39**	**$0.00**	**$7,462.39**
		$10,953.86	**$0.00**	**$10,953.86**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,943.90**	**$0.00**	**$5,943.90**
Medical		**$8,870.07**	**$0.00**	**$8,870.07**
		$14,813.97	**$0.00**	**$14,813.97**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$12.58**	**$0.00**	**$12.58**
Indemnity		**$7,747.13**	**$0.00**	**$7,747.13**
Medical		**$33,466.82**	**$0.00**	**$33,466.82**
		$41,226.53	**$0.00**	**$41,226.53**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

166 - UVA Health - Short Stay Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,058.37**	**$0.00**	**$1,058.37**
				$1,058.37	**$0.00**	**$1,058.37**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,527.55**	**$0.00**	**$1,527.55**
				$1,527.55	**$0.00**	**$1,527.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,798.32**	**$0.00**	**$1,798.32**
				$1,798.32	**$0.00**	**$1,798.32**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

166 - UVA Health - Short Stay Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$26.40	$0.00	$26.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$26.40	$0.00	$26.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46.98	$0.00	$46.98
Indemnity.....	.....			$17,182.50	$0.00	$17,182.50
Medical.....	.....			$54,780.08	$0.00	$54,780.08
				$72,009.56	$0.00	$72,009.56
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

167 - UVA Health - Altavista Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

167 - UVA Health - Altavista Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$465.27**	**$0.00**	**$465.27**
				$465.27	**$0.00**	**$465.27**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$180.00**	**$0.00**	**$180.00**
				$180.00	**$0.00**	**$180.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

167 - UVA Health - Altavista Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$185.00	$0.00	$185.00
				$185.00	$0.00	$185.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.44	$0.00	$89.44
				$97.44	$0.00	$97.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

167 - UVA Health - Altavista Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$44.00	$0.00	$44.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$919.71	$0.00	$919.71
				$971.71	$0.00	$971.71
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

168 - UVA Health - PNSO

Policy	Policy Period			Paid to Date	Outstanding	Incurred

209 - UVA Health System

168 - UVA Health - PNSO

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$900.45**	**$0.00**	**$900.45**
			$900.45	**$0.00**	**$900.45**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$257.00**	**$0.00**	**$257.00**
		$257.00	**$0.00**	**$257.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,384.51**	**$0.00**	**$1,384.51**
Medical		**$10,889.57**	**$0.00**	**$10,889.57**
		$12,274.08	**$0.00**	**$12,274.08**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

168 - UVA Health - PNSO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,774.93	$0.00	$1,774.93
				$1,774.93	$0.00	$1,774.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,384.51	$0.00	$1,384.51
Medical.....	.....			$13,821.95	$0.00	$13,821.95
				$15,206.46	$0.00	$15,206.46
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

169 - UVA Health - Long Term Acute Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

169 - UVA Health - Long Term Acute Care

WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,555.57**	**$0.00**	**$1,555.57**
				$1,555.57	**$0.00**	**$1,555.57**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,947.12**	**$0.00**	**$5,947.12**
Medical		**$6,535.93**	**$0.00**	**$6,535.93**
		$12,483.05	**$0.00**	**$12,483.05**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$18,678.27**	**$11,031.61**	**$29,709.88**
Indemnity		**$547,443.37**	**$0.00**	**$547,443.37**
Medical		**$128,947.45**	**$39,840.00**	**$168,787.45**
		$695,069.09	**$50,871.61**	**$745,940.70**
# of Claims	**18**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$687.17**	**$0.00**	**$687.17**
		$687.17	**$0.00**	**$687.17**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$34.71**	**$0.00**	**$34.71**
Indemnity		**$6,732.33**	**$0.00**	**$6,732.33**
Medical		**$15,000.92**	**$0.00**	**$15,000.92**
		$21,767.96	**$0.00**	**$21,767.96**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

169 - UVA Health - Long Term Acute Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$11,307.12**	**$60.07**	**$11,367.19**
Indemnity				**$322,136.29**	**$0.00**	**$322,136.29**
Medical				**$317,571.28**	**$149,326.75**	**$466,898.03**
				$651,014.69	**$149,386.82**	**$800,401.51**
# of Claims	**21**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,401.22**	**$0.00**	**$3,401.22**
				$3,401.22	**$0.00**	**$3,401.22**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$45.63**	**$0.00**	**$45.63**
Indemnity				**$1,463.13**	**$0.00**	**$1,463.13**
Medical				**$10,718.53**	**$0.00**	**$10,718.53**
				$12,227.29	**$0.00**	**$12,227.29**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$1,020.00**	**$0.00**	**$1,020.00**
Indemnity				**$13,526.21**	**$0.00**	**$13,526.21**
Medical				**$97,288.13**	**$198,589.80**	**$295,877.93**
				$111,834.34	**$198,589.80**	**$310,424.14**
# of Claims	**11**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

169 - UVA Health - Long Term Acute Care

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$11,987.96**	**$0.00**	**$11,987.96**
Indemnity				**$157,137.86**	**$0.00**	**$157,137.86**
Medical				**$45,302.87**	**$0.00**	**$45,302.87**
				$214,428.69	**$0.00**	**$214,428.69**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$868.72**	**$0.00**	**$868.72**
				$868.72	**$0.00**	**$868.72**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$4,594.19**	**$537.61**	**$5,131.80**
Medical				**$8,571.23**	**$17,386.93**	**$25,958.16**
				$13,184.24	**$17,924.54**	**$31,108.78**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$43,092.51**	**$11,091.68**	**$54,184.19**
Indemnity				**$1,058,980.50**	**$537.61**	**$1,059,518.11**
Medical				**$636,449.02**	**$405,143.48**	**$1,041,592.50**
				$1,738,522.03	**$416,772.77**	**$2,155,294.80**
# of Claims	**160**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$1,472.50	$0.00	$1,472.50
Indemnity.....	.....			$172,915.74	$0.00	$172,915.74
Medical.....	.....			$73,019.94	$0.00	$73,019.94
				$247,408.18	$0.00	$247,408.18
# of Claims	1					
# Open	0	Recovery Amount:	-$62.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,179.00	$0.00	$6,179.00
Medical.....	.....			$13,302.93	$0.00	$13,302.93
				$19,481.93	$0.00	$19,481.93
# of Claims	3					
# Open	0	Recovery Amount:	-$397.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,274.61	$0.00	$3,274.61
				$3,274.61	$0.00	$3,274.61
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,020.50	$0.00	$1,020.50
				$1,020.50	$0.00	$1,020.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,065.38**	**$0.00**	**$1,065.38**
				$1,065.38	**$0.00**	**$1,065.38**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,929.98**	**$0.00**	**$2,929.98**
				$2,929.98	**$0.00**	**$2,929.98**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.85**	**$0.00**	**$526.85**
				$526.85	**$0.00**	**$526.85**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$811.37**	**$0.00**	**$811.37**
Medical				**$4,371.88**	**$0.00**	**$4,371.88**
				$5,183.25	**$0.00**	**$5,183.25**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$51.51**	**$0.00**	**$51.51**
Indemnity				**$8,479.27**	**$0.00**	**$8,479.27**
Medical				**$18,628.13**	**$0.00**	**$18,628.13**
				$27,158.91	**$0.00**	**$27,158.91**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$722.26**	**$0.00**	**$722.26**
Medical				**$20,680.90**	**$0.00**	**$20,680.90**
				$21,403.16	**$0.00**	**$21,403.16**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$343.90**	**$0.00**	**$343.90**
				$343.90	**$0.00**	**$343.90**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$190.97**	**$0.00**	**$190.97**
				$190.97	**$0.00**	**$190.97**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$67,732.63**	**$0.00**	**$67,732.63**
Medical				**$37,466.09**	**$0.00**	**$37,466.09**
				$105,206.72	**$0.00**	**$105,206.72**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,970.72**	**$0.00**	**$1,970.72**
				$1,970.72	**$0.00**	**$1,970.72**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,218.53**	**$0.00**	**$2,218.53**
				$2,218.53	**$0.00**	**$2,218.53**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$20.21**	**$0.00**	**$20.21**
Indemnity				**$1,810.77**	**$0.00**	**$1,810.77**
Medical				**$11,923.64**	**$0.00**	**$11,923.64**
				$13,754.62	**$0.00**	**$13,754.62**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$82.92**	**$0.00**	**$82.92**
Indemnity				**$60,834.82**	**$0.00**	**$60,834.82**
Medical				**$8,545.95**	**$0.00**	**$8,545.95**
				$69,463.69	**$0.00**	**$69,463.69**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,114.15**	**$0.00**	**$1,114.15**
				$1,114.15	**$0.00**	**$1,114.15**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$31.18**	**$0.00**	**$31.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$666.19**	**$0.00**	**$666.19**
				$697.37	**$0.00**	**$697.37**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$30.10**	**$0.00**	**$30.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$30.10	**$0.00**	**$30.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22.50**	**$0.00**	**$22.50**
				$22.50	**$0.00**	**$22.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

16 - UVA Health - 8 EAST / L&D OR

Grand Totals

Expense			**$1,704.42**	**$0.00**	**$1,704.42**
Indemnity			**$319,485.86**	**$0.00**	**$319,485.86**
Medical			**$203,283.74**	**$0.00**	**$203,283.74**
			$524,474.02	**$0.00**	**$524,474.02**
# of Claims	**151**				
# Open	**0**	**Recovery Amount:**	**-$459.80**		

170 - UVA Health - Hope Cancer Clinics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,131.75**	**$0.00**	**$1,131.75**
				$1,131.75	**$0.00**	**$1,131.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

170 - UVA Health - Hope Cancer Clinics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.25	$0.00	$153.25
				$153.25	$0.00	$153.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,086.69	$0.00	$4,086.69
				$4,094.69	$0.00	$4,094.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,950.65	$0.00	$3,950.65
Medical.....	.....			$43,272.97	$0.00	$43,272.97
				$47,231.62	$0.00	$47,231.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

170 - UVA Health - Hope Cancer Clinics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,237.69	$0.00	$4,237.69
				$4,237.69	$0.00	$4,237.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,950.65	$0.00	$3,950.65
Medical.....	.....			$52,882.35	$0.00	$52,882.35
				$56,849.00	$0.00	$56,849.00
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

171 - UVA Health - Orange Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

171 - UVA Health - Orange Dialysis

WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$890.37**	**$0.00**	**$890.37**
		$890.37	**$0.00**	**$890.37**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,166.24**	**$0.00**	**$2,166.24**
		$2,166.24	**$0.00**	**$2,166.24**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

171 - UVA Health - Orange Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,056.61	$0.00	$3,056.61
				$3,056.61	$0.00	$3,056.61
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

172 - UVA Health - Patient & Guest Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,896.12	$0.00	$1,896.12
				$1,896.12	$0.00	$1,896.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

172 - UVA Health - Patient & Guest Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,738.50	$0.00	$1,738.50
				$1,738.50	$0.00	$1,738.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$48.50	$0.00	$48.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$48.50	$0.00	$48.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$417.71	$0.00	$417.71
				$417.71	$0.00	$417.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

172 - UVA Health - Patient & Guest Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$48.50**	**$0.00**	**$48.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,052.33**	**$0.00**	**$4,052.33**
				$4,100.83	**$0.00**	**$4,100.83**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

173 - UVA Health - Page Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$870.45**	**$0.00**	**$870.45**
				$870.45	**$0.00**	**$870.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

173 - UVA Health - Page Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$50.00	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$870.45	$1,200.00	$2,070.45
				$878.45	$1,250.00	$2,128.45
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$110,072.91**	**$0.00**	**$110,072.91**
Medical				**$77,812.67**	**$0.00**	**$77,812.67**
				$187,885.58	**$0.00**	**$187,885.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2,828.80**	**$1,992.00**	**$4,820.80**
Indemnity				**$225,817.81**	**$0.29**	**$225,818.10**
Medical				**$287,818.39**	**$110,136.78**	**$397,955.17**
				$516,465.00	**$112,129.07**	**$628,594.07**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$251.37**	**$0.00**	**$251.37**
Medical				**$2,102.10**	**$0.00**	**$2,102.10**
				$2,353.47	**$0.00**	**$2,353.47**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,079.37**	**$0.00**	**$2,079.37**
				$2,079.37	**$0.00**	**$2,079.37**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,273.62**	**$0.00**	**$2,273.62**
Medical				**$16,421.70**	**$0.00**	**$16,421.70**
				$18,695.32	**$0.00**	**$18,695.32**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$639.85	$0.00	$639.85
Medical.....	.....			$4,008.36	$0.00	$4,008.36
				$4,648.21	$0.00	$4,648.21
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,278.77	$0.00	$2,278.77
Medical.....	.....			$6,879.14	$0.00	$6,879.14
				$9,157.91	$0.00	$9,157.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,358.56	$0.00	$2,358.56
Medical.....	.....			$10,021.07	$0.00	$10,021.07
				$12,379.63	$0.00	$12,379.63
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$116.57	$0.00	$116.57
Medical.....	.....			$25,068.97	$0.00	$25,068.97
				$25,193.54	$0.00	$25,193.54
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.90	$0.00	$81.90
				$81.90	$0.00	$81.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,570.88	$0.00	$2,570.88
Indemnity.....	.....			$4,762.68	$0.00	$4,762.68
Medical.....	.....			$15,098.24	$0.00	$15,098.24
				$22,431.80	$0.00	$22,431.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$445.48	$0.00	$445.48
				$445.48	$0.00	$445.48
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$12,952.15	$0.00	$12,952.15
Indemnity.....	.....			$97,443.40	$0.00	$97,443.40
Medical.....	.....			$456,793.50	$0.00	$456,793.50
				$567,189.05	$0.00	$567,189.05
# of Claims	4					
# Open	0	Recovery Amount:	-$4,302.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,078.05	$0.00	$1,078.05
				$1,078.05	$0.00	$1,078.05
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,196.54	$0.00	$6,196.54
				$6,196.54	$0.00	$6,196.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,103.56	$0.00	$7,103.56
Medical.....	.....			$17,590.34	$0.00	$17,590.34
				$24,701.90	$0.00	$24,701.90
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$353.52	$0.00	$353.52
Medical.....	.....			$2,922.82	$0.00	$2,922.82
				$3,292.34	$0.00	$3,292.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,215.50	$0.00	$1,215.50
				$1,223.50	$0.00	$1,223.50
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$11,151.73	$0.00	$11,151.73
Medical.....	.....			$9,828.50	$0.00	$9,828.50
				$20,988.23	$0.00	$20,988.23
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

17 - UVA Health - 8 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$492.41**	**$0.00**	**$492.41**
Indemnity				**$5,738.41**	**$0.00**	**$5,738.41**
Medical				**$8,920.96**	**$0.00**	**$8,920.96**
				$15,151.78	**$0.00**	**$15,151.78**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$3,476.19**	**$0.00**	**$3,476.19**
Indemnity				**$20,314.50**	**$0.00**	**$20,314.50**
Medical				**$24,300.24**	**$0.00**	**$24,300.24**
				$48,090.93	**$0.00**	**$48,090.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$30.34**	**$50.00**	**$80.34**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.18**	**$1,200.00**	**$1,402.18**
				$232.52	**$1,250.00**	**$1,482.52**
# of Claims	**13**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$22,398.77**	**$2,042.00**	**$24,440.77**
Indemnity				**$490,677.26**	**$0.29**	**$490,677.55**
Medical				**$976,886.02**	**$111,336.78**	**$1,088,222.80**
				$1,489,962.05	**$113,379.07**	**$1,603,341.12**
# of Claims	**185**					
# Open	**2**	**Recovery Amount:**	**-$4,302.09**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

18 - UVA Health - ADMINISTRATIVE SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.00	$0.00	$685.00
				$703.50	$0.00	$703.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

18 - UVA Health - ADMINISTRATIVE SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,719.74**	**$0.00**	**$1,719.74**
				$1,719.74	**$0.00**	**$1,719.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,046.85**	**$0.00**	**$5,046.85**
				$5,046.85	**$0.00**	**$5,046.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

18 - UVA Health - ADMINISTRATIVE SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$290.73**	**$0.00**	**$290.73**
				$290.73	**$0.00**	**$290.73**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$596.28**	**$0.00**	**$596.28**
				$596.28	**$0.00**	**$596.28**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,441.60**	**$0.00**	**$8,441.60**
				$8,460.10	**$0.00**	**$8,460.10**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

19 - UVA Health - MSICU

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

19 - UVA Health - MSICU

WC2012	**7/1/2011 - 6/30/2012**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$445.48**	**$0.00**	**$445.48**
			$445.48	**$0.00**	**$445.48**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$154.37**	**$0.00**	**$154.37**
Medical		**$917.63**	**$0.00**	**$917.63**
		$1,072.00	**$0.00**	**$1,072.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$154.37**	**$0.00**	**$154.37**
Medical	**$1,363.11**	**$0.00**	**$1,363.11**
	$1,517.48	**$0.00**	**$1,517.48**
# of Claims	**6**		
# Open	**0**	**Recovery Amount:**	**$0.00**

1 - UVA Health - 3 Central

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$72.00**	**$0.00**	**$72.00**
		$72.00	**$0.00**	**$72.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,128.76	$0.00	$1,128.76
Indemnity.....	.....			$6,039.00	$0.00	$6,039.00
Medical.....	.....			$159,726.25	$312,388.93	$472,115.18
				$166,894.01	$312,388.93	$479,282.94
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,751.54	$0.00	$7,751.54
				$7,751.54	$0.00	$7,751.54
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,109.41	$0.00	$1,109.41
Medical.....	.....			$430.64	$0.00	$430.64
				$1,540.05	$0.00	$1,540.05
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,308.24	$0.00	$1,308.24
				$1,308.24	$0.00	$1,308.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,196.27	$0.00	$3,196.27
				$3,196.27	$0.00	$3,196.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$659.34	$0.00	$659.34
				$659.34	$0.00	$659.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,068.41	$0.00	$1,068.41
				$1,068.41	$0.00	$1,068.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,727.92	$0.00	$2,727.92
				$2,751.92	$0.00	$2,751.92
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$111.25	$0.00	$111.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,583.83	$0.00	$8,583.83
				$8,695.08	$0.00	$8,695.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,061.68	$0.00	$7,061.68
				$7,061.68	$0.00	$7,061.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$479.50	$0.00	$479.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,764.38	$0.00	$11,764.38
				$12,243.88	$0.00	$12,243.88
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$9,286.61	$0.00	$9,286.61
Indemnity.....	.....			$204,943.49	$0.00	$204,943.49
Medical.....	.....			$191,536.37	$0.00	$191,536.37
				$405,766.47	$0.00	$405,766.47
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$845.29	$0.00	$845.29
				$845.29	$0.00	$845.29
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$18.00	$0.00	$18.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47.92	$0.00	$47.92
				$65.92	$0.00	$65.92
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,935.88	$0.00	$1,935.88
				$1,935.88	$0.00	$1,935.88
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,213.00	$0.00	$3,213.00
				$3,213.00	$0.00	$3,213.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,202.79	$0.00	$17,202.79
				$17,202.79	$0.00	$17,202.79
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

1 - UVA Health - 3 Central

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$81.35	$0.00	$81.35
Indemnity.....	.....			$1,024.28	$0.00	$1,024.28
Medical.....	.....			$9,987.40	$0.00	$9,987.40
				$11,093.03	$0.00	$11,093.03
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$11,129.47	$0.00	$11,129.47
Indemnity.....	.....			$213,116.18	$0.00	$213,116.18
Medical.....	.....			$429,119.15	$312,388.93	$741,508.08
				$653,364.80	$312,388.93	$965,753.73
# of Claims	181					
# Open	1	Recovery Amount:	$0.00			

20 - UVA Health - Admissions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

20 - UVA Health - Admissions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.36	$0.00	$720.36
				$720.36	$0.00	$720.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$794.00	$0.00	$794.00
				$794.00	$0.00	$794.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

20 - UVA Health - Admissions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

20 - UVA Health - Admissions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$42.20**	**$0.00**	**$42.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$42.20	**$0.00**	**$42.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$42.20**	**$0.00**	**$42.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,514.36**	**$0.00**	**$1,514.36**
				$1,556.56	**$0.00**	**$1,556.56**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

21 - UVA Health - Psych/Behavior Med

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,642.32**	**$0.00**	**$3,642.32**
				$3,642.32	**$0.00**	**$3,642.32**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,149.58**	**$0.00**	**$1,149.58**
				$1,149.58	**$0.00**	**$1,149.58**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

21 - UVA Health - Psych/Behavior Med

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$41.36	$0.00	$41.36
Medical.....	.....			$887.29	$0.00	$887.29
				$928.65	$0.00	$928.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$112.42	$0.00	$112.42
				$112.42	$0.00	$112.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

21 - UVA Health - Psych/Behavior Med

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$41.36**	**$0.00**	**$41.36**
Medical				**$5,791.61**	**$0.00**	**$5,791.61**
				$5,832.97	**$0.00**	**$5,832.97**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

22 - UVA Health Zion Crossroads Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.00**	**$0.00**	**$135.00**
				$143.00	**$0.00**	**$143.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

22 - UVA Health Zion Crossroads Dialysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$159.00**	**$0.00**	**$159.00**
				$159.00	**$0.00**	**$159.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$208.00**	**$0.00**	**$208.00**
				$208.00	**$0.00**	**$208.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$60.16**	**$0.00**	**$60.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$188.00**	**$0.00**	**$188.00**
				$248.16	**$0.00**	**$248.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$0.00**	**$18.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$81.00**	**$0.00**	**$81.00**
				$99.82	**$0.00**	**$99.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$86.98**	**$0.00**	**$86.98**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$771.00**	**$0.00**	**$771.00**
				$857.98	**$0.00**	**$857.98**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

23 - UVA Health - ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$893.70	$0.00	$893.70
				$893.70	$0.00	$893.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$514.66	$0.00	$514.66
				$514.66	$0.00	$514.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$227.91	$0.00	$227.91
				$227.91	$0.00	$227.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.39	$0.00	$154.39
				$154.39	$0.00	$154.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

23 - UVA Health - ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$127.00**	**$0.00**	**$127.00**
				$127.00	**$0.00**	**$127.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$433.80**	**$0.00**	**$433.80**
				$433.80	**$0.00**	**$433.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,402.49**	**$0.00**	**$1,402.49**
				$1,402.49	**$0.00**	**$1,402.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$845.31**	**$0.00**	**$845.31**
				$845.31	**$0.00**	**$845.31**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

23 - UVA Health - ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$29.95**	**$0.00**	**$29.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,266.94**	**$0.00**	**$1,266.94**
				$1,296.89	**$0.00**	**$1,296.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$334.78**	**$0.00**	**$334.78**
Medical				**$1,370.35**	**$0.00**	**$1,370.35**
				$1,713.13	**$0.00**	**$1,713.13**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$37.64**	**$231.18**	**$268.82**
Indemnity				**$14,671.51**	**$6,613.49**	**$21,285.00**
Medical				**$4,814.10**	**$4,117.47**	**$8,931.57**
				$19,523.25	**$10,962.14**	**$30,485.39**
# of Claims	**4**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$75.59**	**$231.18**	**$306.77**
Indemnity				**$15,006.29**	**$6,613.49**	**$21,619.78**
Medical				**$12,050.65**	**$4,117.47**	**$16,168.12**
				$27,132.53	**$10,962.14**	**$38,094.67**
# of Claims	**26**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

24 - UVA Health - Chief Oper. Officer

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

24 - UVA Health - Chief Oper. Officer

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$565.08**	**$0.00**	**$565.08**
				$581.08	**$0.00**	**$581.08**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$12,305.47**	**$0.00**	**$12,305.47**
Medical		**$33,900.20**	**$0.00**	**$33,900.20**
		$46,205.67	**$0.00**	**$46,205.67**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$849.35**	**$0.00**	**$849.35**
		$849.35	**$0.00**	**$849.35**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$484.69**	**$0.00**	**$484.69**
		$484.69	**$0.00**	**$484.69**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

24 - UVA Health - Chief Oper. Officer

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$780.29	$0.00	$780.29
				$780.29	$0.00	$780.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.85	$0.00	$333.85
				$333.85	$0.00	$333.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32,004.20	$0.00	$32,004.20
				$32,012.20	$0.00	$32,012.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

24 - UVA Health - Chief Oper. Officer

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.20**	**$0.00**	**$64.20**
				$64.20	**$0.00**	**$64.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$12,305.47**	**$0.00**	**$12,305.47**
Medical				**$68,981.86**	**$0.00**	**$68,981.86**
				$81,311.33	**$0.00**	**$81,311.33**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$195.33	$0.00	$195.33
Medical.....	.....			$227.75	$0.00	$227.75
				$423.08	$0.00	$423.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$758.91	$0.00	$758.91
				$758.91	$0.00	$758.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,282.26	$0.00	$1,282.26
Medical.....	.....			$1,833.78	$0.00	$1,833.78
				$3,116.04	$0.00	$3,116.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,097.59	$0.00	$1,097.59
Indemnity.....	.....			$91,416.53	$0.00	$91,416.53
Medical.....	.....			$135,081.80	$0.00	$135,081.80
				$227,595.92	$0.00	$227,595.92
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$427.08	$0.00	$427.08
				$427.08	$0.00	$427.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,237.37	$0.00	$1,237.37
				$1,237.37	$0.00	$1,237.37
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.18	$0.00	$276.18
				$276.18	$0.00	$276.18
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,313.99	$0.00	$1,313.99
				$1,345.99	$0.00	$1,345.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$558.09	$0.00	$558.09
				$558.09	$0.00	$558.09
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$405.37	$0.00	$405.37
				$405.37	$0.00	$405.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

25 - UVA Health - AUGUSTA DIALYSIS CEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$10.84	$39.16	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$10.84	$1,239.16	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,140.43	$39.16	$1,179.59
Indemnity.....	.....			$92,894.12	$0.00	$92,894.12
Medical.....	.....			$142,120.32	$1,200.00	$143,320.32
				$236,154.87	$1,239.16	$237,394.03
# of Claims	57					
# Open	1	Recovery Amount:	$0.00			

26 - UVA Health - AUTOPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

26 - UVA Health - AUTOPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,343.25	$0.00	$2,343.25
				$2,343.25	$0.00	$2,343.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

26 - UVA Health - AUTOPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,678.43	$0.00	$5,678.43
				$5,678.43	$0.00	$5,678.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

209 - UVA Health System

26 - UVA Health - AUTOPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,124.68	$0.00	$8,124.68
				$8,124.68	$0.00	$8,124.68
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

27 - UVA Health - Pegasus & Emerg Transp

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

27 - UVA Health - Pegasus & Emerg Transp

WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$35.00**	**$0.00**	**$35.00**
Indemnity		**$15,261.81**	**$0.00**	**$15,261.81**
Medical		**$34,608.12**	**$0.00**	**$34,608.12**
		$49,904.93	**$0.00**	**$49,904.93**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**-$3,000.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$8.59**	**$0.00**	**$8.59**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$9,656.70**	**$0.00**	**$9,656.70**
		$9,665.29	**$0.00**	**$9,665.29**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$16.00**	**$0.00**	**$16.00**
Indemnity		**$8,665.20**	**$0.00**	**$8,665.20**
Medical		**$32,892.37**	**$0.00**	**$32,892.37**
		$41,573.57	**$0.00**	**$41,573.57**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$12,236.55**	**$0.00**	**$12,236.55**
Medical		**$46,793.65**	**$0.00**	**$46,793.65**
		$59,038.20	**$0.00**	**$59,038.20**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

27 - UVA Health - Pegasus & Emerg Transp

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$61.38	$0.00	$61.38
Indemnity.....	.....			$1,899.57	$0.00	$1,899.57
Medical.....	.....			$24,297.36	$0.00	$24,297.36
				$26,258.31	$0.00	$26,258.31
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,276.54	$0.00	$6,276.54
				$6,300.89	$0.00	$6,300.89
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$62.60	$0.00	$62.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,983.01	$0.00	$4,983.01
				$5,045.61	$0.00	$5,045.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,140.50	$14,875.50	$18,016.00
Indemnity.....	.....			$119,909.66	$303,236.75	$423,146.41
Medical.....	.....			$63,064.80	$68,774.19	$131,838.99
				$186,114.96	$386,886.44	$573,001.40
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

27 - UVA Health - Pegasus & Emerg Transp

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$6,883.76	$0.00	$6,883.76
Medical.....	.....			$10,667.72	$0.00	$10,667.72
				$17,603.48	$0.00	$17,603.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,408.42	$14,875.50	$18,283.92
Indemnity.....	.....			$164,856.55	$303,236.75	$468,093.30
Medical.....	.....			$233,240.27	$68,774.19	$302,014.46
				$401,505.24	$386,886.44	$788,391.68
# of Claims	62					
# Open	1	Recovery Amount:	-$3,000.00			

289 - UVA Health - UVA-PEG-AIR TRA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.00	$0.00	$45.00
				$45.00	$0.00	$45.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.00	$0.00	$181.00
				$181.00	$0.00	$181.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.00	$0.00	$226.00
				$226.00	$0.00	$226.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

289 - UVA Health - UVA-PEG-AIR TRA

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

29 - UVA Health - MALCOLM COLE CHILD C

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$572.80	$0.00	$572.80
		$572.80	$0.00	$572.80

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$2,866.60	$0.00	$2,866.60
		$2,866.60	$0.00	$2,866.60

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$162.19	$0.00	$162.19
		$162.19	$0.00	$162.19

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

29 - UVA Health - MALCOLM COLE CHILD C

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$16,742.32**	**$0.00**	**$16,742.32**
Indemnity				**$285,382.91**	**$0.00**	**$285,382.91**
Medical				**$91,723.37**	**$0.00**	**$91,723.37**
				$393,848.60	**$0.00**	**$393,848.60**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,519.54**	**$0.00**	**$1,519.54**
				$1,519.54	**$0.00**	**$1,519.54**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,643.46**	**$0.00**	**$1,643.46**
Medical				**$10,243.21**	**$0.00**	**$10,243.21**
				$11,886.67	**$0.00**	**$11,886.67**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$1,168.00**	**$0.00**	**$1,168.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,542.47**	**$0.00**	**$2,542.47**
				$3,710.47	**$0.00**	**$3,710.47**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

29 - UVA Health - MALCOLM COLE CHILD C

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$113.29**	**$0.00**	**$113.29**
Indemnity				**$3,969.92**	**$0.00**	**$3,969.92**
Medical				**$28,176.17**	**$0.00**	**$28,176.17**
				$32,259.38	**$0.00**	**$32,259.38**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$3,224.25**	**$0.00**	**$3,224.25**
Indemnity				**$1,091.56**	**$0.00**	**$1,091.56**
Medical				**$14,268.19**	**$0.00**	**$14,268.19**
				$18,584.00	**$0.00**	**$18,584.00**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$32.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$126,742.71**	**$333,985.62**	**$460,728.33**
				$126,742.71	**$334,017.62**	**$460,760.33**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,584.51**	**$0.00**	**$1,584.51**
				$1,584.51	**$0.00**	**$1,584.51**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

29 - UVA Health - MALCOLM COLE CHILD C

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,831.14**	**$0.00**	**$2,831.14**
Medical				**$29,889.81**	**$0.00**	**$29,889.81**
				$32,720.95	**$0.00**	**$32,720.95**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,360.99**	**$0.00**	**$1,360.99**
				$1,360.99	**$0.00**	**$1,360.99**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,479.68**	**$0.00**	**$2,479.68**
				$2,479.68	**$0.00**	**$2,479.68**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,135.35**	**$0.00**	**$2,135.35**
				$2,135.35	**$0.00**	**$2,135.35**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

29 - UVA Health - MALCOLM COLE CHILD C

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$4,227.44**	**$0.00**	**$4,227.44**
Indemnity				**$92,451.95**	**$0.00**	**$92,451.95**
Medical				**$46,406.45**	**$0.00**	**$46,406.45**
				$143,085.84	**$0.00**	**$143,085.84**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$23.18**	**$0.00**	**$23.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,753.19**	**$0.00**	**$5,753.19**
				$5,776.37	**$0.00**	**$5,776.37**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$61.70**	**$0.00**	**$61.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,434.75**	**$0.00**	**$6,434.75**
				$6,496.45	**$0.00**	**$6,496.45**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$24.35**	**$0.00**	**$24.35**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$645.83**	**$0.00**	**$645.83**
				$670.18	**$0.00**	**$670.18**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$25,584.53**	**$32.00**	**$25,616.53**
Indemnity				**$387,370.94**	**$0.00**	**$387,370.94**
Medical				**$375,507.81**	**$333,985.62**	**$709,493.43**
				$788,463.28	**$334,017.62**	**$1,122,480.90**
# of Claims	**129**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

2 - UVA Health - 3 South

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$271.61	$0.00	$271.61
Medical.....	.....			$2,472.50	$0.00	$2,472.50
				$2,744.11	$0.00	$2,744.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$4,240.90	$0.00	$4,240.90
Indemnity.....	.....			$447,126.88	$0.00	$447,126.88
Medical.....	.....			$1,198,578.10	$0.00	$1,198,578.10
				$1,649,945.88	$0.00	$1,649,945.88
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,103.40	$0.00	$20,103.40
Medical.....	.....			$52,409.05	$0.00	$52,409.05
				$72,512.45	$0.00	$72,512.45
# of Claims	27					
# Open	0	Recovery Amount:	-$2,622.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,433.00	$0.00	$1,433.00
				$1,433.00	$0.00	$1,433.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

2 - UVA Health - 3 South

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,379.00	$0.00	$8,379.00
				$8,379.00	$0.00	$8,379.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$45.10	$0.00	$45.10
Indemnity.....	.....			$3,548.36	$0.00	$3,548.36
Medical.....	.....			$10,453.29	$0.00	$10,453.29
				$14,046.75	$0.00	$14,046.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$154.29	$0.00	$154.29
Medical.....	.....			$2,525.54	$0.00	$2,525.54
				$2,679.83	$0.00	$2,679.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

2 - UVA Health - 3 South

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,128.16**	**$0.00**	**$2,128.16**
				$2,128.16	**$0.00**	**$2,128.16**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$25,967.11**	**$0.00**	**$25,967.11**
Indemnity				**$201,287.45**	**$0.00**	**$201,287.45**
Medical				**$34,958.31**	**$2,458.93**	**$37,417.24**
				$262,212.87	**$2,458.93**	**$264,671.80**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$968.59**	**$0.00**	**$968.59**
				$968.59	**$0.00**	**$968.59**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,806.79**	**$286.50**	**$4,093.29**
				$3,806.79	**$336.50**	**$4,143.29**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

2 - UVA Health - 3 South

Grand Totals

Expense.....	**$30,253.11**	**$50.00**	**$30,303.11**
Indemnity.....	**$672,491.99**	**$0.00**	**$672,491.99**
Medical.....	**$1,318,177.33**	**$2,745.43**	**$1,320,922.76**
	$2,020,922.43	**$2,795.43**	**$2,023,717.86**

# of Claims 163

 # Open 2 **Recovery Amount:** -$2,622.74

30 - UVA Health - Call Center

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	1				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	1				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	1				
# Open	0	**Recovery Amount:**	$0.00		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

30 - UVA Health - Call Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8.95	$0.00	$8.95
				$8.95	$0.00	$8.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

30 - UVA Health - Call Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,209.51	$0.00	$2,209.51
Medical.....	.....			$9,512.80	$0.00	$9,512.80
				$11,730.31	$0.00	$11,730.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.53	$0.00	$31.53
				$31.53	$0.00	$31.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

30 - UVA Health - Call Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,209.51	$0.00	$2,209.51
Medical.....	.....			$9,553.28	$0.00	$9,553.28
				$11,770.79	$0.00	$11,770.79
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

32 - UVA Health - Physical Med & Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$31.50	$0.00	$31.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.60	$0.00	$268.60
				$300.10	$0.00	$300.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$31.50	$0.00	$31.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.60	$0.00	$268.60
				$300.10	$0.00	$300.10

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

32 - UVA Health - Physical Med & Rehab

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

33 - UVA Health - BLUE RIDGE POISON CE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$161.50	$0.00	$161.50
		$161.50	$0.00	$161.50

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021			
Expense.....	.....	$8.00	$0.00	$8.00
Indemnity.....	.....	$4,562.61	$0.00	$4,562.61
Medical.....	.....	$5,171.41	$0.00	$5,171.41
		$9,742.02	$0.00	$9,742.02

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$8.00	$0.00	$8.00
Indemnity.....	.....	$4,562.61	$0.00	$4,562.61

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

33 - UVA Health - BLUE RIDGE POISON CE

Medical			**$5,332.91**	**$0.00**	**$5,332.91**
			$9,903.52	**$0.00**	**$9,903.52**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$742.50**	**$0.00**	**$742.50**
				$742.50	**$0.00**	**$742.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$903.56**	**$0.00**	**$903.56**
				$903.56	**$0.00**	**$903.56**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$586.88**	**$0.00**	**$586.88**
				$586.88	**$0.00**	**$586.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$154.00**	**$0.00**	**$154.00**
				$154.00	**$0.00**	**$154.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,933.21**	**$0.00**	**$1,933.21**
				$1,933.21	**$0.00**	**$1,933.21**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$216.51**	**$0.00**	**$216.51**
				$216.51	**$0.00**	**$216.51**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,924.56**	**$0.00**	**$2,924.56**
Medical				**$27,237.69**	**$0.00**	**$27,237.69**
				$30,162.25	**$0.00**	**$30,162.25**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,065.00**	**$0.00**	**$1,065.00**
Indemnity				**$7,044.58**	**$0.00**	**$7,044.58**
Medical				**$43,790.15**	**$0.00**	**$43,790.15**
				$51,899.73	**$0.00**	**$51,899.73**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,665.32**	**$0.00**	**$5,665.32**
Medical				**$69,025.96**	**$0.00**	**$69,025.96**
				$74,691.28	**$0.00**	**$74,691.28**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,784.54**	**$0.00**	**$5,784.54**
				$5,784.54	**$0.00**	**$5,784.54**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$79.17**	**$0.00**	**$79.17**
Indemnity				**$4,788.89**	**$0.00**	**$4,788.89**
Medical				**$18,560.88**	**$0.00**	**$18,560.88**
				$23,428.94	**$0.00**	**$23,428.94**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,032.95**	**$0.00**	**$4,032.95**
				$4,052.95	**$0.00**	**$4,052.95**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$909.25**	**$0.00**	**$909.25**
Medical				**$20,886.21**	**$0.00**	**$20,886.21**
				$21,811.46	**$0.00**	**$21,811.46**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$68.00**	**$0.00**	**$68.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,164.21**	**$0.00**	**$6,164.21**
				$6,232.21	**$0.00**	**$6,232.21**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$88.73**	**$0.00**	**$88.73**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,742.45**	**$0.00**	**$5,742.45**
				$5,831.18	**$0.00**	**$5,831.18**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,391.89**	**$0.00**	**$2,391.89**
				$2,391.89	**$0.00**	**$2,391.89**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,129.54**	**$0.00**	**$1,129.54**
				$1,137.54	**$0.00**	**$1,137.54**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

38 - UVA Health - CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.73	$0.00	$320.73
				$320.73	$0.00	$320.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$22.70	$0.00	$22.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$22.70	$0.00	$22.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$34.82	$0.00	$34.82
Indemnity.....	.....			$4,975.72	$10,024.28	$15,000.00
Medical.....	.....			$892.32	$27,607.68	$28,500.00
				$5,902.86	$37,631.96	$43,534.82
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,402.42	$0.00	$1,402.42
Indemnity.....	.....			$26,308.32	$10,024.28	$36,332.60
Medical.....	.....			$210,496.18	$27,607.68	$238,103.86
				$238,206.92	$37,631.96	$275,838.88
# of Claims	131					
# Open	1	Recovery Amount:	$0.00			

39 - UVA Health - 5 North

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

39 - UVA Health - 5 North

WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.54**	**$0.00**	**$133.54**
				$133.54	**$0.00**	**$133.54**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5,314.82**	**$0.00**	**$5,314.82**
		$5,314.82	**$0.00**	**$5,314.82**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$74.81**	**$0.00**	**$74.81**
		$74.81	**$0.00**	**$74.81**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

39 - UVA Health - 5 North

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,160.99	$539.01	$3,700.00
Indemnity.....	.....			$11,608.22	$7,278.70	$18,886.92
Medical.....	.....			$14,587.11	$8,962.89	$23,550.00
				$29,356.32	$16,780.60	$46,136.92
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$10.84	$0.00	$10.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.84	$0.00	$10.84
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,171.83	$539.01	$3,710.84
Indemnity.....	.....			$11,608.22	$7,278.70	$18,886.92
Medical.....	.....			$20,110.28	$8,962.89	$29,073.17
				$34,890.33	$16,780.60	$51,670.93
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$30.00	$0.00	$30.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$905.27**	**$0.00**	**$905.27**
Indemnity				**$228,471.92**	**$0.00**	**$228,471.92**
Medical				**$146,910.44**	**$0.00**	**$146,910.44**
				$376,287.63	**$0.00**	**$376,287.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$607.48**	**$0.00**	**$607.48**
				$607.48	**$0.00**	**$607.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,342.76**	**$0.00**	**$4,342.76**
				$4,342.76	**$0.00**	**$4,342.76**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$855.59**	**$0.00**	**$855.59**
				$855.59	**$0.00**	**$855.59**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$919.93**	**$0.00**	**$919.93**
Medical				**$3,610.46**	**$0.00**	**$3,610.46**
				$4,530.39	**$0.00**	**$4,530.39**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,547.50**	**$0.00**	**$5,547.50**
				$5,547.50	**$0.00**	**$5,547.50**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$964.54**	**$0.00**	**$964.54**
Medical				**$4,816.48**	**$0.00**	**$4,816.48**
				$5,781.02	**$0.00**	**$5,781.02**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,076.08**	**$0.00**	**$2,076.08**
				$2,076.08	**$0.00**	**$2,076.08**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,869.47**	**$0.00**	**$3,869.47**
				$3,869.47	**$0.00**	**$3,869.47**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$7,832.60**	**$0.00**	**$7,832.60**
Medical				**$35,295.24**	**$0.00**	**$35,295.24**
				$43,135.84	**$0.00**	**$43,135.84**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,872.00**	**$0.00**	**$1,872.00**
Indemnity				**$8,190.48**	**$0.00**	**$8,190.48**
Medical				**$16,235.88**	**$0.00**	**$16,235.88**
				$26,298.36	**$0.00**	**$26,298.36**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,561.08	$0.00	$2,561.08
Medical.....	.....			$3,690.52	$0.00	$3,690.52
				$6,259.60	$0.00	$6,259.60
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$7,246.64	$1,267.95	$8,514.59
Indemnity.....	.....			$28,793.51	$3,361.28	$32,154.79
Medical.....	.....			$102,311.49	$32,639.71	$134,951.20
				$138,351.64	$37,268.94	$175,620.58
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,498.00	$0.00	$9,498.00
				$9,498.00	$0.00	$9,498.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$21.93	$0.00	$21.93
Indemnity.....	.....			$1,055.76	$0.00	$1,055.76
Medical.....	.....			$2,712.90	$0.00	$2,712.90
				$3,790.59	$0.00	$3,790.59
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$30.42	$0.00	$30.42
Indemnity.....	.....			$3,760.67	$0.00	$3,760.67
Medical.....	.....			$11,259.13	$0.00	$11,259.13
				$15,050.22	$0.00	$15,050.22
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$333.06	$0.00	$333.06
Medical.....	.....			$4,262.89	$0.00	$4,262.89
				$4,603.95	$0.00	$4,603.95
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$30.63	$0.00	$30.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,001.19	$0.00	$3,001.19
				$3,031.82	$0.00	$3,031.82
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

3 - UVA Health - 3 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$2,204.00**	**$0.00**	**$2,204.00**
Medical				**$2,114.09**	**$0.00**	**$2,114.09**
				$4,326.09	**$0.00**	**$4,326.09**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,372.44**	**$0.00**	**$3,372.44**
				$3,372.44	**$0.00**	**$3,372.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$295.78**	**$0.00**	**$295.78**
Medical				**$0.00**	**$0.00**	**$0.00**
				$303.78	**$0.00**	**$303.78**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$82.64**	**$205.00**	**$287.64**
Indemnity				**$0.00**	**$38,700.00**	**$38,700.00**
Medical				**$725.80**	**$22,118.35**	**$22,844.15**
				$808.44	**$61,023.35**	**$61,831.79**
# of Claims	**7**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$10,259.53**	**$1,472.95**	**$11,732.48**
Indemnity				**$285,383.33**	**$42,061.28**	**$327,444.61**
Medical				**$367,115.83**	**$54,758.06**	**$421,873.89**
				$662,758.69	**$98,292.29**	**$761,050.98**
# of Claims	**259**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

402 - UVA Health - UVA-BLUE RIDGE ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$207.46	$0.00	$207.46
Medical.....	.....			$7,787.41	$0.00	$7,787.41
				$8,378.37	$0.00	$8,378.37
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$106,861.07	$0.00	$106,861.07
Medical.....	.....			$34,540.39	$0.00	$34,540.39
				$141,401.46	$0.00	$141,401.46
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,215.09	$0.00	$10,215.09
Medical.....	.....			$8,122.53	$0.00	$8,122.53
				$18,337.62	$0.00	$18,337.62
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,870.11	$0.00	$1,870.11
Medical.....	.....			$5,620.38	$0.00	$5,620.38
				$7,490.49	$0.00	$7,490.49
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

402 - UVA Health - UVA-BLUE RIDGE ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,943.99	$0.00	$2,943.99
				$2,943.99	$0.00	$2,943.99
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,779.02	$0.00	$2,779.02
Medical.....	.....			$2,525.79	$0.00	$2,525.79
				$5,304.81	$0.00	$5,304.81
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,852.31	$0.00	$3,852.31
Medical.....	.....			$19,067.77	$0.00	$19,067.77
				$22,920.08	$0.00	$22,920.08
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$742.21	$0.00	$742.21
				$742.21	$0.00	$742.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,449.52	$0.00	$5,449.52
				$5,449.52	$0.00	$5,449.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

402 - UVA Health - UVA-BLUE RIDGE ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,671.48	$0.00	$1,671.48
				$1,671.48	$0.00	$1,671.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,859.08	$0.00	$1,859.08
Medical.....	.....			$15,674.25	$0.00	$15,674.25
				$17,533.33	$0.00	$17,533.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$127,644.14	$0.00	$127,644.14
Medical.....	.....			$104,145.72	$0.00	$104,145.72
				$232,173.36	$0.00	$232,173.36
# of Claims	248					
# Open	0	Recovery Amount:	$0.00			

42 - UVA Health - CARDOVASCULAR MEDICI

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

42 - UVA Health - CARDOVASCULAR MEDICI

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$103.00**	**$0.00**	**$103.00**
		$103.00	**$0.00**	**$103.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,065.75**	**$0.00**	**$3,065.75**
		$3,065.75	**$0.00**	**$3,065.75**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$553.00**	**$0.00**	**$553.00**
		$553.00	**$0.00**	**$553.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,085.68**	**$0.00**	**$1,085.68**
		$1,085.68	**$0.00**	**$1,085.68**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

42 - UVA Health - CARDOVASCULAR MEDICI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,059.45	$0.00	$1,059.45
				$1,059.45	$0.00	$1,059.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39,173.73	$0.00	$39,173.73
				$39,173.73	$0.00	$39,173.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$21.72	$0.00	$21.72
Indemnity.....	.....			$4,525.00	$0.00	$4,525.00
Medical.....	.....			$13,426.01	$0.00	$13,426.01
				$17,972.73	$0.00	$17,972.73
# of Claims	3					
# Open	0	Recovery Amount:	-$23,468.74			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

42 - UVA Health - CARDOVASCULAR MEDICI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$35,618.79	$0.00	$35,618.79
Medical.....	.....			$37,529.66	$0.00	$37,529.66
				$73,156.45	$0.00	$73,156.45
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$14,479.30	$0.00	$14,479.30
Medical.....	.....			$31,637.26	$0.00	$31,637.26
				$46,124.56	$0.00	$46,124.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.29	$0.00	$85.29
				$85.29	$0.00	$85.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

42 - UVA Health - CARDOVASCULAR MEDICI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$325.62**	**$0.00**	**$325.62**
Medical				**$13,148.92**	**$0.00**	**$13,148.92**
				$13,482.54	**$0.00**	**$13,482.54**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$16,229.94**	**$0.00**	**$16,229.94**
Medical				**$59,245.03**	**$0.00**	**$59,245.03**
				$75,482.97	**$0.00**	**$75,482.97**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$53.95**	**$0.00**	**$53.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,768.65**	**$0.00**	**$12,768.65**
				$12,822.60	**$0.00**	**$12,822.60**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$25.90**	**$0.00**	**$25.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,059.76**	**$0.00**	**$4,059.76**
				$4,085.66	**$0.00**	**$4,085.66**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

42 - UVA Health - CARDOVASCULAR MEDICI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.00	$0.00	$562.00
				$562.00	$0.00	$562.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$8,157.04	$1,442.96	$9,600.00
Medical.....	.....			$3,625.55	$8,374.45	$12,000.00
				$11,801.41	$9,817.41	$21,618.82
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$152.39	$0.00	$152.39
Indemnity.....	.....			$79,335.69	$1,442.96	$80,778.65
Medical.....	.....			$221,128.74	$8,374.45	$229,503.19
				$300,616.82	$9,817.41	$310,434.23
# of Claims	60					
# Open	1	Recovery Amount:	-$23,468.74			

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,314.37	$0.00	$1,314.37
				$1,314.37	$0.00	$1,314.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$930.60**	**$0.00**	**$930.60**
				$930.60	**$0.00**	**$930.60**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$649.51**	**$0.00**	**$649.51**
Medical				**$1,631.47**	**$0.00**	**$1,631.47**
				$2,299.48	**$0.00**	**$2,299.48**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$191.80**	**$0.00**	**$191.80**
				$191.80	**$0.00**	**$191.80**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,692.27**	**$0.00**	**$3,692.27**
				$3,692.27	**$0.00**	**$3,692.27**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$269.33**	**$0.00**	**$269.33**
				$269.33	**$0.00**	**$269.33**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.30	$0.00	$324.30
				$324.30	$0.00	$324.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,042.33	$0.00	$2,042.33
				$2,042.33	$0.00	$2,042.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,161.05	$0.00	$1,161.05
				$1,161.05	$0.00	$1,161.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$10.00**	**$0.00**	**$10.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,371.52**	**$0.00**	**$1,371.52**
				$1,381.52	**$0.00**	**$1,381.52**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$13.18**	**$0.00**	**$13.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$990.80**	**$0.00**	**$990.80**
				$1,003.98	**$0.00**	**$1,003.98**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$931.67	$0.00	$931.67
				$931.67	$0.00	$931.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$5,341.55	$0.00	$5,341.55
Indemnity.....	.....			$54,957.08	$321,732.68	$376,689.76
Medical.....	.....			$577,243.12	$290,088.82	$867,331.94
				$637,541.75	$611,821.50	$1,249,363.25
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

43 - UVA Health - CCU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$7,000.00	$7,008.00
Indemnity.....	.....			$38,992.51	$10,739.91	$49,732.42
Medical.....	.....			$7,595.83	$17,504.17	$25,100.00
				$46,596.34	$35,244.08	$81,840.42
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$5,391.23	$7,000.00	$12,391.23
Indemnity.....	.....			$94,599.10	$332,472.59	$427,071.69
Medical.....	.....			$599,690.46	$307,592.99	$907,283.45
				$699,680.79	$647,065.58	$1,346,746.37
# of Claims	90					
# Open	2	Recovery Amount:	$0.00			

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$635.16	$0.00	$635.16
				$635.16	$0.00	$635.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,581.35	$0.00	$1,581.35
				$1,581.35	$0.00	$1,581.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,601.38**	**$0.00**	**$1,601.38**
Medical				**$15,388.95**	**$0.00**	**$15,388.95**
				$16,990.33	**$0.00**	**$16,990.33**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.85**	**$0.00**	**$195.85**
				$195.85	**$0.00**	**$195.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,993.62**	**$0.00**	**$1,993.62**
				$1,993.62	**$0.00**	**$1,993.62**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,654.53**	**$0.00**	**$1,654.53**
				$1,654.53	**$0.00**	**$1,654.53**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,938.20**	**$0.00**	**$2,938.20**
				$2,938.20	**$0.00**	**$2,938.20**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,246.95**	**$0.00**	**$2,246.95**
				$2,246.95	**$0.00**	**$2,246.95**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,077.81**	**$0.00**	**$9,077.81**
Medical				**$12,850.60**	**$0.00**	**$12,850.60**
				$21,928.41	**$0.00**	**$21,928.41**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,415.68**	**$0.00**	**$12,415.68**
Medical				**$15,405.92**	**$0.00**	**$15,405.92**
				$27,821.60	**$0.00**	**$27,821.60**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$12,028.32	$0.00	$12,028.32
Indemnity.....	.....			$212,005.10	$0.00	$212,005.10
Medical.....	.....			$75,270.70	$4,814.45	$80,085.15
				$299,304.12	$4,814.45	$304,118.57
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,477.13	$0.00	$11,477.13
Medical.....	.....			$27,638.66	$0.00	$27,638.66
				$39,115.79	$0.00	$39,115.79
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$840.50	$0.00	$840.50
Indemnity.....	.....			$20,781.78	$0.00	$20,781.78
Medical.....	.....			$67,354.05	$0.00	$67,354.05
				$88,976.33	$0.00	$88,976.33
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,374.06	$0.00	$2,374.06
				$2,410.06	$0.00	$2,410.06
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$36,253.36**	**$14,696.11**	**$50,949.47**
Indemnity				**$439,928.38**	**$39,577.78**	**$479,506.16**
Medical				**$249,764.77**	**$23,715.28**	**$273,480.05**
				$725,946.51	**$77,989.17**	**$803,935.68**
# of Claims	**20**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$12.71**	**$0.00**	**$12.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,461.59**	**$0.00**	**$14,461.59**
				$14,474.30	**$0.00**	**$14,474.30**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,040.44**	**$0.00**	**$11,040.44**
Indemnity				**$146,047.74**	**$0.00**	**$146,047.74**
Medical				**$73,839.29**	**$0.00**	**$73,839.29**
				$230,927.47	**$0.00**	**$230,927.47**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$14,573.36**	**$0.00**	**$14,573.36**
Indemnity				**$103,105.47**	**$0.00**	**$103,105.47**
Medical				**$28,624.27**	**$0.00**	**$28,624.27**
				$146,303.10	**$0.00**	**$146,303.10**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

45 - UVA Health - CENTRAL STERILE SUPP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$33.20	$0.00	$33.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,757.35	$0.00	$2,757.35
				$2,790.55	$0.00	$2,790.55
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$28.45	$0.00	$28.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,585.49	$0.00	$1,585.49
				$1,613.94	$0.00	$1,613.94
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$12,644.32	$9,190.32	$21,834.64
Indemnity.....	.....			$67,356.06	$25,943.38	$93,299.44
Medical.....	.....			$158,129.94	$110,648.31	$268,778.25
				$238,130.32	$145,782.01	$383,912.33
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,116.19	$0.00	$1,116.19
				$1,124.19	$0.00	$1,124.19
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$87,498.66	$23,886.43	$111,385.09
Indemnity.....	.....			$1,023,796.53	$65,521.16	$1,089,317.69
Medical.....	.....			$757,807.49	$139,178.04	$896,985.53
				$1,869,102.68	$228,585.63	$2,097,688.31
# of Claims	224					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

46 - UVA Health - CLINICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$4,416.91	$0.00	$4,416.91
Medical.....	.....			$3,001.94	$0.00	$3,001.94
				$7,768.85	$0.00	$7,768.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,864.58	$0.00	$2,864.58
Medical.....	.....			$35,299.29	$0.00	$35,299.29
				$38,163.87	$0.00	$38,163.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$553.45	$0.00	$553.45
				$553.45	$0.00	$553.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.07	$0.00	$139.07
				$139.07	$0.00	$139.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

46 - UVA Health - CLINICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$732.80**	**$0.00**	**$732.80**
				$732.80	**$0.00**	**$732.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$24,904.93**	**$0.00**	**$24,904.93**
Medical				**$24,111.43**	**$0.00**	**$24,111.43**
				$49,016.36	**$0.00**	**$49,016.36**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

46 - UVA Health - CLINICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,720.50	$0.00	$1,720.50
				$1,720.50	$0.00	$1,720.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$473.42	$0.00	$473.42
				$473.42	$0.00	$473.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,357.30	$0.00	$2,357.30
				$2,357.30	$0.00	$2,357.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

46 - UVA Health - CLINICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$274.55**	**$0.00**	**$274.55**
				$274.55	**$0.00**	**$274.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,802.40**	**$0.00**	**$3,802.40**
				$3,810.40	**$0.00**	**$3,810.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,102.00**	**$0.00**	**$1,102.00**
Medical				**$39,557.93**	**$0.00**	**$39,557.93**
				$40,667.93	**$0.00**	**$40,667.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,354.50**	**$0.00**	**$6,354.50**
				$6,354.50	**$0.00**	**$6,354.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

46 - UVA Health - CLINICAL ENGINEERING

Grand Totals

Expense	**$366.00**	**$0.00**	**$366.00**
Indemnity	**$33,288.42**	**$0.00**	**$33,288.42**
Medical	**$118,378.58**	**$0.00**	**$118,378.58**
	$152,033.00	**$0.00**	**$152,033.00**

# of Claims 44

 # Open 0 **Recovery Amount:** $0.00

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$356.40**	**$0.00**	**$356.40**
		$356.40	**$0.00**	**$356.40**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5,558.56**	**$0.00**	**$5,558.56**
		$5,558.56	**$0.00**	**$5,558.56**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,789.11**	**$0.00**	**$1,789.11**
Medical		**$22,517.11**	**$0.00**	**$22,517.11**
		$24,306.22	**$0.00**	**$24,306.22**
# of Claims	**24**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,568.04	$0.00	$3,568.04
				$3,568.04	$0.00	$3,568.04
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,038.60	$0.00	$5,038.60
Medical.....	.....			$18,246.89	$0.00	$18,246.89
				$23,285.49	$0.00	$23,285.49
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,089.28	$0.00	$1,089.28
				$1,107.78	$0.00	$1,107.78
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,183.08	$0.00	$9,183.08
				$9,183.08	$0.00	$9,183.08
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,478.81	$0.00	$4,478.81
				$4,478.81	$0.00	$4,478.81
# of Claims	42					
# Open	0	Recovery Amount:	-$325.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,660.42	$0.00	$3,660.42
				$3,660.42	$0.00	$3,660.42
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,415.70	$0.00	$7,415.70
Medical.....	.....			$66,112.93	$0.00	$66,112.93
				$73,528.63	$0.00	$73,528.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$37.14	$0.00	$37.14
Indemnity.....	.....			$1,339.23	$0.00	$1,339.23
Medical.....	.....			$14,713.20	$0.00	$14,713.20
				$16,089.57	$0.00	$16,089.57
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,253.54**	**$0.00**	**$3,253.54**
				$3,289.54	**$0.00**	**$3,289.54**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$450.27**	**$16.00**	**$466.27**
Indemnity				**$442.29**	**$0.00**	**$442.29**
Medical				**$78,383.99**	**$53,485.54**	**$131,869.53**
				$79,276.55	**$53,501.54**	**$132,778.09**
# of Claims	**24**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$34,432.58**	**$33,838.06**	**$68,270.64**
Indemnity				**$180,991.55**	**$0.00**	**$180,991.55**
Medical				**$183,024.24**	**$328,898.02**	**$511,922.26**
				$398,448.37	**$362,736.08**	**$761,184.45**
# of Claims	**26**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$58.71**	**$0.00**	**$58.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,144.13**	**$0.00**	**$5,144.13**
				$5,202.84	**$0.00**	**$5,202.84**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$34.13	$0.00	$34.13
Indemnity.....	.....			$307.90	$0.00	$307.90
Medical.....	.....			$3,892.09	$0.00	$3,892.09
				$4,234.12	$0.00	$4,234.12
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$14.39	$0.00	$14.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,569.55	$0.00	$7,569.55
				$7,583.94	$0.00	$7,583.94
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$622.47	$0.00	$622.47
Medical.....	.....			$21,934.42	$0.00	$21,934.42
				$22,572.89	$0.00	$22,572.89
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$55.25	$0.00	$55.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,896.18	$0.00	$3,896.18
				$3,951.43	$0.00	$3,951.43
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

47 - UVA Health - CLINICAL LABORATORIE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,463.96	$0.00	$1,463.96
Medical.....	.....			$3,869.79	$0.00	$3,869.79
				$5,341.75	$0.00	$5,341.75
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,545.93	$0.00	$1,545.93
Medical.....	.....			$347.49	$0.00	$347.49
				$1,901.42	$0.00	$1,901.42
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,792.84	$15,311.19	$22,104.03
Indemnity.....	.....			$108,020.72	$57,656.70	$165,677.42
Medical.....	.....			$46,418.84	$61,254.51	$107,673.35
				$161,232.40	$134,222.40	$295,454.80
# of Claims	17					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$41,961.81	$49,165.25	$91,127.06
Indemnity.....	.....			$308,977.46	$57,656.70	$366,634.16
Medical.....	.....			$507,218.98	$443,638.07	$950,857.05
				$858,158.25	$550,460.02	$1,408,618.27
# of Claims	494					
# Open	4	Recovery Amount:	-$325.25			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

48 - UVA Health - Bed Coordination Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$365.81	$0.00	$365.81
				$365.81	$0.00	$365.81
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$6,189.35	$0.00	$6,189.35
Indemnity.....	.....			$72,053.17	$0.00	$72,053.17
Medical.....	.....			$40,022.22	$0.00	$40,022.22
				$118,264.74	$0.00	$118,264.74
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,662.64	$0.00	$6,662.64
				$6,662.64	$0.00	$6,662.64
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,761.02	$0.00	$1,761.02
				$1,761.02	$0.00	$1,761.02
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

48 - UVA Health - Bed Coordination Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,545.57	$0.00	$1,545.57
				$1,545.57	$0.00	$1,545.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,187.01	$0.00	$1,187.01
				$1,187.01	$0.00	$1,187.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$5,265.94	$0.00	$5,265.94
Indemnity.....	.....			$100,653.72	$0.00	$100,653.72
Medical.....	.....			$34,441.54	$0.00	$34,441.54
				$140,361.20	$0.00	$140,361.20
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$18,510.72	$18.82	$18,529.54
Indemnity.....	.....			$212,198.29	$0.00	$212,198.29
Medical.....	.....			$117,595.59	$9,389.04	$126,984.63
				$348,304.60	$9,407.86	$357,712.46
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,518.65	$0.00	$4,518.65
				$4,518.65	$0.00	$4,518.65
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

48 - UVA Health - Bed Coordination Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,673.71**	**$0.00**	**$1,673.71**
				$1,673.71	**$0.00**	**$1,673.71**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$29,966.01**	**$18.82**	**$29,984.83**
Indemnity				**$384,905.18**	**$0.00**	**$384,905.18**
Medical				**$209,773.76**	**$9,389.04**	**$219,162.80**
				$624,644.95	**$9,407.86**	**$634,052.81**
# of Claims	**85**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

499 - UVA Health - UVA-MED CTR MULTORGA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14.75**	**$0.00**	**$14.75**
				$14.75	**$0.00**	**$14.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14.75**	**$0.00**	**$14.75**
				$14.75	**$0.00**	**$14.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

49 - UVA Health - COLONNADES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

49 - UVA Health - COLONNADES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.23	$0.00	$433.23
				$433.23	$0.00	$433.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,476.37	$0.00	$1,476.37
				$1,476.37	$0.00	$1,476.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$371.44	$0.00	$371.44
				$371.44	$0.00	$371.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

49 - UVA Health - COLONNADES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$330.14**	**$0.00**	**$330.14**
				$338.14	**$0.00**	**$338.14**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,611.18**	**$0.00**	**$2,611.18**
				$2,619.18	**$0.00**	**$2,619.18**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,916.39**	**$0.00**	**$1,916.39**
				$1,916.39	**$0.00**	**$1,916.39**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$955.50	$0.00	$955.50
				$955.50	$0.00	$955.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.00	$0.00	$78.00
				$78.00	$0.00	$78.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$579.80	$0.00	$579.80
				$579.80	$0.00	$579.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$441.99	$0.00	$441.99
Medical.....	.....			$2,565.83	$0.00	$2,565.83
				$3,007.82	$0.00	$3,007.82
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,062.23	$0.00	$3,062.23
				$3,062.23	$0.00	$3,062.23
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,247.30	$0.00	$1,247.30
Medical.....	.....			$4,699.26	$0.00	$4,699.26
				$5,946.56	$0.00	$5,946.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$31,725.62	$0.00	$31,725.62
Indemnity.....	.....			$106,212.21	$0.00	$106,212.21
Medical.....	.....			$104,292.79	$0.00	$104,292.79
				$242,230.62	$0.00	$242,230.62
# of Claims	5					
# Open	0	Recovery Amount:	-$200,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,661.92	$0.00	$4,661.92
				$4,661.92	$0.00	$4,661.92
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,571.94	$0.00	$1,571.94
Medical.....	.....			$13,799.71	$0.00	$13,799.71
				$15,371.65	$0.00	$15,371.65
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$7,978.31	$300.00	$8,278.31
Indemnity.....	.....			$65,317.40	$5,532.10	$70,849.50
Medical.....	.....			$297,732.97	$46,713.73	$344,446.70
				$371,028.68	$52,545.83	$423,574.51
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$19.21**	**$0.00**	**$19.21**
Indemnity				**$16,922.50**	**$0.00**	**$16,922.50**
Medical				**$78,899.43**	**$0.00**	**$78,899.43**
				$95,841.14	**$0.00**	**$95,841.14**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$1,858.83**	**$0.00**	**$1,858.83**
Indemnity				**$6,290.01**	**$0.00**	**$6,290.01**
Medical				**$20,643.78**	**$0.00**	**$20,643.78**
				$28,792.62	**$0.00**	**$28,792.62**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$801.51**	**$0.00**	**$801.51**
				$801.51	**$0.00**	**$801.51**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$251.31	$0.00	$251.31
				$251.31	$0.00	$251.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$23,459.75	$0.00	$23,459.75
Medical.....	.....			$38,422.00	$0.00	$38,422.00
				$61,897.75	$0.00	$61,897.75
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$12,209.90	$0.00	$12,209.90
Indemnity.....	.....			$229,489.22	$0.00	$229,489.22
Medical.....	.....			$16,875.02	$0.00	$16,875.02
				$258,574.14	$0.00	$258,574.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,508.88	$0.00	$5,508.88
				$5,508.88	$0.00	$5,508.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

4 - UVA Health - 4 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,144.33	$0.00	$2,144.33
				$2,144.33	$0.00	$2,144.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$53,807.87	$300.00	$54,107.87
Indemnity.....	.....			$450,952.32	$5,532.10	$456,484.42
Medical.....	.....			$597,890.66	$46,713.73	$644,604.39
				$1,102,650.85	$52,545.83	$1,155,196.68
# of Claims	111					
# Open	1	Recovery Amount:	-$200,000.00			

500 - UVA Health - MEDICAL CENTER EMERG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$247.74	$0.00	$247.74
Medical.....	.....			$389.05	$0.00	$389.05
				$636.79	$0.00	$636.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,117.24	$0.00	$1,117.24
Medical.....	.....			$697.05	$0.00	$697.05
				$1,814.29	$0.00	$1,814.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

500 - UVA Health - MEDICAL CENTER EMERG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.75	$0.00	$33.75
				$33.75	$0.00	$33.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.73	$0.00	$81.73
				$81.73	$0.00	$81.73
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.00	$0.00	$135.00
				$135.00	$0.00	$135.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.60	$0.00	$298.60
				$298.60	$0.00	$298.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

500 - UVA Health - MEDICAL CENTER EMERG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$800.75	$0.00	$800.75
				$800.75	$0.00	$800.75
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$183.15	$0.00	$183.15
Medical.....	.....			$2,487.13	$0.00	$2,487.13
				$2,670.28	$0.00	$2,670.28
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$146.56	$0.00	$146.56
Medical.....	.....			$2,829.70	$0.00	$2,829.70
				$2,976.26	$0.00	$2,976.26
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$600.18	$0.00	$600.18
Medical.....	.....			$3,078.73	$0.00	$3,078.73
				$3,678.91	$0.00	$3,678.91
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

500 - UVA Health - MEDICAL CENTER EMERG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,924.98	$0.00	$2,924.98
				$2,924.98	$0.00	$2,924.98
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,053.50	$0.00	$2,053.50
Medical.....	.....			$11,114.94	$0.00	$11,114.94
				$13,168.44	$0.00	$13,168.44
# of Claims	30					
# Open	0	Recovery Amount:	-$65.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,348.37	$0.00	$4,348.37
Medical.....	.....			$24,871.41	$0.00	$24,871.41
				$29,219.78	$0.00	$29,219.78
# of Claims	163					
# Open	0	Recovery Amount:	-$65.52			

501 - UVA Health - CREDIT UNION

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

501 - UVA Health - CREDIT UNION

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,912.25**	**$0.00**	**$1,912.25**
				$1,912.25	**$0.00**	**$1,912.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$105.57**	**$0.00**	**$105.57**
				$105.57	**$0.00**	**$105.57**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$34.00**	**$0.00**	**$34.00**
				$34.00	**$0.00**	**$34.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$579.34**	**$0.00**	**$579.34**
				$579.34	**$0.00**	**$579.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,631.16**	**$0.00**	**$2,631.16**
				$2,631.16	**$0.00**	**$2,631.16**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

502 - UVA Health - HOSPITAL HEALTH AFFA

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

502 - UVA Health - HOSPITAL HEALTH AFFA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37.00	$0.00	$37.00
				$37.00	$0.00	$37.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.75	$0.00	$149.75
				$149.75	$0.00	$149.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$180.00	$0.00	$180.00
				$180.00	$0.00	$180.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$610.17	$0.00	$610.17
				$610.17	$0.00	$610.17
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

502 - UVA Health - HOSPITAL HEALTH AFFA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.00**	**$0.00**	**$27.00**
				$27.00	**$0.00**	**$27.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$53.83**	**$0.00**	**$53.83**
				$53.83	**$0.00**	**$53.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.44**	**$0.00**	**$102.44**
				$102.44	**$0.00**	**$102.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$546.12**	**$0.00**	**$546.12**
				$546.12	**$0.00**	**$546.12**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

502 - UVA Health - HOSPITAL HEALTH AFFA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.50	$0.00	$276.50
				$276.50	$0.00	$276.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$384.88	$1,615.12	$2,000.00
Indemnity.....	.....			$3,347.36	$0.00	$3,347.36
Medical.....	.....			$161,624.10	$3,477.08	$165,101.18
				$165,356.34	$5,092.20	$170,448.54
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$384.88	$1,615.12	$2,000.00
Indemnity.....	.....			$3,347.36	$0.00	$3,347.36
Medical.....	.....			$163,709.91	$3,477.08	$167,186.99
				$167,442.15	$5,092.20	$172,534.35
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

503 - UVA Health - MEDICINE CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

503 - UVA Health - MEDICINE CENTER

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$212.30**	**$0.00**	**$212.30**
				$212.30	**$0.00**	**$212.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8,833.34**	**$0.00**	**$8,833.34**
		$8,833.34	**$0.00**	**$8,833.34**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$564.62**	**$0.00**	**$564.62**
		$564.62	**$0.00**	**$564.62**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8,439.20**	**$0.00**	**$8,439.20**
		$8,439.20	**$0.00**	**$8,439.20**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$65.29**	**$0.00**	**$65.29**
		$65.29	**$0.00**	**$65.29**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

503 - UVA Health - MEDICINE CENTER

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$18,114.75**	**$0.00**	**$18,114.75**
			$18,114.75	**$0.00**	**$18,114.75**
# of Claims	**27**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

504 - UVA Health - KLUGE CHID REHAB CTR

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$74.00**	**$0.00**	**$74.00**
				$74.00	**$0.00**	**$74.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,746.29**	**$0.00**	**$1,746.29**
Medical				**$993.00**	**$0.00**	**$993.00**
				$2,739.29	**$0.00**	**$2,739.29**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,273.51**	**$0.00**	**$1,273.51**
Medical				**$2,993.86**	**$0.00**	**$2,993.86**
				$4,267.37	**$0.00**	**$4,267.37**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

504 - UVA Health - KLUGE CHID REHAB CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.50	$0.00	$241.50
				$241.50	$0.00	$241.50
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,195.68	$0.00	$1,195.68
Medical.....	.....			$5,141.21	$0.00	$5,141.21
				$6,336.89	$0.00	$6,336.89
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,478.76	$0.00	$1,478.76
Indemnity.....	.....			$487.38	$0.00	$487.38
Medical.....	.....			$270,546.43	$206,937.33	$477,483.76
				$272,512.57	$206,937.33	$479,449.90
# of Claims	43					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,090.72	$0.00	$4,090.72
Medical.....	.....			$10,086.08	$0.00	$10,086.08
				$14,176.80	$0.00	$14,176.80
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

504 - UVA Health - KLUGE CHID REHAB CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,143.77	$0.00	$2,143.77
Medical.....	.....			$9,573.48	$0.00	$9,573.48
				$11,717.25	$0.00	$11,717.25
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,464.64	$0.00	$9,464.64
				$9,464.64	$0.00	$9,464.64
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,302.92	$0.00	$2,302.92
Medical.....	.....			$7,521.55	$0.00	$7,521.55
				$9,824.47	$0.00	$9,824.47
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,523.80	$0.00	$1,523.80
				$1,523.80	$0.00	$1,523.80
# of Claims	6					
# Open	0	Recovery Amount:	-$35.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

504 - UVA Health - KLUGE CHID REHAB CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$691.25	$0.00	$691.25
				$691.25	$0.00	$691.25
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$452.67	$0.00	$452.67
				$452.67	$0.00	$452.67
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,478.76	$0.00	$1,478.76
Indemnity.....	.....			$13,240.27	$0.00	$13,240.27
Medical.....	.....			$319,303.47	$206,937.33	$526,240.80
				$334,022.50	$206,937.33	$540,959.83
# of Claims	330					
# Open	1	Recovery Amount:	-$35.00			

506 - UVA Health - Medical Center ADMI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.00	$0.00	$138.00
				$138.00	$0.00	$138.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

506 - UVA Health - Medical Center ADMI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,295.69	$0.00	$1,295.69
				$1,295.69	$0.00	$1,295.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

506 - UVA Health - Medical Center ADMI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.81	$0.00	$74.81
				$74.81	$0.00	$74.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$984.16	$0.00	$984.16
				$984.16	$0.00	$984.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

506 - UVA Health - Medical Center ADMI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$38.00**	**$0.00**	**$38.00**
				$38.00	**$0.00**	**$38.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$268.40**	**$0.00**	**$268.40**
				$268.40	**$0.00**	**$268.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,799.06**	**$0.00**	**$2,799.06**
				$2,799.06	**$0.00**	**$2,799.06**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

507 - UVA Health - Medical Center ADMIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,129.24	$0.00	$1,129.24
				$1,129.24	$0.00	$1,129.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$99.50	$0.00	$99.50
				$99.50	$0.00	$99.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.09	$0.00	$197.09
				$197.09	$0.00	$197.09
# of Claims	2					
# Open	0	Recovery Amount:	-$6.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

507 - UVA Health - Medical Center ADMIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$86.58**	**$0.00**	**$86.58**
				$86.58	**$0.00**	**$86.58**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$50.79**	**$0.00**	**$50.79**
				$50.79	**$0.00**	**$50.79**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$107.20**	**$0.00**	**$107.20**
				$107.20	**$0.00**	**$107.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

507 - UVA Health - Medical Center ADMIT

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,670.40**	**$0.00**	**$1,670.40**
			$1,670.40	**$0.00**	**$1,670.40**
# of Claims	**20**				
# Open	**0**	**Recovery Amount:**	**-$6.00**		

508 - UVA Health - Medical Center BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$427.55**	**$0.00**	**$427.55**
				$427.55	**$0.00**	**$427.55**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$106.05**	**$0.00**	**$106.05**
				$106.05	**$0.00**	**$106.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$560.25**	**$0.00**	**$560.25**
				$560.25	**$0.00**	**$560.25**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

508 - UVA Health - Medical Center BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.02	$0.00	$257.02
				$257.02	$0.00	$257.02
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.47	$0.00	$284.47
				$284.47	$0.00	$284.47
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$326.33	$0.00	$326.33
				$326.33	$0.00	$326.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

508 - UVA Health - Medical Center BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.00	$0.00	$92.00
				$92.00	$0.00	$92.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,131.99	$0.00	$1,131.99
				$1,131.99	$0.00	$1,131.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.00	$0.00	$361.00
				$361.00	$0.00	$361.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,910.80	$0.00	$2,910.80
				$2,910.80	$0.00	$2,910.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

508 - UVA Health - Medical Center BLOOD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,457.46	$0.00	$6,457.46
				$6,457.46	$0.00	$6,457.46
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

509 - UVA Health - Medical Center BUSIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,248.60	$0.00	$1,248.60
				$1,248.60	$0.00	$1,248.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,248.60	$0.00	$1,248.60
				$1,248.60	$0.00	$1,248.60

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

509 - UVA Health - Medical Center BUSIN

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

510 - UVA Health - Medical Center CARDI

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$23.70	$0.00	$23.70
		$23.70	$0.00	$23.70

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$418.10	$0.00	$418.10
		$418.10	$0.00	$418.10

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$2,269.14	$0.00	$2,269.14
Medical.....	.....	$444.50	$0.00	$444.50
		$2,713.64	$0.00	$2,713.64

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,116.78	$0.00	$1,116.78
		$1,116.78	$0.00	$1,116.78

# of Claims 9

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

510 - UVA Health - Medical Center CARDI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.22	$0.00	$129.22
				$129.22	$0.00	$129.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,760.91	$0.00	$1,760.91
				$1,760.91	$0.00	$1,760.91
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,412.54	$0.00	$1,412.54
				$1,412.54	$0.00	$1,412.54
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$94.23	$0.00	$94.23
				$94.23	$0.00	$94.23
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

510 - UVA Health - Medical Center CARDI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$660.15	$0.00	$660.15
				$660.15	$0.00	$660.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$415.80	$0.00	$415.80
				$415.80	$0.00	$415.80
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$409.76	$0.00	$409.76
Medical.....	.....			$18,633.23	$0.00	$18,633.23
				$19,042.99	$0.00	$19,042.99
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,529.37	$0.00	$8,529.37
				$8,529.37	$0.00	$8,529.37
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

510 - UVA Health - Medical Center CARDI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$22.34	$0.00	$22.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$22.34	$0.00	$22.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$22.34	$0.00	$22.34
Indemnity.....	.....			$2,678.90	$0.00	$2,678.90
Medical.....	.....			$33,638.53	$0.00	$33,638.53
				$36,339.77	$0.00	$36,339.77
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

511 - UVA Health - CLINICAL LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,022.82	$0.00	$2,022.82
				$2,022.82	$0.00	$2,022.82
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

511 - UVA Health - CLINICAL LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,456.10	$0.00	$4,456.10
				$4,456.10	$0.00	$4,456.10
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,850.86	$0.00	$1,850.86
Medical.....	.....			$8,303.01	$0.00	$8,303.01
				$10,153.87	$0.00	$10,153.87
# of Claims	58					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$348.61	$0.00	$348.61
Medical.....	.....			$36,164.52	$0.00	$36,164.52
				$36,513.13	$0.00	$36,513.13
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$975.29	$0.00	$975.29
Medical.....	.....			$1,503.82	$0.00	$1,503.82
				$2,479.11	$0.00	$2,479.11
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

511 - UVA Health - CLINICAL LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$979.07	$0.00	$979.07
Medical.....	.....			$8,630.00	$0.00	$8,630.00
				$9,609.07	$0.00	$9,609.07
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$504.52	$0.00	$504.52
				$504.52	$0.00	$504.52
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$721.13	$0.00	$721.13
				$741.13	$0.00	$741.13
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,336.00	$0.00	$2,336.00
Indemnity.....	.....			$850,323.03	$188,813.41	$1,039,136.44
Medical.....	.....			$38,727.56	$0.00	$38,727.56
				$891,386.59	$188,813.41	$1,080,200.00
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

511 - UVA Health - CLINICAL LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,122.29**	**$0.00**	**$2,122.29**
				$2,122.29	**$0.00**	**$2,122.29**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$488.00**	**$0.00**	**$488.00**
				$488.00	**$0.00**	**$488.00**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,035.57**	**$0.00**	**$12,035.57**
				$12,035.57	**$0.00**	**$12,035.57**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

511 - UVA Health - CLINICAL LABORATORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$2,356.00	$0.00	$2,356.00
Indemnity.....	.....			$854,476.86	$188,813.41	$1,043,290.27
Medical.....	.....			$115,679.34	$0.00	$115,679.34
				$972,512.20	$188,813.41	$1,161,325.61
# of Claims	349					
# Open	1	Recovery Amount:	$0.00			

513 - UVA Health - STERILE SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.00	$0.00	$150.00
				$150.00	$0.00	$150.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

513 - UVA Health - STERILE SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,088.64	$0.00	$1,088.64
Medical.....	.....			$835.85	$0.00	$835.85
				$1,924.49	$0.00	$1,924.49
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$447.45	$0.00	$447.45
				$447.45	$0.00	$447.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.70	$0.00	$786.70
				$786.70	$0.00	$786.70
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,318.84	$0.00	$3,318.84
				$3,318.84	$0.00	$3,318.84
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

513 - UVA Health - STERILE SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,719.15	$0.00	$12,719.15
Medical.....	.....			$11,993.57	$0.00	$11,993.57
				$24,712.72	$0.00	$24,712.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,906.38	$0.00	$1,906.38
Medical.....	.....			$5,578.56	$0.00	$5,578.56
				$7,484.94	$0.00	$7,484.94
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$819.12	$0.00	$819.12
Medical.....	.....			$2,469.70	$0.00	$2,469.70
				$3,288.82	$0.00	$3,288.82
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,171.04	$0.00	$1,171.04
				$1,171.04	$0.00	$1,171.04
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

513 - UVA Health - STERILE SUPPLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$200.85	$0.00	$200.85
Medical.....	.....			$11,660.98	$0.00	$11,660.98
				$11,861.83	$0.00	$11,861.83
# of Claims	10					
# Open	0	Recovery Amount:	-$313.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$46.90	$0.00	$46.90
				$46.90	$0.00	$46.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$661.33	$0.00	$661.33
				$661.33	$0.00	$661.33
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$56.46	$250.00	$306.46
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,221.04	$6,732.07	$15,953.11
				$9,277.50	$6,982.07	$16,259.57
# of Claims	14					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$56.46	$250.00	$306.46
Indemnity.....	.....			$16,734.14	$0.00	$16,734.14
Medical.....	.....			$48,341.96	$6,732.07	$55,074.03
				$65,132.56	$6,982.07	$72,114.63
# of Claims	111					
# Open	4	Recovery Amount:	-$313.07			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

514 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$230.00**	**$0.00**	**$230.00**
				$230.00	**$0.00**	**$230.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$305.37**	**$0.00**	**$305.37**
				$305.37	**$0.00**	**$305.37**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$233.52**	**$0.00**	**$233.52**
				$233.52	**$0.00**	**$233.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,818.03**	**$0.00**	**$2,818.03**
Medical				**$2,259.70**	**$0.00**	**$2,259.70**
				$5,077.73	**$0.00**	**$5,077.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

514 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,864.46	$0.00	$4,864.46
				$4,864.46	$0.00	$4,864.46
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$330.16	$0.00	$330.16
				$330.16	$0.00	$330.16
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$561.01	$0.00	$561.01
				$561.01	$0.00	$561.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.00	$0.00	$284.00
				$284.00	$0.00	$284.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

514 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.82**	**$0.00**	**$114.82**
				$114.82	**$0.00**	**$114.82**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,790.86**	**$0.00**	**$1,790.86**
				$1,790.86	**$0.00**	**$1,790.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,818.03**	**$0.00**	**$2,818.03**
Medical				**$10,973.90**	**$0.00**	**$10,973.90**
				$13,791.93	**$0.00**	**$13,791.93**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

515 - UVA Health - CONTROLLER'S OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

515 - UVA Health - CONTROLLER'S OFFICE

WC1990	**7/1/1989 - 6/30/1990**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$228.30**	**$0.00**	**$228.30**
			$228.30	**$0.00**	**$228.30**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**	**$104.06**	**$0.00**	**$104.06**
		$104.06	**$0.00**	**$104.06**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**	**$426.91**	**$0.00**	**$426.91**
		$426.91	**$0.00**	**$426.91**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**	**$759.27**	**$0.00**	**$759.27**
		$759.27	**$0.00**	**$759.27**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

516 - UVA Health - ENDOSCOPY/BRONCHOSCO

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

516 - UVA Health - ENDOSCOPY/BRONCHOSCO

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$72.35**	**$0.00**	**$72.35**
				$72.35	**$0.00**	**$72.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$161.05**	**$0.00**	**$161.05**
		$161.05	**$0.00**	**$161.05**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$153.50**	**$0.00**	**$153.50**
		$153.50	**$0.00**	**$153.50**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$749.62**	**$0.00**	**$749.62**
		$749.62	**$0.00**	**$749.62**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$511.36**	**$0.00**	**$511.36**
		$511.36	**$0.00**	**$511.36**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

516 - UVA Health - ENDOSCOPY/BRONCHOSCO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23.90**	**$0.00**	**$23.90**
				$23.90	**$0.00**	**$23.90**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.90**	**$0.00**	**$453.90**
				$453.90	**$0.00**	**$453.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$494.63**	**$0.00**	**$494.63**
				$494.63	**$0.00**	**$494.63**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$393.43**	**$0.00**	**$393.43**
				$393.43	**$0.00**	**$393.43**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

516 - UVA Health - ENDOSCOPY/BRONCHOSCO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,010.61	$0.00	$3,010.61
				$3,010.61	$0.00	$3,010.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$2,604.66	$280.00	$2,884.66
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$511,803.83	$261,469.18	$773,273.01
				$514,408.49	$261,749.18	$776,157.67
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

516 - UVA Health - ENDOSCOPY/BRONCHOSCO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$2,604.66	$280.00	$2,884.66
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$517,828.18	$261,469.18	$779,297.36
				$520,432.84	$261,749.18	$782,182.02
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

517 - UVA Health - PATIENT ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.00	$0.00	$30.00
				$30.00	$0.00	$30.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$739.95	$0.00	$739.95
				$739.95	$0.00	$739.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

517 - UVA Health - PATIENT ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.19	$0.00	$85.19
				$85.19	$0.00	$85.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$969.40	$0.00	$969.40
				$969.40	$0.00	$969.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$194.06	$0.00	$194.06
				$194.06	$0.00	$194.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.00	$0.00	$118.00
				$118.00	$0.00	$118.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

517 - UVA Health - PATIENT ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,414.63	$0.00	$4,414.63
				$4,414.63	$0.00	$4,414.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.02	$0.00	$76.02
				$76.02	$0.00	$76.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,659.50	$0.00	$3,659.50
				$3,659.50	$0.00	$3,659.50
# of Claims	1					
# Open	0	Recovery Amount:	-$1,117.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,286.75	$0.00	$10,286.75
				$10,286.75	$0.00	$10,286.75
# of Claims	21					
# Open	0	Recovery Amount:	-$1,117.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

518 - UVA Health - Medical Center DIETA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.50	$0.00	$40.50
				$40.50	$0.00	$40.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,101.45	$0.00	$2,101.45
				$2,101.45	$0.00	$2,101.45
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$180.41	$0.00	$180.41
Medical.....	.....			$924.45	$0.00	$924.45
				$1,104.86	$0.00	$1,104.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.75	$0.00	$82.75
				$82.75	$0.00	$82.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

518 - UVA Health - Medical Center DIETA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$414.75	$0.00	$414.75
				$414.75	$0.00	$414.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,127.80	$0.00	$1,127.80
				$1,127.80	$0.00	$1,127.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$478.01	$0.00	$478.01
				$478.01	$0.00	$478.01
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,767.40	$0.00	$2,767.40
				$2,767.40	$0.00	$2,767.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.58	$0.00	$127.58
				$127.58	$0.00	$127.58
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

518 - UVA Health - Medical Center DIETA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$249.33**	**$0.00**	**$249.33**
				$249.33	**$0.00**	**$249.33**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,343.57**	**$0.00**	**$3,343.57**
Medical				**$14,411.61**	**$0.00**	**$14,411.61**
				$17,755.18	**$0.00**	**$17,755.18**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,738.13**	**$0.00**	**$4,738.13**
				$4,738.13	**$0.00**	**$4,738.13**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$221.13**	**$0.00**	**$221.13**
				$221.13	**$0.00**	**$221.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,523.98**	**$0.00**	**$3,523.98**
Medical				**$27,684.89**	**$0.00**	**$27,684.89**
				$31,208.87	**$0.00**	**$31,208.87**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

519 - UVA Health - DELIVERY & LABOR ROO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$35.00**	**$0.00**	**$35.00**
				$35.00	**$0.00**	**$35.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$21.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$117.01**	**$0.00**	**$117.01**
				$117.01	**$0.00**	**$117.01**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$347.81**	**$0.00**	**$347.81**
				$347.81	**$0.00**	**$347.81**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$379.08**	**$0.00**	**$379.08**
				$379.08	**$0.00**	**$379.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$473.24**	**$0.00**	**$473.24**
				$473.24	**$0.00**	**$473.24**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,746.29**	**$0.00**	**$2,746.29**
Medical				**$2,456.24**	**$0.00**	**$2,456.24**
				$5,202.53	**$0.00**	**$5,202.53**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,750.38**	**$0.00**	**$11,750.38**
Medical				**$15,719.89**	**$0.00**	**$15,719.89**
				$27,470.27	**$0.00**	**$27,470.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$155.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$453.02**	**$0.00**	**$453.02**
				$453.02	**$0.00**	**$453.02**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$45.64**	**$3,968.82**	**$4,014.46**
Indemnity				**$35,869.96**	**$28,318.01**	**$64,187.97**
Medical				**$16,075.82**	**$56,240.95**	**$72,316.77**
				$51,991.42	**$88,527.78**	**$140,519.20**
# of Claims	**9**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$45.64**	**$3,968.82**	**$4,014.46**
Indemnity				**$50,366.63**	**$28,318.01**	**$78,684.64**
Medical				**$36,057.11**	**$56,240.95**	**$92,298.06**
				$86,469.38	**$88,527.78**	**$174,997.16**
# of Claims	**42**					
# Open	**3**	**Recovery Amount:**	**-$176.00**			

520 - UVA Health - DIRECTOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$35.00**	**$0.00**	**$35.00**
				$35.00	**$0.00**	**$35.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

520 - UVA Health - DIRECTOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.00	$0.00	$78.00
				$78.00	$0.00	$78.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.00	$0.00	$228.00
				$228.00	$0.00	$228.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

520 - UVA Health - DIRECTOR'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$341.00**	**$0.00**	**$341.00**
				$341.00	**$0.00**	**$341.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

521 - UVA Health - FINANCE DIRECTOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

521 - UVA Health - FINANCE DIRECTOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

522 - UVA Health - BUDGET OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$997.10	$0.00	$997.10
				$997.10	$0.00	$997.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$997.10	$0.00	$997.10
				$997.10	$0.00	$997.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

524 - UVA Health - HEALTH SPORTS & REHA

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

524 - UVA Health - HEALTH SPORTS & REHA

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$52.20**	**$0.00**	**$52.20**
			$52.20	**$0.00**	**$52.20**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$353.25**	**$0.00**	**$353.25**
		$353.25	**$0.00**	**$353.25**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$150.35**	**$0.00**	**$150.35**
		$150.35	**$0.00**	**$150.35**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$555.80**	**$0.00**	**$555.80**
			$555.80	**$0.00**	**$555.80**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

525 - UVA Health - EMPLOYEE HEALTH

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

525 - UVA Health - EMPLOYEE HEALTH

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

525 - UVA Health - EMPLOYEE HEALTH

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**6**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

527 - UVA Health - INTENSIVE CARE SERVI

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,795.45**	**$0.00**	**$1,795.45**
				$1,795.45	**$0.00**	**$1,795.45**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,554.47**	**$0.00**	**$7,554.47**
				$7,554.47	**$0.00**	**$7,554.47**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,396.81**	**$0.00**	**$2,396.81**
				$2,396.81	**$0.00**	**$2,396.81**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

527 - UVA Health - INTENSIVE CARE SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$68.82	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,268.82	$1,268.82
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$68.82	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,746.73	$1,200.00	$12,946.73
				$11,746.73	$1,268.82	$13,015.55
# of Claims	70					
# Open	1	Recovery Amount:	$0.00			

528 - UVA Health - CLINICAL ENGR & EQUI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.00	$0.00	$270.00
				$270.00	$0.00	$270.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$664.50	$0.00	$664.50
				$664.50	$0.00	$664.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

528 - UVA Health - CLINICAL ENGR & EQUI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$215.23**	**$0.00**	**$215.23**
				$215.23	**$0.00**	**$215.23**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$37.19**	**$0.00**	**$37.19**
Medical				**$260.88**	**$0.00**	**$260.88**
				$298.07	**$0.00**	**$298.07**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$408.97**	**$0.00**	**$408.97**
				$408.97	**$0.00**	**$408.97**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

528 - UVA Health - CLINICAL ENGR & EQUI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.68	$0.00	$120.68
				$120.68	$0.00	$120.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$675.52	$0.00	$675.52
				$675.52	$0.00	$675.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,139.50	$0.00	$3,139.50
				$3,139.50	$0.00	$3,139.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.35	$0.00	$84.35
				$84.35	$0.00	$84.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

528 - UVA Health - CLINICAL ENGR & EQUI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,499.05	$0.00	$1,499.05
				$1,499.05	$0.00	$1,499.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,208.08	$0.00	$2,208.08
				$2,208.08	$0.00	$2,208.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$37.19	$0.00	$37.19
Medical.....	.....			$9,546.76	$0.00	$9,546.76
				$9,583.95	$0.00	$9,583.95
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

52 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

52 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$412.00	$0.00	$412.00
				$412.00	$0.00	$412.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.00	$0.00	$207.00
				$207.00	$0.00	$207.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

52 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.74	$0.00	$114.74
				$114.74	$0.00	$114.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.51	$0.00	$140.51
				$140.51	$0.00	$140.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

52 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,964.26	$0.00	$1,964.26
				$1,964.26	$0.00	$1,964.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$46.10	$0.00	$46.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,486.18	$0.00	$4,486.18
				$4,532.28	$0.00	$4,532.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46.10	$0.00	$46.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,427.69	$0.00	$7,427.69
				$7,473.79	$0.00	$7,473.79
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

530 - UVA Health - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

530 - UVA Health - SAFETY

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$380.30**	**$0.00**	**$380.30**
		$380.30	**$0.00**	**$380.30**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,103.75**	**$0.00**	**$1,103.75**
Medical		**$2,217.91**	**$0.00**	**$2,217.91**
		$3,321.66	**$0.00**	**$3,321.66**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$9.00**	**$0.00**	**$9.00**
Indemnity		**$1,341.36**	**$0.00**	**$1,341.36**
Medical		**$301.75**	**$0.00**	**$301.75**
		$1,652.11	**$0.00**	**$1,652.11**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$722.83**	**$0.00**	**$722.83**
		$722.83	**$0.00**	**$722.83**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

530 - UVA Health - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,263.74	$0.00	$1,263.74
				$1,263.74	$0.00	$1,263.74
# of Claims	11					
# Open	0	Recovery Amount:	-$81.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.67	$0.00	$309.67
				$309.67	$0.00	$309.67
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,546.32	$0.00	$1,546.32
				$1,546.32	$0.00	$1,546.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,570.14	$0.00	$8,570.14
Medical.....	.....			$9,083.20	$0.00	$9,083.20
				$17,653.34	$0.00	$17,653.34
# of Claims	5					
# Open	0	Recovery Amount:	-$155.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

530 - UVA Health - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$672.00	$0.00	$672.00
				$672.00	$0.00	$672.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$9.00	$0.00	$9.00
Indemnity.....	.....			$11,015.25	$0.00	$11,015.25
Medical.....	.....			$16,497.72	$0.00	$16,497.72
				$27,521.97	$0.00	$27,521.97
# of Claims	53					
# Open	0	Recovery Amount:	-$236.20			

531 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.00	$0.00	$341.00
				$341.00	$0.00	$341.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,827.33	$0.00	$1,827.33
Medical.....	.....			$11,316.20	$0.00	$11,316.20
				$13,143.53	$0.00	$13,143.53
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

531 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,117.38	$0.00	$1,117.38
Medical.....	.....			$3,044.29	$0.00	$3,044.29
				$4,161.67	$0.00	$4,161.67
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,031.45	$0.00	$28,031.45
Medical.....	.....			$9,055.48	$0.00	$9,055.48
				$37,086.93	$0.00	$37,086.93
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,950.49	$0.00	$2,950.49
Medical.....	.....			$5,403.26	$0.00	$5,403.26
				$8,353.75	$0.00	$8,353.75
# of Claims	25					
# Open	0	Recovery Amount:	-$25.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,147.43	$0.00	$2,147.43
				$2,147.43	$0.00	$2,147.43
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

531 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,070.13	$0.00	$4,070.13
				$4,070.13	$0.00	$4,070.13
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$920.52	$0.00	$920.52
Medical.....	.....			$4,549.49	$0.00	$4,549.49
				$5,470.01	$0.00	$5,470.01
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,651.19	$0.00	$5,651.19
				$5,651.19	$0.00	$5,651.19
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$423.45	$0.00	$423.45
Medical.....	.....			$3,723.30	$0.00	$3,723.30
				$4,146.75	$0.00	$4,146.75
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

531 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.48	$0.00	$367.48
				$367.48	$0.00	$367.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,146.00	$0.00	$1,146.00
				$1,146.00	$0.00	$1,146.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$4.40	$0.00	$4.40
Indemnity.....	.....			$6,846.20	$0.00	$6,846.20
Medical.....	.....			$37,736.60	$0.00	$37,736.60
				$44,587.20	$0.00	$44,587.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4.40	$0.00	$4.40
Indemnity.....	.....			$42,116.82	$0.00	$42,116.82
Medical.....	.....			$88,551.85	$0.00	$88,551.85
				$130,673.07	$0.00	$130,673.07
# of Claims	220					
# Open	0	Recovery Amount:	-$25.99			

532 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

532 - UVA Health - LINEN SERVICES DEPAR

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$91,309.60**	**$0.00**	**$91,309.60**
Medical				**$124,554.35**	**$0.00**	**$124,554.35**
				$215,863.95	**$0.00**	**$215,863.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$39.95**	**$0.00**	**$39.95**
Medical		**$864.55**	**$0.00**	**$864.55**
		$904.50	**$0.00**	**$904.50**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$21.75**	**$0.00**	**$21.75**
		$21.75	**$0.00**	**$21.75**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$67.09**	**$0.00**	**$67.09**
		$67.09	**$0.00**	**$67.09**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

532 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$474.30	$0.00	$474.30
				$474.30	$0.00	$474.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.21	$0.00	$324.21
				$324.21	$0.00	$324.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$150.99	$0.00	$150.99
Medical.....	.....			$11,973.41	$0.00	$11,973.41
				$12,124.40	$0.00	$12,124.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,506.45	$0.00	$1,506.45
				$1,506.45	$0.00	$1,506.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

532 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,594.60	$0.00	$2,594.60
				$2,594.60	$0.00	$2,594.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$52.06	$0.00	$52.06
Indemnity.....	.....			$712.90	$0.00	$712.90
Medical.....	.....			$2,122.65	$0.00	$2,122.65
				$2,887.61	$0.00	$2,887.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$52.06	$0.00	$52.06
Indemnity.....	.....			$92,213.44	$0.00	$92,213.44
Medical.....	.....			$144,503.36	$0.00	$144,503.36
				$236,768.86	$0.00	$236,768.86
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

533 - UVA Health - Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.65	$0.00	$191.65
				$191.65	$0.00	$191.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

533 - UVA Health - Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$82.36**	**$0.00**	**$82.36**
Medical				**$939.50**	**$0.00**	**$939.50**
				$1,021.86	**$0.00**	**$1,021.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$728.65**	**$0.00**	**$728.65**
				$728.65	**$0.00**	**$728.65**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$34.32**	**$0.00**	**$34.32**
				$34.32	**$0.00**	**$34.32**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

533 - UVA Health - Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$69.78	$0.00	$69.78
				$69.78	$0.00	$69.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.84	$0.00	$131.84
				$131.84	$0.00	$131.84
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$765.95	$0.00	$765.95
				$765.95	$0.00	$765.95
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

533 - UVA Health - Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,877.39	$0.00	$9,877.39
				$9,877.39	$0.00	$9,877.39
# of Claims	71					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,245.00	$0.00	$1,245.00
				$1,245.00	$0.00	$1,245.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$82.36	$0.00	$82.36
Medical.....	.....			$13,984.08	$0.00	$13,984.08
				$14,085.26	$0.00	$14,085.26
# of Claims	99					
# Open	0	Recovery Amount:	$0.00			

535 - UVA Health - MEDICAL RECORD DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

535 - UVA Health - MEDICAL RECORD DEPAR

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20.00**	**$0.00**	**$20.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$397.75**	**$0.00**	**$397.75**
		$397.75	**$0.00**	**$397.75**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$18,294.07**	**$0.00**	**$18,294.07**
Medical		**$14,730.54**	**$0.00**	**$14,730.54**
		$33,024.61	**$0.00**	**$33,024.61**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,377.89**	**$0.00**	**$2,377.89**
		$2,377.89	**$0.00**	**$2,377.89**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$470.90**	**$0.00**	**$470.90**
		$470.90	**$0.00**	**$470.90**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

535 - UVA Health - MEDICAL RECORD DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,299.77**	**$0.00**	**$2,299.77**
				$2,299.77	**$0.00**	**$2,299.77**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$49.05**	**$0.00**	**$49.05**
Medical				**$1,648.18**	**$0.00**	**$1,648.18**
				$1,697.23	**$0.00**	**$1,697.23**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$973.29**	**$0.00**	**$973.29**
				$973.29	**$0.00**	**$973.29**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,043.97**	**$0.00**	**$6,043.97**
				$6,043.97	**$0.00**	**$6,043.97**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

535 - UVA Health - MEDICAL RECORD DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21.61	$0.00	$21.61
Medical.....	.....			$2,293.76	$0.00	$2,293.76
				$2,315.37	$0.00	$2,315.37
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,661.65	$0.00	$1,661.65
				$1,661.65	$0.00	$1,661.65
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,364.73	$0.00	$18,364.73
Medical.....	.....			$32,917.70	$0.00	$32,917.70
				$51,282.43	$0.00	$51,282.43
# of Claims	117					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

537 - UVA Health - PATIENT TRANSPORTATI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$343.81	$0.00	$343.81
				$343.81	$0.00	$343.81
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$6,770.69	$0.00	$6,770.69
Medical.....	.....			$12,394.28	$0.00	$12,394.28
				$19,610.97	$0.00	$19,610.97
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$303.49	$0.00	$303.49
Medical.....	.....			$6,510.24	$0.00	$6,510.24
				$6,813.73	$0.00	$6,813.73
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$37.78	$0.00	$37.78
Indemnity.....	.....			$94,070.81	$0.00	$94,070.81
Medical.....	.....			$54,069.92	$0.00	$54,069.92
				$148,178.51	$0.00	$148,178.51
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

537 - UVA Health - PATIENT TRANSPORTATI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,005.42	$0.00	$9,005.42
Medical.....	.....			$30,043.37	$0.00	$30,043.37
				$39,048.79	$0.00	$39,048.79
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,122.29	$0.00	$5,122.29
Medical.....	.....			$11,511.26	$0.00	$11,511.26
				$16,633.55	$0.00	$16,633.55
# of Claims	37					
# Open	0	Recovery Amount:	-$724.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,525.56	$0.00	$1,525.56
Medical.....	.....			$3,717.28	$0.00	$3,717.28
				$5,242.84	$0.00	$5,242.84
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$964.19	$0.00	$964.19
				$964.19	$0.00	$964.19
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,902.31	$0.00	$3,902.31
Medical.....	.....			$16,736.11	$0.00	$16,736.11
				$20,638.42	$0.00	$20,638.42
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

537 - UVA Health - PATIENT TRANSPORTATI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$336.00	$0.00	$336.00
Indemnity.....	.....			$6,628.72	$0.00	$6,628.72
Medical.....	.....			$40,379.34	$0.00	$40,379.34
				$47,344.06	$0.00	$47,344.06
# of Claims	32					
# Open	0	Recovery Amount:	-$163.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,459.82	$0.00	$1,459.82
Medical.....	.....			$17,246.48	$0.00	$17,246.48
				$18,706.30	$0.00	$18,706.30
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,269.68	$0.00	$2,269.68
Medical.....	.....			$33,950.30	$0.00	$33,950.30
				$36,219.98	$0.00	$36,219.98
# of Claims	23					
# Open	0	Recovery Amount:	-$750.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,390.00	$0.00	$1,390.00
Indemnity.....	.....			$123,713.12	$0.00	$123,713.12
Medical.....	.....			$79,794.68	$0.00	$79,794.68
				$204,897.80	$0.00	$204,897.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

209 - UVA Health System

537 - UVA Health - PATIENT TRANSPORTATI

Grand Totals

Expense.....	**$2,228.60**	**$0.00**	**$2,228.60**
Indemnity.....	**$254,771.91**	**$0.00**	**$254,771.91**
Medical.....	**$307,661.26**	**$0.00**	**$307,661.26**
	$564,661.77	**$0.00**	**$564,661.77**

# of Claims 436

 # Open 0 **Recovery Amount:** -$1,637.21

538 - UVA Health - PATIENT REP DEPARTME

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense.....	**$20.00**	**$0.00**	**$20.00**
Indemnity.....	**$7,163.74**	**$0.00**	**$7,163.74**
Medical.....	**$23,851.77**	**$0.00**	**$23,851.77**
	$31,035.51	**$0.00**	**$31,035.51**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense.....	**$20.00**	**$0.00**	**$20.00**
Indemnity.....	**$7,163.74**	**$0.00**	**$7,163.74**
Medical.....	**$23,851.77**	**$0.00**	**$23,851.77**
	$31,035.51	**$0.00**	**$31,035.51**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

539 - UVA Health - CARDIOVASCULAR DEPT

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

539 - UVA Health - CARDIOVASCULAR DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$327.25**	**$0.00**	**$327.25**
Medical				**$6,856.74**	**$0.00**	**$6,856.74**
				$7,183.99	**$0.00**	**$7,183.99**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,904.57**	**$0.00**	**$1,904.57**
Medical				**$4,920.20**	**$0.00**	**$4,920.20**
				$6,824.77	**$0.00**	**$6,824.77**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

539 - UVA Health - CARDIOVASCULAR DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$46.82	$28.18	$75.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.65	$11,000.00	$11,221.65
				$268.47	$11,028.18	$11,296.65
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$46.82	$28.18	$75.00
Indemnity.....	.....			$2,231.82	$0.00	$2,231.82
Medical.....	.....			$11,998.59	$11,000.00	$22,998.59
				$14,277.23	$11,028.18	$25,305.41
# of Claims	60					
# Open	1	Recovery Amount:	$0.00			

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$158.42	$0.00	$158.42
				$158.42	$0.00	$158.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$773.20	$0.00	$773.20
				$773.20	$0.00	$773.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,555.32	$0.00	$1,555.32
				$1,555.32	$0.00	$1,555.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$171.04	$0.00	$171.04
Indemnity.....	.....			$22,471.84	$0.00	$22,471.84
Medical.....	.....			$176,043.93	$0.00	$176,043.93
				$198,686.81	$0.00	$198,686.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$22.20	$0.00	$22.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.81	$0.00	$298.81
				$321.01	$0.00	$321.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.44	$0.00	$157.44
				$157.44	$0.00	$157.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

53 - UVA Health - DERMATOLOGY DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$193.24	$0.00	$193.24
Indemnity.....	.....			$22,471.84	$0.00	$22,471.84
Medical.....	.....			$178,987.12	$0.00	$178,987.12
				$201,652.20	$0.00	$201,652.20
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

540 - UVA Health - BLUE RIDGE NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$125.00	$0.00	$125.00
Indemnity.....	.....			$12,091.36	$0.00	$12,091.36
Medical.....	.....			$14,954.31	$0.00	$14,954.31
				$27,170.67	$0.00	$27,170.67
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

540 - UVA Health - BLUE RIDGE NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,338.00	$0.00	$1,338.00
Indemnity.....	.....			$21,647.77	$0.00	$21,647.77
Medical.....	.....			$63,444.33	$0.00	$63,444.33
				$86,430.10	$0.00	$86,430.10
# of Claims	503					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,644.58	$0.00	$5,644.58
Indemnity.....	.....			$170,576.62	$0.00	$170,576.62
Medical.....	.....			$173,136.90	$0.00	$173,136.90
				$349,358.10	$0.00	$349,358.10
# of Claims	546					
# Open	0	Recovery Amount:	-$74.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$11,805.30	$0.00	$11,805.30
Indemnity.....	.....			$411,097.18	$0.00	$411,097.18
Medical.....	.....			$193,945.97	$0.00	$193,945.97
				$616,848.45	$0.00	$616,848.45
# of Claims	625					
# Open	0	Recovery Amount:	-$248.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$452.00	$0.00	$452.00
Indemnity.....	.....			$103,465.67	$0.00	$103,465.67
Medical.....	.....			$387,844.01	$0.00	$387,844.01
				$491,761.68	$0.00	$491,761.68
# of Claims	635					
# Open	0	Recovery Amount:	-$543.06			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

540 - UVA Health - BLUE RIDGE NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$194,417.18	$0.00	$194,417.18
Medical.....	.....			$127,184.22	$0.00	$127,184.22
				$321,601.40	$0.00	$321,601.40
# of Claims	529					
# Open	0	Recovery Amount:	-$847.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,173.71	$0.00	$1,173.71
Indemnity.....	.....			$18,278.40	$0.00	$18,278.40
Medical.....	.....			$81,246.25	$0.00	$81,246.25
				$100,698.36	$0.00	$100,698.36
# of Claims	491					
# Open	0	Recovery Amount:	-$95.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,657.62	$0.00	$26,657.62
Medical.....	.....			$81,262.23	$0.00	$81,262.23
				$107,919.85	$0.00	$107,919.85
# of Claims	426					
# Open	0	Recovery Amount:	-$649.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$10.50	$0.00	$10.50
Indemnity.....	.....			$36,742.66	$0.00	$36,742.66
Medical.....	.....			$210,097.10	$0.00	$210,097.10
				$246,850.26	$0.00	$246,850.26
# of Claims	423					
# Open	0	Recovery Amount:	-$58.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

540 - UVA Health - BLUE RIDGE NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$326.64	$0.00	$326.64
Indemnity.....	.....			$101,318.82	$0.00	$101,318.82
Medical.....	.....			$370,243.12	$0.00	$370,243.12
				$471,888.58	$0.00	$471,888.58
# of Claims	423					
# Open	0	Recovery Amount:	-$348.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$7,164.71	$2,385.01	$9,549.72
Indemnity.....	.....			$82,960.47	$0.00	$82,960.47
Medical.....	.....			$376,611.90	$64,333.83	$440,945.73
				$466,737.08	$66,718.84	$533,455.92
# of Claims	153					
# Open	1	Recovery Amount:	-$298.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,741.42	$0.00	$13,741.42
				$13,741.42	$0.00	$13,741.42
# of Claims	65					
# Open	0	Recovery Amount:	-$199.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$986.82	$0.00	$986.82
				$986.82	$0.00	$986.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$28,040.44	$2,385.01	$30,425.45
Indemnity.....	.....			$1,179,253.75	$0.00	$1,179,253.75
Medical.....	.....			$2,094,698.58	$64,333.83	$2,159,032.41
				$3,301,992.77	$66,718.84	$3,368,711.61
# of Claims	4,860					
# Open	1	Recovery Amount:	-$3,361.35			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

544 - UVA Health - OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58.00	$0.00	$58.00
				$58.00	$0.00	$58.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

544 - UVA Health - OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$107.02	$0.00	$107.02
				$107.02	$0.00	$107.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,189.69	$0.00	$1,189.69
				$1,189.69	$0.00	$1,189.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,962.00	$0.00	$2,962.00
				$2,962.00	$0.00	$2,962.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

544 - UVA Health - OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$50.00**	**$68.82**
Indemnity				**$2,580.00**	**$3,020.00**	**$5,600.00**
Medical				**$5,163.14**	**$8,959.98**	**$14,123.12**
				$7,761.96	**$12,029.98**	**$19,791.94**
# of Claims	**2**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.82**	**$50.00**	**$68.82**
Indemnity				**$2,580.00**	**$3,020.00**	**$5,600.00**
Medical				**$9,582.85**	**$8,959.98**	**$18,542.83**
				$12,181.67	**$12,029.98**	**$24,211.65**
# of Claims	**28**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

545 - UVA Health - OUTPATIENT DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

545 - UVA Health - OUTPATIENT DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$408.00	$0.00	$408.00
				$408.00	$0.00	$408.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.00	$0.00	$182.00
				$182.00	$0.00	$182.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$777.70	$0.00	$777.70
				$777.70	$0.00	$777.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

545 - UVA Health - OUTPATIENT DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$23.70	$0.00	$23.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.70	$0.00	$23.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$31.18	$50.00
Indemnity.....	.....			$1,803.52	$11,381.38	$13,184.90
Medical.....	.....			$21,876.94	$14,225.16	$36,102.10
				$23,699.28	$25,637.72	$49,337.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$42.52	$31.18	$73.70
Indemnity.....	.....			$1,803.52	$11,381.38	$13,184.90
Medical.....	.....			$23,244.64	$14,225.16	$37,469.80
				$25,090.68	$25,637.72	$50,728.40
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

546 - UVA Health - OPERATING ROOMS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

546 - UVA Health - OPERATING ROOMS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$84.00**	**$0.00**	**$84.00**
				$84.00	**$0.00**	**$84.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,190.93**	**$0.00**	**$1,190.93**
Medical		**$465.63**	**$0.00**	**$465.63**
		$1,656.56	**$0.00**	**$1,656.56**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8,648.10**	**$0.00**	**$8,648.10**
		$8,648.10	**$0.00**	**$8,648.10**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$648.78**	**$0.00**	**$648.78**
		$648.78	**$0.00**	**$648.78**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

546 - UVA Health - OPERATING ROOMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,000.45	$0.00	$1,000.45
				$1,000.45	$0.00	$1,000.45
# of Claims	16					
# Open	0	Recovery Amount:	-$75.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,244.16	$0.00	$5,244.16
Medical.....	.....			$10,794.47	$0.00	$10,794.47
				$16,038.63	$0.00	$16,038.63
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$155.50	$0.00	$155.50
Medical.....	.....			$1,861.11	$0.00	$1,861.11
				$2,016.61	$0.00	$2,016.61
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.16	$0.00	$45.16
				$45.16	$0.00	$45.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

546 - UVA Health - OPERATING ROOMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$41.90	$51.18	$93.08
Indemnity.....	.....			$3,033.90	$1,166.10	$4,200.00
Medical.....	.....			$3,256.00	$11,495.30	$14,751.30
				$6,331.80	$12,712.58	$19,044.38
# of Claims	4					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$41.90	$51.18	$93.08
Indemnity.....	.....			$9,624.49	$1,166.10	$10,790.59
Medical.....	.....			$26,803.70	$11,495.30	$38,299.00
				$36,470.09	$12,712.58	$49,182.67
# of Claims	130					
# Open	2	Recovery Amount:	-$75.00			

547 - UVA Health - Medical Center PHARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,294.77	$0.00	$1,294.77
				$1,294.77	$0.00	$1,294.77
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$476.75	$0.00	$476.75
				$476.75	$0.00	$476.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

547 - UVA Health - Medical Center PHARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$627.09	$0.00	$627.09
				$627.09	$0.00	$627.09
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$619.69	$0.00	$619.69
				$619.69	$0.00	$619.69
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,196.23	$0.00	$1,196.23
				$1,196.23	$0.00	$1,196.23
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,144.05	$0.00	$1,144.05
				$1,144.05	$0.00	$1,144.05
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

547 - UVA Health - Medical Center PHARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$661.15	$0.00	$661.15
				$661.15	$0.00	$661.15
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$520.17	$0.00	$520.17
				$520.17	$0.00	$520.17
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$560.62	$0.00	$560.62
				$560.62	$0.00	$560.62
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,729.85	$0.00	$1,729.85
				$1,729.85	$0.00	$1,729.85
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

547 - UVA Health - Medical Center PHARM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,347.85	$0.00	$3,347.85
				$3,347.85	$0.00	$3,347.85
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$368.86	$0.00	$368.86
				$368.86	$0.00	$368.86
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,547.08	$0.00	$12,547.08
				$12,547.08	$0.00	$12,547.08
# of Claims	139					
# Open	0	Recovery Amount:	$0.00			

548 - UVA Health - PHYSICAL THERAPY DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,681.16	$0.00	$5,681.16
Medical.....	.....			$11,554.61	$0.00	$11,554.61
				$17,235.77	$0.00	$17,235.77
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

548 - UVA Health - PHYSICAL THERAPY DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$564.00	$0.00	$564.00
Indemnity.....	.....			$115,950.07	$0.00	$115,950.07
Medical.....	.....			$6,406.48	$0.00	$6,406.48
				$122,920.55	$0.00	$122,920.55
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,008.10	$0.00	$3,008.10
				$3,008.10	$0.00	$3,008.10
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.87	$0.00	$50.87
				$50.87	$0.00	$50.87
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

548 - UVA Health - PHYSICAL THERAPY DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,540.56**	**$0.00**	**$3,540.56**
				$3,540.56	**$0.00**	**$3,540.56**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$921.16**	**$0.00**	**$921.16**
Medical				**$4,844.90**	**$0.00**	**$4,844.90**
				$5,766.06	**$0.00**	**$5,766.06**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,053.82**	**$0.00**	**$2,053.82**
				$2,053.82	**$0.00**	**$2,053.82**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$44.00**	**$0.00**	**$44.00**
				$44.00	**$0.00**	**$44.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

548 - UVA Health - PHYSICAL THERAPY DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$53.28**	**$0.00**	**$53.28**
Medical				**$582.35**	**$0.00**	**$582.35**
				$635.63	**$0.00**	**$635.63**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$40,164.82**	**$32,766.22**	**$72,931.04**
Medical				**$171,739.33**	**$7,000.00**	**$178,739.33**
				$211,912.15	**$39,766.22**	**$251,678.37**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.84**	**$1,189.16**	**$1,200.00**
				$10.84	**$1,239.16**	**$1,250.00**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$572.00**	**$50.00**	**$622.00**
Indemnity				**$162,770.49**	**$32,766.22**	**$195,536.71**
Medical				**$203,835.86**	**$8,189.16**	**$212,025.02**
				$367,178.35	**$41,005.38**	**$408,183.73**
# of Claims	**85**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

549 - UVA Health - PULMONARY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.00	$0.00	$30.00
				$30.00	$0.00	$30.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.25	$0.00	$111.25
				$111.25	$0.00	$111.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$51.87	$0.00	$51.87
				$51.87	$0.00	$51.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

549 - UVA Health - PULMONARY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$261.00**	**$0.00**	**$261.00**
				$261.00	**$0.00**	**$261.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$454.12**	**$0.00**	**$454.12**
				$454.12	**$0.00**	**$454.12**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

54 - UVA Health - DIABETES COMM NETWOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$506.52**	**$0.00**	**$506.52**
				$506.52	**$0.00**	**$506.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$506.52**	**$0.00**	**$506.52**
				$506.52	**$0.00**	**$506.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

551 - UVA Health - PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,293.37**	**$0.00**	**$5,293.37**
Medical				**$5,166.74**	**$0.00**	**$5,166.74**
				$10,460.11	**$0.00**	**$10,460.11**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

551 - UVA Health - PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$508.70	$0.00	$508.70
				$508.70	$0.00	$508.70
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,742.45	$0.00	$3,742.45
Medical.....	.....			$4,723.81	$0.00	$4,723.81
				$8,466.26	$0.00	$8,466.26
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

551 - UVA Health - PRIMARY CARE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$790.27	$0.00	$790.27
				$790.27	$0.00	$790.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,035.82	$0.00	$9,035.82
Medical.....	.....			$11,244.52	$0.00	$11,244.52
				$20,280.34	$0.00	$20,280.34
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

552 - UVA Health - Medical Center RENAL

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

552 - UVA Health - Medical Center RENAL

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$267.25**	**$0.00**	**$267.25**
				$267.25	**$0.00**	**$267.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$60.00**	**$0.00**	**$60.00**
		$60.00	**$0.00**	**$60.00**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$314.57**	**$0.00**	**$314.57**
Medical		**$1,748.10**	**$0.00**	**$1,748.10**
		$2,062.67	**$0.00**	**$2,062.67**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$588.58**	**$0.00**	**$588.58**
Medical		**$4,157.50**	**$0.00**	**$4,157.50**
		$4,746.08	**$0.00**	**$4,746.08**
# of Claims	**41**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$264.14**	**$0.00**	**$264.14**
Medical		**$1,269.48**	**$0.00**	**$1,269.48**
		$1,533.62	**$0.00**	**$1,533.62**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

552 - UVA Health - Medical Center RENAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$218.98	$0.00	$218.98
Medical.....	.....			$854.25	$0.00	$854.25
				$1,073.23	$0.00	$1,073.23
# of Claims	19					
# Open	0	Recovery Amount:	-$25.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,393.85	$0.00	$24,393.85
Medical.....	.....			$13,235.07	$0.00	$13,235.07
				$37,628.92	$0.00	$37,628.92
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,127.20	$0.00	$3,127.20
				$3,127.20	$0.00	$3,127.20
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$552.50	$0.00	$552.50
				$552.50	$0.00	$552.50
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

552 - UVA Health - Medical Center RENAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$10.50	$0.00	$10.50
Indemnity.....	.....			$50,262.93	$0.00	$50,262.93
Medical.....	.....			$15,988.31	$0.00	$15,988.31
				$66,261.74	$0.00	$66,261.74
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,690.37	$0.00	$1,690.37
				$1,690.37	$0.00	$1,690.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$96.00	$0.00	$96.00
				$96.00	$0.00	$96.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,065.44	$0.00	$2,065.44
				$2,065.44	$0.00	$2,065.44
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10.50	$0.00	$10.50
Indemnity.....	.....			$76,043.05	$0.00	$76,043.05
Medical.....	.....			$45,111.47	$0.00	$45,111.47
				$121,165.02	$0.00	$121,165.02
# of Claims	206					
# Open	0	Recovery Amount:	-$25.69			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

553 - UVA Health - RECREATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.70**	**$0.00**	**$21.70**
				$21.70	**$0.00**	**$21.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$70.00**	**$0.00**	**$70.00**
				$70.00	**$0.00**	**$70.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$91.70**	**$0.00**	**$91.70**
				$91.70	**$0.00**	**$91.70**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

554 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

554 - UVA Health - RESPIRATORY THERAPY

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$342.33**	**$0.00**	**$342.33**
Medical				**$1,237.05**	**$0.00**	**$1,237.05**
				$1,579.38	**$0.00**	**$1,579.38**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$928.45**	**$0.00**	**$928.45**
				$928.45	**$0.00**	**$928.45**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,014.65**	**$0.00**	**$1,014.65**
				$1,014.65	**$0.00**	**$1,014.65**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$524.97**	**$0.00**	**$524.97**
Medical				**$1,292.23**	**$0.00**	**$1,292.23**
				$1,817.20	**$0.00**	**$1,817.20**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

554 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$858.39	$0.00	$858.39
				$858.39	$0.00	$858.39
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,593.65	$0.00	$6,593.65
Medical.....	.....			$17,362.92	$0.00	$17,362.92
				$23,956.57	$0.00	$23,956.57
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.12	$0.00	$179.12
				$179.12	$0.00	$179.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.09	$0.00	$38.09
				$38.09	$0.00	$38.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

554 - UVA Health - RESPIRATORY THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,855.10	$0.00	$6,855.10
Medical.....	.....			$12,404.11	$0.00	$12,404.11
				$19,259.21	$0.00	$19,259.21
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$278.44	$0.00	$278.44
				$278.44	$0.00	$278.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,316.05	$0.00	$14,316.05
Medical.....	.....			$35,593.45	$0.00	$35,593.45
				$49,909.50	$0.00	$49,909.50
# of Claims	160					
# Open	0	Recovery Amount:	$0.00			

556 - UVA Health - BCC PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

556 - UVA Health - BCC PEDIATRIC

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$261.37**	**$0.00**	**$261.37**
				$261.37	**$0.00**	**$261.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,465.56**	**$0.00**	**$3,465.56**
				$3,465.56	**$0.00**	**$3,465.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,726.93**	**$0.00**	**$3,726.93**
				$3,726.93	**$0.00**	**$3,726.93**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

557 - UVA Health - MEDICAL CTR SOCIAL W

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

557 - UVA Health - MEDICAL CTR SOCIAL W

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$34.00**	**$0.00**	**$34.00**
				$34.00	**$0.00**	**$34.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$468.00**	**$0.00**	**$468.00**
				$468.00	**$0.00**	**$468.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$413.75**	**$0.00**	**$413.75**
				$413.75	**$0.00**	**$413.75**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

557 - UVA Health - MEDICAL CTR SOCIAL W

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$822.31	$0.00	$822.31
				$822.31	$0.00	$822.31
# of Claims	2					
# Open	0	Recovery Amount:	-$58.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$876.67	$0.00	$876.67
Medical.....	.....			$2,955.60	$0.00	$2,955.60
				$3,832.27	$0.00	$3,832.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$876.67	$0.00	$876.67
Medical.....	.....			$4,693.66	$0.00	$4,693.66
				$5,570.33	$0.00	$5,570.33
# of Claims	20					
# Open	0	Recovery Amount:	-$58.00			

558 - UVA Health - HRK HOSPITAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

558 - UVA Health - HRK HOSPITAL

WC1989	**7/1/1988 - 6/30/1989**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$322.17**	**$0.00**	**$322.17**
Medical			**$229.00**	**$0.00**	**$229.00**
			$551.17	**$0.00**	**$551.17**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,227.79**	**$0.00**	**$3,227.79**
				$3,227.79	**$0.00**	**$3,227.79**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,573.84**	**$0.00**	**$1,573.84**
Medical				**$2,709.33**	**$0.00**	**$2,709.33**
				$4,283.17	**$0.00**	**$4,283.17**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$484.58**	**$0.00**	**$484.58**
Medical				**$2,983.57**	**$0.00**	**$2,983.57**
				$3,468.15	**$0.00**	**$3,468.15**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$24.61**	**$0.00**	**$24.61**
Medical				**$840.96**	**$0.00**	**$840.96**
				$865.57	**$0.00**	**$865.57**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

558 - UVA Health - HRK HOSPITAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,064.81	$0.00	$2,064.81
				$2,064.81	$0.00	$2,064.81
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,611.04	$0.00	$5,611.04
				$5,611.04	$0.00	$5,611.04
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,360.90	$0.00	$1,360.90
				$1,360.90	$0.00	$1,360.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,200.51	$0.00	$1,200.51
				$1,200.51	$0.00	$1,200.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

558 - UVA Health - HRK HOSPITAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$869.86**	**$0.00**	**$869.86**
				$869.86	**$0.00**	**$869.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$38.00**	**$0.00**	**$38.00**
				$38.00	**$0.00**	**$38.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,405.20**	**$0.00**	**$2,405.20**
Medical				**$21,135.77**	**$0.00**	**$21,135.77**
				$23,540.97	**$0.00**	**$23,540.97**
# of Claims	**113**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

563 - UVA Health - COMMUNICATIONS SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$20.00**	**$0.00**	**$20.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.60**	**$0.00**	**$133.60**
				$133.60	**$0.00**	**$133.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,245.32**	**$0.00**	**$1,245.32**
				$1,245.32	**$0.00**	**$1,245.32**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$308.42**	**$0.00**	**$308.42**
				$308.42	**$0.00**	**$308.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

563 - UVA Health - COMMUNICATIONS SERVI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,354.15	$0.00	$3,354.15
				$3,354.15	$0.00	$3,354.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,061.49	$0.00	$5,061.49
				$5,061.49	$0.00	$5,061.49
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

564 - UVA Health - VOLUNTEER SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$767.25	$0.00	$767.25
				$767.25	$0.00	$767.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$43.00	$0.00	$43.00
				$43.00	$0.00	$43.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$810.25	$0.00	$810.25
				$810.25	$0.00	$810.25
# of Claims	2					

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

564 - UVA Health - VOLUNTEER SERVICES

# Open	**0**	**Recovery Amount:**	**$0.00**

567 - UVA Health - UVA & BLUE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$3,792.86**	**$0.00**	**$3,792.86**
			$3,792.86	**$0.00**	**$3,792.86**
# of Claims	**18**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$9,268.87**	**$0.00**	**$9,268.87**
Medical			**$44,317.72**	**$0.00**	**$44,317.72**
			$53,586.59	**$0.00**	**$53,586.59**
# of Claims	**44**				
# Open	**0**	**Recovery Amount:**	**-$1,750.72**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,028.10	$0.00	$13,028.10
				$13,028.10	$0.00	$13,028.10
# of Claims	38					
# Open	0	Recovery Amount:	-$452.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,910.42	$0.00	$29,910.42
Medical.....	.....			$12,820.97	$0.00	$12,820.97
				$42,731.39	$0.00	$42,731.39
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,735.04	$0.00	$2,735.04
				$2,735.04	$0.00	$2,735.04
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$6,485.63	$0.00	$6,485.63
Indemnity.....	.....			$403,454.46	$0.00	$403,454.46
Medical.....	.....			$274,978.37	$0.00	$274,978.37
				$684,918.46	$0.00	$684,918.46
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,497.86	$0.00	$7,497.86
				$7,497.86	$0.00	$7,497.86
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,693.95	$0.00	$3,693.95
Medical.....	.....			$8,604.41	$0.00	$8,604.41
				$12,298.36	$0.00	$12,298.36
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$57.78	$0.00	$57.78
Indemnity.....	.....			$35,149.30	$0.00	$35,149.30
Medical.....	.....			$41,034.29	$0.00	$41,034.29
				$76,241.37	$0.00	$76,241.37
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$15,459.66	$105.67	$15,565.33
Indemnity.....	.....			$473,784.74	$0.00	$473,784.74
Medical.....	.....			$429,459.31	$270,950.98	$700,410.29
				$918,703.71	$271,056.65	$1,189,760.36
# of Claims	25					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,929.65	$0.00	$4,929.65
Medical.....	.....			$65,142.72	$0.00	$65,142.72
				$70,072.37	$0.00	$70,072.37
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,900.82	$0.00	$8,900.82
				$8,900.82	$0.00	$8,900.82
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$500.29	$192.00	$692.29
Indemnity.....	.....			$12,424.78	$0.00	$12,424.78
Medical.....	.....			$68,046.62	$14,515.30	$82,561.92
				$80,971.69	$14,707.30	$95,678.99
# of Claims	35					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$4,775.07	$0.00	$4,775.07
Medical.....	.....			$18,310.77	$0.00	$18,310.77
				$23,101.84	$0.00	$23,101.84
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$18.00	$0.00	$18.00
Indemnity.....	.....			$195.35	$0.00	$195.35
Medical.....	.....			$5,468.69	$0.00	$5,468.69
				$5,682.04	$0.00	$5,682.04
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$406.09	$0.00	$406.09
Indemnity.....	.....			$4,912.65	$0.00	$4,912.65
Medical.....	.....			$31,205.62	$0.00	$31,205.62
				$36,524.36	$0.00	$36,524.36
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,507.05	$0.00	$4,507.05
				$4,507.05	$0.00	$4,507.05
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$17,022.19	$0.00	$17,022.19
Medical.....	.....			$61,268.62	$0.00	$61,268.62
				$78,314.81	$0.00	$78,314.81
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$73.40	$0.00	$73.40
Indemnity.....	.....			$7,097.80	$0.00	$7,097.80
Medical.....	.....			$40,234.72	$0.00	$40,234.72
				$47,405.92	$0.00	$47,405.92
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,287.52	$0.00	$3,287.52
Indemnity.....	.....			$51,046.36	$3,491.65	$54,538.01
Medical.....	.....			$88,173.02	$47,454.63	$135,627.65
				$142,506.90	$50,946.28	$193,453.18
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$6,967.70	$9,032.30	$16,000.00
Indemnity.....	.....			$54,699.11	$132,885.31	$187,584.42
Medical.....	.....			$32,460.70	$149,878.77	$182,339.47
				$94,127.51	$291,796.38	$385,923.89
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$195.95	$0.00	$195.95
Indemnity.....	.....			$3,612.49	$0.00	$3,612.49
Medical.....	.....			$10,769.75	$0.00	$10,769.75
				$14,578.19	$0.00	$14,578.19
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

57 - UVA Health - EMERGENCY MEDICINE D

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$71.82	$132.36	$204.18
Indemnity.....	.....			$0.00	$7,200.00	$7,200.00
Medical.....	.....			$22,767.20	$14,700.12	$37,467.32
				$22,839.02	$22,032.48	$44,871.50
# of Claims	19					
# Open	4	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$33,563.84	$9,462.33	$43,026.17
Indemnity.....	.....			$1,115,977.19	$143,576.96	$1,259,554.15
Medical.....	.....			$1,295,525.23	$497,499.80	$1,793,025.03
				$2,445,066.26	$650,539.09	$3,095,605.35
# of Claims	668					
# Open	9	Recovery Amount:	-$2,202.72			

58 - UVA Health - EMPLOYEE ASSISTANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,221.97	$0.00	$2,221.97
				$2,221.97	$0.00	$2,221.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,221.97	$0.00	$2,221.97
				$2,221.97	$0.00	$2,221.97

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

58 - UVA Health - EMPLOYEE ASSISTANCE

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

5 - UVA Health - 4 EAST

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$209,123.06	$0.00	$209,123.06
Medical.....	.....	$56,378.23	$0.00	$56,378.23
		$265,501.29	$0.00	$265,501.29

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,153.84	$0.00	$1,153.84
		$1,153.84	$0.00	$1,153.84

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$4,380.82	$0.00	$4,380.82
		$4,380.82	$0.00	$4,380.82

# of Claims 11

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$3,158.95	$0.00	$3,158.95
		$3,158.95	$0.00	$3,158.95

# of Claims 13

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

5 - UVA Health - 4 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$5,048.30	$0.00	$5,048.30
Medical.....	.....			$33,660.19	$35,971.25	$69,631.44
				$38,724.49	$35,971.25	$74,695.74
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$7,068.83	$0.00	$7,068.83
Indemnity.....	.....			$179,949.99	$0.00	$179,949.99
Medical.....	.....			$49,097.57	$0.00	$49,097.57
				$236,116.39	$0.00	$236,116.39
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$862.36	$0.00	$862.36
				$862.36	$0.00	$862.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,068.68	$0.00	$2,068.68
Indemnity.....	.....			$4,417.15	$0.00	$4,417.15
Medical.....	.....			$16,673.18	$0.00	$16,673.18
				$23,159.01	$0.00	$23,159.01
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

5 - UVA Health - 4 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,547.38	$0.00	$1,547.38
				$1,547.38	$0.00	$1,547.38
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$67.50	$0.00	$67.50
				$67.50	$0.00	$67.50
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$482.32	$0.00	$482.32
				$482.32	$0.00	$482.32
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$25,423.61	$483.37	$25,906.98
Indemnity.....	.....			$206,994.48	$0.00	$206,994.48
Medical.....	.....			$121,745.51	$139,655.25	$261,400.76
				$354,163.60	$140,138.62	$494,302.22
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

5 - UVA Health - 4 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,580.15	$0.00	$5,580.15
				$5,580.15	$0.00	$5,580.15
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,648.06	$2,367.94	$8,016.00
Indemnity.....	.....			$207,717.43	$2,988.10	$210,705.53
Medical.....	.....			$50,172.56	$58,191.31	$108,363.87
				$263,538.05	$63,547.35	$327,085.40
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$483.52	$0.00	$483.52
				$491.52	$0.00	$491.52
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,056.39	$0.00	$2,056.39
				$2,056.39	$0.00	$2,056.39
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

5 - UVA Health - 4 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,581.73	$0.00	$2,581.73
Indemnity.....	.....			$4,901.39	$0.00	$4,901.39
Medical.....	.....			$8,330.12	$0.00	$8,330.12
				$15,813.24	$0.00	$15,813.24
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,666.46	$0.00	$7,666.46
				$7,674.46	$0.00	$7,674.46
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,250.96	$0.00	$5,250.96
Medical.....	.....			$8,699.51	$0.00	$8,699.51
				$13,958.47	$0.00	$13,958.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

5 - UVA Health - 4 EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,152.46	$0.00	$1,152.46
Medical.....	.....			$14,851.08	$0.00	$14,851.08
				$16,011.54	$0.00	$16,011.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$375.86	$0.00	$375.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,779.59	$0.00	$1,779.59
				$2,155.45	$0.00	$2,155.45
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$29.60	$0.00	$29.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.42	$0.00	$345.42
				$375.02	$0.00	$375.02
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$43,252.37	$2,851.31	$46,103.68
Indemnity.....	.....			$824,555.22	$2,988.10	$827,543.32
Medical.....	.....			$389,172.65	$233,817.81	$622,990.46
				$1,256,980.24	$239,657.22	$1,496,637.46
# of Claims	202					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

601 - UVA Health - MEICINE HEALTH SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.00	$0.00	$347.00
				$347.00	$0.00	$347.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$657.25	$0.00	$657.25
				$657.25	$0.00	$657.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$43.00	$0.00	$43.00
				$43.00	$0.00	$43.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

601 - UVA Health - MEICINE HEALTH SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.63	$0.00	$376.63
				$376.63	$0.00	$376.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$591.15	$0.00	$591.15
				$591.15	$0.00	$591.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,990.09	$0.00	$24,990.09
				$24,990.09	$0.00	$24,990.09
# of Claims	4					
# Open	0	Recovery Amount:	-$100.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

601 - UVA Health - MEICINE HEALTH SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$212.95**	**$0.00**	**$212.95**
				$212.95	**$0.00**	**$212.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$27,218.07**	**$0.00**	**$27,218.07**
				$27,218.07	**$0.00**	**$27,218.07**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**-$100.00**			

605 - UVA Health - DIABETES RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

605 - UVA Health - DIABETES RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.76	$0.00	$86.76
				$86.76	$0.00	$86.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.76	$0.00	$86.76
				$86.76	$0.00	$86.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

606 - UVA Health - ANATOMY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

606 - UVA Health - ANATOMY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$279.75	$0.00	$279.75
				$279.75	$0.00	$279.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$51.87	$0.00	$51.87
				$51.87	$0.00	$51.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.64	$0.00	$101.64
				$101.64	$0.00	$101.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

606 - UVA Health - ANATOMY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.01	$0.00	$207.01
				$207.01	$0.00	$207.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$969.74	$0.00	$969.74
				$969.74	$0.00	$969.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.57	$0.00	$48.57
				$48.57	$0.00	$48.57
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

606 - UVA Health - ANATOMY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,733.58	$0.00	$1,733.58
				$1,733.58	$0.00	$1,733.58
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

607 - UVA Health - ANESTHESIOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$627.00	$0.00	$627.00
				$627.00	$0.00	$627.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,430.49	$0.00	$1,430.49
				$1,430.49	$0.00	$1,430.49
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

607 - UVA Health - ANESTHESIOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,810.45	$0.00	$1,810.45
				$1,810.45	$0.00	$1,810.45
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,390.99	$0.00	$1,390.99
				$1,390.99	$0.00	$1,390.99
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,200.93	$0.00	$1,200.93
				$1,200.93	$0.00	$1,200.93
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,516.54	$0.00	$1,516.54
				$1,516.54	$0.00	$1,516.54
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

607 - UVA Health - ANESTHESIOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$683.30	$0.00	$683.30
				$683.30	$0.00	$683.30
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,590.20	$0.00	$1,590.20
				$1,590.20	$0.00	$1,590.20
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,158.22	$0.00	$1,158.22
				$1,158.22	$0.00	$1,158.22
# of Claims	14					
# Open	0	Recovery Amount:	-$45.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,479.89	$0.00	$27,479.89
Medical.....	.....			$20,591.29	$0.00	$20,591.29
				$48,071.18	$0.00	$48,071.18
# of Claims	4					
# Open	0	Recovery Amount:	-$44.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

607 - UVA Health - ANESTHESIOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,420.17	$0.00	$2,420.17
				$2,420.17	$0.00	$2,420.17
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$731.81	$0.00	$731.81
				$731.81	$0.00	$731.81
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,479.89	$0.00	$27,479.89
Medical.....	.....			$35,151.39	$0.00	$35,151.39
				$62,631.28	$0.00	$62,631.28
# of Claims	212					
# Open	0	Recovery Amount:	-$89.00			

608 - UVA Health - BIOCHEMISTRY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

608 - UVA Health - BIOCHEMISTRY DEPARTM

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$221.29**	**$0.00**	**$221.29**
			$221.29	**$0.00**	**$221.29**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$475.00**	**$0.00**	**$475.00**
		$475.00	**$0.00**	**$475.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$114.00**	**$0.00**	**$114.00**
		$114.00	**$0.00**	**$114.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$46.00**	**$0.00**	**$46.00**
		$46.00	**$0.00**	**$46.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,642.84**	**$0.00**	**$1,642.84**
		$1,642.84	**$0.00**	**$1,642.84**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

608 - UVA Health - BIOCHEMISTRY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.70	$0.00	$235.70
				$235.70	$0.00	$235.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.40	$0.00	$284.40
				$284.40	$0.00	$284.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,019.23	$0.00	$3,019.23
				$3,019.23	$0.00	$3,019.23
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

609 - UVA Health - BIOMEDICAL ENGIN DIV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

60 - UVA Health - ENDOCRINOLOGY & META

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

60 - UVA Health - ENDOCRINOLOGY & META

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$33.90	$0.00	$33.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,155.33	$0.00	$6,155.33
				$6,189.23	$0.00	$6,189.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

60 - UVA Health - ENDOCRINOLOGY & META

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$33.90**	**$0.00**	**$33.90**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,155.33**	**$0.00**	**$6,155.33**
				$6,189.23	**$0.00**	**$6,189.23**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

610 - UVA Health - BIOPHYSICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

611 - UVA Health - DEANS OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

611 - UVA Health - DEANS OFFICE

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8,139.09**	**$0.00**	**$8,139.09**
		$8,139.09	**$0.00**	**$8,139.09**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$893.51**	**$0.00**	**$893.51**
		$893.51	**$0.00**	**$893.51**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

611 - UVA Health - DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$70.89**	**$0.00**	**$70.89**
				$70.89	**$0.00**	**$70.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$364.84**	**$0.00**	**$364.84**
				$364.84	**$0.00**	**$364.84**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

611 - UVA Health - DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.85	$0.00	$45.85
				$45.85	$0.00	$45.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,514.18	$0.00	$9,514.18
				$9,514.18	$0.00	$9,514.18
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

612 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

612 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$162.10**	**$0.00**	**$162.10**
				$162.10	**$0.00**	**$162.10**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$186.25**	**$0.00**	**$186.25**
				$186.25	**$0.00**	**$186.25**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$68.00**	**$0.00**	**$68.00**
				$68.00	**$0.00**	**$68.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

612 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$352.36**	**$0.00**	**$352.36**
				$352.36	**$0.00**	**$352.36**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$31.42**	**$0.00**	**$31.42**
				$31.42	**$0.00**	**$31.42**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$4,429.61**	**$498.27**	**$4,927.88**
Indemnity				**$165,379.72**	**$0.00**	**$165,379.72**
Medical				**$1,089,521.87**	**$1,354,016.83**	**$2,443,538.70**
				$1,259,331.20	**$1,354,515.10**	**$2,613,846.30**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

612 - UVA Health - DENTISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.26	$0.00	$231.26
				$231.26	$0.00	$231.26
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$691.00	$0.00	$691.00
				$691.00	$0.00	$691.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.04	$0.00	$212.04
				$212.04	$0.00	$212.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,429.61	$498.27	$4,927.88
Indemnity.....	.....			$165,379.72	$0.00	$165,379.72
Medical.....	.....			$1,091,456.30	$1,354,016.83	$2,445,473.13
				$1,261,265.63	$1,354,515.10	$2,615,780.73
# of Claims	57					
# Open	1	Recovery Amount:	$0.00			

614 - UVA Health - DERMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

614 - UVA Health - DERMATOLOGY

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$138.31**	**$0.00**	**$138.31**
				$138.31	**$0.00**	**$138.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$215.65**	**$0.00**	**$215.65**
		$215.65	**$0.00**	**$215.65**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$183.25**	**$0.00**	**$183.25**
		$183.25	**$0.00**	**$183.25**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

614 - UVA Health - DERMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,369.12	$0.00	$1,369.12
				$1,369.12	$0.00	$1,369.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.77	$0.00	$40.77
				$40.77	$0.00	$40.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.18	$0.00	$26.18
				$26.18	$0.00	$26.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

614 - UVA Health - DERMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$556.73	$0.00	$556.73
				$556.73	$0.00	$556.73
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,530.01	$0.00	$2,530.01
				$2,530.01	$0.00	$2,530.01
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

615 - UVA Health - MEDICINE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

615 - UVA Health - MEDICINE DEPARTMENT

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$112.85**	**$0.00**	**$112.85**
				$112.85	**$0.00**	**$112.85**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$162.10**	**$0.00**	**$162.10**
		$162.10	**$0.00**	**$162.10**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$676.95**	**$0.00**	**$676.95**
		$676.95	**$0.00**	**$676.95**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,453.80**	**$0.00**	**$1,453.80**
Medical		**$6,165.12**	**$0.00**	**$6,165.12**
		$7,618.92	**$0.00**	**$7,618.92**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

615 - UVA Health - MEDICINE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$114.51**	**$0.00**	**$114.51**
Medical				**$274.51**	**$0.00**	**$274.51**
				$389.02	**$0.00**	**$389.02**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26.18**	**$0.00**	**$26.18**
				$26.18	**$0.00**	**$26.18**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

615 - UVA Health - MEDICINE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,061.72	$0.00	$1,061.72
				$1,061.72	$0.00	$1,061.72
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,568.31	$0.00	$1,568.31
Medical.....	.....			$8,544.43	$0.00	$8,544.43
				$10,112.74	$0.00	$10,112.74
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

616 - UVA Health - GEN CLIN RESEARCH CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.40	$0.00	$274.40
				$274.40	$0.00	$274.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

616 - UVA Health - GEN CLIN RESEARCH CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$251.75	$0.00	$251.75
				$251.75	$0.00	$251.75
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,110.59	$0.00	$1,110.59
Medical.....	.....			$147.47	$0.00	$147.47
				$1,258.06	$0.00	$1,258.06
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.22	$0.00	$35.22
				$35.22	$0.00	$35.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

616 - UVA Health - GEN CLIN RESEARCH CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$106.91	$0.00	$106.91
Medical.....	.....			$381.13	$0.00	$381.13
				$488.04	$0.00	$488.04
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$262.06	$0.00	$262.06
				$262.06	$0.00	$262.06
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

616 - UVA Health - GEN CLIN RESEARCH CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$42.34	$0.00	$42.34
				$42.34	$0.00	$42.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,217.50	$0.00	$1,217.50
Medical.....	.....			$1,504.37	$0.00	$1,504.37
				$2,721.87	$0.00	$2,721.87
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

617 - UVA Health - INTERNAL MED DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3.00	$0.00	$3.00
				$3.00	$0.00	$3.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

617 - UVA Health - INTERNAL MED DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$11,949.71	$0.00	$11,949.71
Indemnity.....	.....			$205,200.94	$0.00	$205,200.94
Medical.....	.....			$477,661.67	$0.00	$477,661.67
				$694,812.32	$0.00	$694,812.32
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$72.75	$0.00	$72.75
Medical.....	.....			$3,777.26	$0.00	$3,777.26
				$3,850.01	$0.00	$3,850.01
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,647.57	$0.00	$2,647.57
				$2,647.57	$0.00	$2,647.57
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,255.00	$0.00	$2,255.00
Indemnity.....	.....			$389,841.58	$0.00	$389,841.58
Medical.....	.....			$143,685.10	$0.00	$143,685.10
				$535,781.68	$0.00	$535,781.68
# of Claims	42					
# Open	0	Recovery Amount:	-$461.42			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

617 - UVA Health - INTERNAL MED DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,659.61	$0.00	$2,659.61
				$2,659.61	$0.00	$2,659.61
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,263.43	$0.00	$2,263.43
Medical.....	.....			$9,865.20	$0.00	$9,865.20
				$12,128.63	$0.00	$12,128.63
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,919.69	$0.00	$1,919.69
Medical.....	.....			$20,221.00	$0.00	$20,221.00
				$22,140.69	$0.00	$22,140.69
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,432.00	$0.00	$28,432.00
Medical.....	.....			$32,864.81	$0.00	$32,864.81
				$61,296.81	$0.00	$61,296.81
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

617 - UVA Health - INTERNAL MED DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,086.27	$0.00	$4,086.27
Medical.....	.....			$23,760.63	$0.00	$23,760.63
				$27,846.90	$0.00	$27,846.90
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,023.39	$0.00	$4,023.39
				$4,023.39	$0.00	$4,023.39
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,645.20	$0.00	$3,645.20
				$3,645.20	$0.00	$3,645.20
# of Claims	19					
# Open	0	Recovery Amount:	-$143.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,819.66	$0.00	$10,819.66
				$10,819.66	$0.00	$10,819.66
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,204.71	$0.00	$14,204.71
Indemnity.....	.....			$631,816.66	$0.00	$631,816.66
Medical.....	.....			$735,634.10	$0.00	$735,634.10
				$1,381,655.47	$0.00	$1,381,655.47
# of Claims	424					
# Open	0	Recovery Amount:	-$604.42			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

618 - UVA Health - BIOMED COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$224.00**	**$0.00**	**$224.00**
				$224.00	**$0.00**	**$224.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.00**	**$0.00**	**$90.00**
				$90.00	**$0.00**	**$90.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$901.88**	**$0.00**	**$901.88**
				$901.88	**$0.00**	**$901.88**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

618 - UVA Health - BIOMED COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$44.00**	**$0.00**	**$44.00**
				$44.00	**$0.00**	**$44.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$79.00**	**$0.00**	**$79.00**
				$79.00	**$0.00**	**$79.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$705.20**	**$0.00**	**$705.20**
				$705.20	**$0.00**	**$705.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,044.08**	**$0.00**	**$2,044.08**
				$2,044.08	**$0.00**	**$2,044.08**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

619 - UVA Health - MICROBIOLOGY DEPARTM

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

619 - UVA Health - MICROBIOLOGY DEPARTM

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,053.78**	**$0.00**	**$1,053.78**
Medical				**$430.22**	**$0.00**	**$430.22**
				$1,484.00	**$0.00**	**$1,484.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$314.42**	**$0.00**	**$314.42**
Medical		**$4,472.60**	**$0.00**	**$4,472.60**
		$4,787.02	**$0.00**	**$4,787.02**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$77.50**	**$0.00**	**$77.50**
		$77.50	**$0.00**	**$77.50**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$625.41**	**$0.00**	**$625.41**
		$625.41	**$0.00**	**$625.41**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

619 - UVA Health - MICROBIOLOGY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.77**	**$0.00**	**$40.77**
				$40.77	**$0.00**	**$40.77**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,111.69**	**$0.00**	**$5,111.69**
				$5,111.69	**$0.00**	**$5,111.69**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

619 - UVA Health - MICROBIOLOGY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.00	$0.00	$44.00
				$44.00	$0.00	$44.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,368.20	$0.00	$1,368.20
Medical.....	.....			$10,802.19	$0.00	$10,802.19
				$12,170.39	$0.00	$12,170.39
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$527.80	$0.00	$527.80
				$527.80	$0.00	$527.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,937.55	$0.00	$1,937.55
Indemnity.....	.....			$171,029.21	$0.00	$171,029.21
Medical.....	.....			$99,952.94	$0.00	$99,952.94
				$272,919.70	$0.00	$272,919.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,825.82	$0.00	$4,825.82
				$4,825.82	$0.00	$4,825.82
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.65	$0.00	$160.65
				$160.65	$0.00	$160.65
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,550.80	$0.00	$7,550.80
Medical.....	.....			$12,701.50	$0.00	$12,701.50
				$20,252.30	$0.00	$20,252.30
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$512.17	$0.00	$512.17
				$512.17	$0.00	$512.17
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$156.41	$0.00	$156.41
Indemnity.....	.....			$4,662.87	$0.00	$4,662.87
Medical.....	.....			$35,841.23	$0.00	$35,841.23
				$40,660.51	$0.00	$40,660.51
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,433.15	$0.00	$12,433.15
Medical.....	.....			$60,015.55	$0.00	$60,015.55
				$72,448.70	$0.00	$72,448.70
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,319.21	$0.00	$1,319.21
				$1,319.21	$0.00	$1,319.21
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,016.00	$0.00	$2,016.00
Indemnity.....	.....			$91,007.26	$0.00	$91,007.26
Medical.....	.....			$35,423.74	$0.00	$35,423.74
				$128,447.00	$0.00	$128,447.00
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30,331.80	$0.00	$30,331.80
				$30,331.80	$0.00	$30,331.80
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$71.50	$144.50	$216.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131,364.31	$250,892.93	$382,257.24
				$131,435.81	$251,037.43	$382,473.24
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$696.55	$0.00	$696.55
Medical.....	.....			$5,400.42	$0.00	$5,400.42
				$6,104.97	$0.00	$6,104.97
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.55	$0.00	$324.55
				$324.55	$0.00	$324.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$9,350.54	$5,312.96	$14,663.50
Indemnity.....	.....			$59,032.28	$74,191.00	$133,223.28
Medical.....	.....			$63,405.06	$38,440.88	$101,845.94
				$131,787.88	$117,944.84	$249,732.72
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$18,488.86	$0.00	$18,488.86
Indemnity.....	.....			$123,570.24	$0.00	$123,570.24
Medical.....	.....			$74,170.35	$0.00	$74,170.35
				$216,229.45	$0.00	$216,229.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$6,041.64	$0.00	$6,041.64
Indemnity.....	.....			$16,437.62	$0.00	$16,437.62
Medical.....	.....			$49,486.88	$0.00	$49,486.88
				$71,966.14	$0.00	$71,966.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$28.45	$0.00	$28.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,241.58	$0.00	$4,241.58
				$4,270.03	$0.00	$4,270.03
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$28.60	$0.00	$28.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,030.40	$0.00	$1,030.40
				$1,059.00	$0.00	$1,059.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,690.98	$0.00	$4,690.98
Medical.....	.....			$34,462.55	$0.00	$34,462.55
				$39,161.53	$0.00	$39,161.53
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$42.50	$0.00	$42.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,675.89	$0.00	$2,675.89
				$2,718.39	$0.00	$2,718.39
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

61 - UVA Health - Digestive Health Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$38,178.05**	**$5,457.46**	**$43,635.51**
Indemnity				**$491,110.96**	**$74,191.00**	**$565,301.96**
Medical				**$648,174.40**	**$289,333.81**	**$937,508.21**
				$1,177,463.41	**$368,982.27**	**$1,546,445.68**
# of Claims	**186**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

620 - UVA Health - PATIENT FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

620 - UVA Health - PATIENT FOUNDATION

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

621 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$159.00	$0.00	$159.00
		$159.00	$0.00	$159.00

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,283.05	$0.00	$1,283.05
Medical.....	.....	$838.97	$0.00	$838.97
		$2,122.02	$0.00	$2,122.02

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$222.60	$0.00	$222.60
		$222.60	$0.00	$222.60

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$61.41	$0.00	$61.41
Medical.....	.....	$4,094.12	$0.00	$4,094.12
		$4,155.53	$0.00	$4,155.53

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

621 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.95**	**$0.00**	**$174.95**
				$174.95	**$0.00**	**$174.95**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$72.24**	**$0.00**	**$72.24**
				$72.24	**$0.00**	**$72.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$704.66**	**$0.00**	**$704.66**
				$704.66	**$0.00**	**$704.66**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$470.92**	**$0.00**	**$470.92**
				$470.92	**$0.00**	**$470.92**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

621 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$277.22	$0.00	$277.22
				$277.22	$0.00	$277.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.76	$0.00	$853.76
				$853.76	$0.00	$853.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,485.14	$0.00	$1,485.14
Medical.....	.....			$5,446.36	$0.00	$5,446.36
				$6,931.50	$0.00	$6,931.50
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,996.79	$0.00	$5,996.79
				$5,996.79	$0.00	$5,996.79
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,829.60	$0.00	$2,829.60
Medical.....	.....			$19,311.59	$0.00	$19,311.59
				$22,141.19	$0.00	$22,141.19
# of Claims	94					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

622 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.00	$0.00	$131.00
				$131.00	$0.00	$131.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.55	$0.00	$117.55
				$117.55	$0.00	$117.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.00	$0.00	$203.00
				$203.00	$0.00	$203.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.00	$0.00	$54.00
				$54.00	$0.00	$54.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

622 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.30	$0.00	$289.30
				$289.30	$0.00	$289.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.00	$0.00	$104.00
				$104.00	$0.00	$104.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.81	$0.00	$133.81
				$133.81	$0.00	$133.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$444.75	$0.00	$444.75
				$444.75	$0.00	$444.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$389.18	$0.00	$389.18
				$389.18	$0.00	$389.18
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

622 - UVA Health - NEUROSURGERY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$99.00**	**$0.00**	**$99.00**
				$99.00	**$0.00**	**$99.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,260.12**	**$0.00**	**$1,260.12**
				$1,260.12	**$0.00**	**$1,260.12**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,909.51**	**$0.00**	**$6,909.51**
				$6,909.51	**$0.00**	**$6,909.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,135.22**	**$0.00**	**$10,135.22**
				$10,135.22	**$0.00**	**$10,135.22**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

623 - UVA Health - OBSTETRICS & GYN DEP

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

623 - UVA Health - OBSTETRICS & GYN DEP

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.75**	**$0.00**	**$75.75**
				$75.75	**$0.00**	**$75.75**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$625.00**	**$0.00**	**$625.00**
		$625.00	**$0.00**	**$625.00**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$209.50**	**$0.00**	**$209.50**
		$209.50	**$0.00**	**$209.50**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$378.79**	**$0.00**	**$378.79**
Medical		**$769.83**	**$0.00**	**$769.83**
		$1,148.62	**$0.00**	**$1,148.62**
# of Claims	**26**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,430.11**	**$0.00**	**$5,430.11**
Medical		**$2,951.88**	**$0.00**	**$2,951.88**
		$8,381.99	**$0.00**	**$8,381.99**
# of Claims	**28**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

623 - UVA Health - OBSTETRICS & GYN DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.68	$0.00	$28.68
				$28.68	$0.00	$28.68
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,074.49	$0.00	$1,074.49
				$1,074.49	$0.00	$1,074.49
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.60	$0.00	$53.60
				$53.60	$0.00	$53.60
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,856.98	$100.00	$3,956.98
Indemnity.....	.....			$125,789.69	$0.00	$125,789.69
Medical.....	.....			$714,711.23	$198,476.46	$913,187.69
				$844,357.90	$198,576.46	$1,042,934.36
# of Claims	33					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

623 - UVA Health - OBSTETRICS & GYN DEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$255.00	$0.00	$255.00
				$255.00	$0.00	$255.00
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,168.90	$0.00	$2,168.90
Medical.....	.....			$3,056.70	$0.00	$3,056.70
				$5,225.60	$0.00	$5,225.60
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,856.98	$100.00	$3,956.98
Indemnity.....	.....			$133,767.49	$0.00	$133,767.49
Medical.....	.....			$723,846.66	$198,476.46	$922,323.12
				$861,471.13	$198,576.46	$1,060,047.59
# of Claims	253					
# Open	1	Recovery Amount:	$0.00			

624 - UVA Health - NEUROSCIENCE DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

624 - UVA Health - NEUROSCIENCE DEPARTM

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$97.00**	**$0.00**	**$97.00**
				$97.00	**$0.00**	**$97.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$218.59**	**$0.00**	**$218.59**
				$218.59	**$0.00**	**$218.59**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$91.69**	**$0.00**	**$91.69**
				$91.69	**$0.00**	**$91.69**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$48.57**	**$0.00**	**$48.57**
				$48.57	**$0.00**	**$48.57**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

624 - UVA Health - NEUROSCIENCE DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,470.50**	**$0.00**	**$1,470.50**
				$1,470.50	**$0.00**	**$1,470.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$401.22**	**$0.00**	**$401.22**
				$401.22	**$0.00**	**$401.22**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.93**	**$0.00**	**$102.93**
				$102.93	**$0.00**	**$102.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,430.50**	**$0.00**	**$2,430.50**
				$2,430.50	**$0.00**	**$2,430.50**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

625 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$634.00	$0.00	$634.00
				$634.00	$0.00	$634.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$342.54	$0.00	$342.54
				$342.54	$0.00	$342.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$888.09	$0.00	$888.09
Medical.....	.....			$720.75	$0.00	$720.75
				$1,608.84	$0.00	$1,608.84
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$555.13	$0.00	$555.13
Medical.....	.....			$500.39	$0.00	$500.39
				$1,055.52	$0.00	$1,055.52
# of Claims	12					
# Open	0	Recovery Amount:	-$285.70			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

625 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$204.86**	**$0.00**	**$204.86**
Medical				**$1,676.50**	**$0.00**	**$1,676.50**
				$1,881.36	**$0.00**	**$1,881.36**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,121.76**	**$0.00**	**$1,121.76**
Medical				**$30,441.03**	**$0.00**	**$30,441.03**
				$31,562.79	**$0.00**	**$31,562.79**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$204.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$159.20**	**$0.00**	**$159.20**
				$159.20	**$0.00**	**$159.20**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,707.24**	**$0.00**	**$3,707.24**
				$3,707.24	**$0.00**	**$3,707.24**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$104.99**	**$0.00**	**$104.99**
				$104.99	**$0.00**	**$104.99**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

625 - UVA Health - OPHTHALMOLOGY DEPART

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.00	$0.00	$80.00
				$80.00	$0.00	$80.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,366.90	$0.00	$1,366.90
				$1,366.90	$0.00	$1,366.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$277.64	$0.00	$277.64
				$277.64	$0.00	$277.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,769.84	$0.00	$2,769.84
Medical.....	.....			$40,011.18	$0.00	$40,011.18
				$42,781.02	$0.00	$42,781.02
# of Claims	95					
# Open	0	Recovery Amount:	-$489.70			

626 - UVA Health - ORTHOPEDICS DEPARTME

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

626 - UVA Health - ORTHOPEDICS DEPARTME

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$533.50**	**$0.00**	**$533.50**
Indemnity				**$4,017.62**	**$0.00**	**$4,017.62**
Medical				**$9,877.31**	**$0.00**	**$9,877.31**
				$14,428.43	**$0.00**	**$14,428.43**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$496.10**	**$0.00**	**$496.10**
		$496.10	**$0.00**	**$496.10**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,298.75**	**$0.00**	**$1,298.75**
		$1,298.75	**$0.00**	**$1,298.75**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,866.02**	**$0.00**	**$2,866.02**
Medical		**$7,314.08**	**$0.00**	**$7,314.08**
		$10,180.10	**$0.00**	**$10,180.10**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,216.00**	**$0.00**	**$2,216.00**
		$2,216.00	**$0.00**	**$2,216.00**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

626 - UVA Health - ORTHOPEDICS DEPARTME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$477.12	$0.00	$477.12
Medical.....	.....			$2,495.11	$0.00	$2,495.11
				$2,972.23	$0.00	$2,972.23
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,014.73	$0.00	$2,014.73
Medical.....	.....			$9,438.15	$0.00	$9,438.15
				$11,452.88	$0.00	$11,452.88
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,728.12	$0.00	$2,728.12
				$2,728.12	$0.00	$2,728.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,395.52	$0.00	$2,395.52
Medical.....	.....			$4,927.95	$0.00	$4,927.95
				$7,323.47	$0.00	$7,323.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

626 - UVA Health - ORTHOPEDICS DEPARTME

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,474.09**	**$0.00**	**$2,474.09**
Medical				**$5,207.10**	**$0.00**	**$5,207.10**
				$7,681.19	**$0.00**	**$7,681.19**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$210,668.59**	**$0.00**	**$210,668.59**
				$210,684.59	**$0.00**	**$210,684.59**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$758.34**	**$0.00**	**$758.34**
				$758.34	**$0.00**	**$758.34**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$549.50**	**$0.00**	**$549.50**
Indemnity				**$14,245.10**	**$0.00**	**$14,245.10**
Medical				**$257,425.60**	**$0.00**	**$257,425.60**
				$272,220.20	**$0.00**	**$272,220.20**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

629 - UVA Health - OTOLARYNGOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.00	$0.00	$117.00
				$117.00	$0.00	$117.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$474.25	$0.00	$474.25
				$474.25	$0.00	$474.25
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,408.32	$0.00	$4,408.32
				$4,408.32	$0.00	$4,408.32
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.92	$0.00	$64.92
				$64.92	$0.00	$64.92
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

629 - UVA Health - OTOLARYNGOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.68	$0.00	$83.68
				$83.68	$0.00	$83.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$49.00	$0.00	$49.00
				$49.00	$0.00	$49.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.18	$0.00	$197.18
				$197.18	$0.00	$197.18
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.75	$0.00	$193.75
				$193.75	$0.00	$193.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.00	$0.00	$27.00
				$27.00	$0.00	$27.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

629 - UVA Health - OTOLARYNGOLOGY DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$220.91	$0.00	$220.91
Medical.....	.....			$428.99	$0.00	$428.99
				$649.90	$0.00	$649.90
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.00	$0.00	$224.00
				$224.00	$0.00	$224.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.90	$0.00	$245.90
				$245.90	$0.00	$245.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$220.91	$0.00	$220.91
Medical.....	.....			$6,513.99	$0.00	$6,513.99
				$6,734.90	$0.00	$6,734.90
# of Claims	104					
# Open	0	Recovery Amount:	$0.00			

631 - UVA Health - PATHOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

631 - UVA Health - PATHOLOGY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$199.00**	**$0.00**	**$199.00**
				$199.00	**$0.00**	**$199.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$517.30**	**$0.00**	**$517.30**
		$517.30	**$0.00**	**$517.30**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$419.97**	**$0.00**	**$419.97**
Medical		**$1,405.80**	**$0.00**	**$1,405.80**
		$1,825.77	**$0.00**	**$1,825.77**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$13,881.02**	**$0.00**	**$13,881.02**
		$13,881.02	**$0.00**	**$13,881.02**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**-$374.23**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,588.81**	**$0.00**	**$1,588.81**
		$1,588.81	**$0.00**	**$1,588.81**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

631 - UVA Health - PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,990.21	$0.00	$4,990.21
				$4,990.21	$0.00	$4,990.21
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$123.57	$0.00	$123.57
Medical.....	.....			$682.83	$0.00	$682.83
				$806.40	$0.00	$806.40
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.08	$0.00	$354.08
				$354.08	$0.00	$354.08
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$993.58	$0.00	$993.58
				$993.58	$0.00	$993.58
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

631 - UVA Health - PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,366.34**	**$0.00**	**$4,366.34**
				$4,366.34	**$0.00**	**$4,366.34**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,610.30**	**$0.00**	**$3,610.30**
				$3,610.30	**$0.00**	**$3,610.30**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,070.79**	**$0.00**	**$11,070.79**
				$11,070.79	**$0.00**	**$11,070.79**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,163.77**	**$0.00**	**$1,163.77**
				$1,163.77	**$0.00**	**$1,163.77**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$543.54**	**$0.00**	**$543.54**
Medical				**$44,823.83**	**$0.00**	**$44,823.83**
				$45,367.37	**$0.00**	**$45,367.37**
# of Claims	**194**					
# Open	**0**	**Recovery Amount:**	**-$374.23**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

632 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,321.99	$0.00	$1,321.99
Medical.....	.....			$3,853.88	$0.00	$3,853.88
				$5,175.87	$0.00	$5,175.87
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,360.31	$0.00	$2,360.31
				$2,360.31	$0.00	$2,360.31
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$213.00	$0.00	$213.00
				$213.00	$0.00	$213.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,202.68	$0.00	$7,202.68
Medical.....	.....			$1,444.25	$0.00	$1,444.25
				$8,646.93	$0.00	$8,646.93
# of Claims	16					
# Open	0	Recovery Amount:	-$5,065.22			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

632 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,143.44	$0.00	$2,143.44
Medical.....	.....			$6,532.05	$0.00	$6,532.05
				$8,675.49	$0.00	$8,675.49
# of Claims	16					
# Open	0	Recovery Amount:	-$15.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$517.53	$0.00	$517.53
				$517.53	$0.00	$517.53
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$535.25	$0.00	$535.25
				$535.25	$0.00	$535.25
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.66	$0.00	$266.66
				$266.66	$0.00	$266.66
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,287.99	$0.00	$6,287.99
Medical.....	.....			$23,501.77	$0.00	$23,501.77
				$29,789.76	$0.00	$29,789.76
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

632 - UVA Health - PEDIATRICS DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,556.60**	**$0.00**	**$2,556.60**
				$2,556.60	**$0.00**	**$2,556.60**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,747.65**	**$0.00**	**$7,747.65**
				$7,747.65	**$0.00**	**$7,747.65**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,645.61**	**$0.00**	**$3,645.61**
				$3,645.61	**$0.00**	**$3,645.61**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,956.10**	**$0.00**	**$16,956.10**
Medical				**$53,174.56**	**$0.00**	**$53,174.56**
				$70,130.66	**$0.00**	**$70,130.66**
# of Claims	**232**					
# Open	**0**	**Recovery Amount:**	**-$5,080.47**			

635 - UVA Health - PHARMACOLOGY DEPARTM

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

635 - UVA Health - PHARMACOLOGY DEPARTM

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$70.00**	**$0.00**	**$70.00**
				$70.00	**$0.00**	**$70.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$56.35**	**$0.00**	**$56.35**
		$56.35	**$0.00**	**$56.35**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$451.06**	**$0.00**	**$451.06**
		$451.06	**$0.00**	**$451.06**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$274.37**	**$0.00**	**$274.37**
		$274.37	**$0.00**	**$274.37**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

635 - UVA Health - PHARMACOLOGY DEPARTM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$112.16**	**$0.00**	**$112.16**
Medical				**$1,105.49**	**$0.00**	**$1,105.49**
				$1,217.65	**$0.00**	**$1,217.65**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,846.84**	**$0.00**	**$1,846.84**
				$1,846.84	**$0.00**	**$1,846.84**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$330.95**	**$0.00**	**$330.95**
				$330.95	**$0.00**	**$330.95**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$885.62**	**$0.00**	**$885.62**
				$885.62	**$0.00**	**$885.62**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$112.16**	**$0.00**	**$112.16**
Medical				**$5,020.68**	**$0.00**	**$5,020.68**
				$5,132.84	**$0.00**	**$5,132.84**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

636 - UVA Health - PHYSIOLOGY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.00	$0.00	$60.00
				$60.00	$0.00	$60.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.00	$0.00	$311.00
				$311.00	$0.00	$311.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

636 - UVA Health - PHYSIOLOGY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$67.64	$0.00	$67.64
				$67.64	$0.00	$67.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.12	$0.00	$230.12
				$230.12	$0.00	$230.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,900.81	$0.00	$1,900.81
				$1,900.81	$0.00	$1,900.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

636 - UVA Health - PHYSIOLOGY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$212.00**	**$0.00**	**$212.00**
				$212.00	**$0.00**	**$212.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,781.57**	**$0.00**	**$2,781.57**
				$2,781.57	**$0.00**	**$2,781.57**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

637 - UVA Health - PLASTIC SURGERY DEPA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.50**	**$0.00**	**$40.50**
				$40.50	**$0.00**	**$40.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$30.00**	**$0.00**	**$30.00**
				$30.00	**$0.00**	**$30.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

637 - UVA Health - PLASTIC SURGERY DEPA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$481.95	$0.00	$481.95
				$481.95	$0.00	$481.95
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.25	$0.00	$182.25
				$182.25	$0.00	$182.25
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.46	$0.00	$100.46
				$100.46	$0.00	$100.46
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,599.38	$0.00	$3,599.38
				$3,599.38	$0.00	$3,599.38
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

637 - UVA Health - PLASTIC SURGERY DEPA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$190.35	$0.00	$190.35
				$190.35	$0.00	$190.35
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.05	$0.00	$274.05
				$274.05	$0.00	$274.05
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$335.08	$0.00	$335.08
				$335.08	$0.00	$335.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

637 - UVA Health - PLASTIC SURGERY DEPA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$564.00	$0.00	$564.00
				$564.00	$0.00	$564.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,858.35	$0.00	$7,858.35
Medical.....	.....			$18,169.97	$0.00	$18,169.97
				$26,028.32	$0.00	$26,028.32
# of Claims	13					
# Open	0	Recovery Amount:	-$3,713.88			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,858.35	$0.00	$7,858.35
Medical.....	.....			$23,967.99	$0.00	$23,967.99
				$31,826.34	$0.00	$31,826.34
# of Claims	92					
# Open	0	Recovery Amount:	-$3,713.88			

638 - UVA Health - PSYCHIATRY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.45	$0.00	$65.45
				$65.45	$0.00	$65.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

638 - UVA Health - PSYCHIATRY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

638 - UVA Health - PSYCHIATRY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.80	$0.00	$26.80
				$26.80	$0.00	$26.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$184.65	$0.00	$184.65
				$184.65	$0.00	$184.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$666.50	$0.00	$666.50
				$666.50	$0.00	$666.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,853.26	$0.00	$3,853.26
				$3,853.26	$0.00	$3,853.26
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

638 - UVA Health - PSYCHIATRY DEPARTMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,236.69	$0.00	$1,236.69
				$1,236.69	$0.00	$1,236.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,033.35	$0.00	$6,033.35
				$6,033.35	$0.00	$6,033.35
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

639 - UVA Health - PARAPSY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.80	$0.00	$115.80
				$115.80	$0.00	$115.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.80	$0.00	$115.80
				$115.80	$0.00	$115.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

63 - UVA Health - ENTEROSTOMY TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

63 - UVA Health - ENTEROSTOMY TEAM

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$120.79**	**$0.00**	**$120.79**
				$120.79	**$0.00**	**$120.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,521.14**	**$0.00**	**$1,521.14**
		$1,521.14	**$0.00**	**$1,521.14**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

63 - UVA Health - ENTEROSTOMY TEAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.49	$0.00	$64.49
				$64.49	$0.00	$64.49
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,706.42	$0.00	$1,706.42
				$1,706.42	$0.00	$1,706.42
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

640 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$533.50	$0.00	$533.50
Indemnity.....	.....			$5,218.64	$0.00	$5,218.64
Medical.....	.....			$18,606.35	$0.00	$18,606.35
				$24,358.49	$0.00	$24,358.49
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$427.78	$0.00	$427.78
Indemnity.....	.....			$11,325.79	$0.00	$11,325.79
Medical.....	.....			$94,614.53	$0.00	$94,614.53
				$106,368.10	$0.00	$106,368.10
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

640 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$102.50	$0.00	$102.50
Indemnity.....	.....			$229,666.74	$0.00	$229,666.74
Medical.....	.....			$396,060.01	$0.00	$396,060.01
				$625,829.25	$0.00	$625,829.25
# of Claims	75					
# Open	0	Recovery Amount:	-$79.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,886.85	$0.00	$3,886.85
Medical.....	.....			$16,303.30	$0.00	$16,303.30
				$20,190.15	$0.00	$20,190.15
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,123.92	$0.00	$2,123.92
Medical.....	.....			$9,026.51	$0.00	$9,026.51
				$11,150.43	$0.00	$11,150.43
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$50,902.83	$0.00	$50,902.83
Medical.....	.....			$43,867.92	$0.00	$43,867.92
				$94,770.75	$0.00	$94,770.75
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

640 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,215.64	$0.00	$6,215.64
				$6,215.64	$0.00	$6,215.64
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$241.21	$0.00	$241.21
Medical.....	.....			$24,786.26	$0.00	$24,786.26
				$25,027.47	$0.00	$25,027.47
# of Claims	57					
# Open	0	Recovery Amount:	-$23.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$90,708.06	$0.00	$90,708.06
Medical.....	.....			$29,013.69	$0.00	$29,013.69
				$119,721.75	$0.00	$119,721.75
# of Claims	60					
# Open	0	Recovery Amount:	-$167.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,085.29	$0.00	$5,085.29
				$5,085.29	$0.00	$5,085.29
# of Claims	23					
# Open	0	Recovery Amount:	-$65.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

640 - UVA Health - RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,874.63	$0.00	$23,874.63
Medical.....	.....			$69,478.59	$0.00	$69,478.59
				$93,353.22	$0.00	$93,353.22
# of Claims	33					
# Open	0	Recovery Amount:	-$110.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,818.32	$0.00	$20,818.32
				$20,818.32	$0.00	$20,818.32
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,084.10	$0.00	$2,084.10
				$2,084.10	$0.00	$2,084.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,063.78	$0.00	$1,063.78
Indemnity.....	.....			$417,948.67	$0.00	$417,948.67
Medical.....	.....			$735,960.51	$0.00	$735,960.51
				$1,154,972.96	$0.00	$1,154,972.96
# of Claims	654					
# Open	0	Recovery Amount:	-$445.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

645 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.00	$0.00	$271.00
				$271.00	$0.00	$271.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,326.04	$0.00	$1,326.04
				$1,326.04	$0.00	$1,326.04
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$683.05	$0.00	$683.05
				$683.05	$0.00	$683.05
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$778.75	$0.00	$778.75
				$778.75	$0.00	$778.75
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

645 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,180.60	$0.00	$2,180.60
				$2,180.60	$0.00	$2,180.60
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,991.84	$0.00	$4,991.84
				$4,991.84	$0.00	$4,991.84
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.13	$0.00	$324.13
				$324.13	$0.00	$324.13
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.42	$0.00	$31.42
				$31.42	$0.00	$31.42
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.77	$0.00	$645.77
				$645.77	$0.00	$645.77
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

645 - UVA Health - SURGERY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,001.09**	**$0.00**	**$4,001.09**
				$4,001.09	**$0.00**	**$4,001.09**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,856.84**	**$0.00**	**$1,856.84**
				$1,856.84	**$0.00**	**$1,856.84**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$196.11**	**$0.00**	**$196.11**
Medical				**$13,599.94**	**$0.00**	**$13,599.94**
				$13,796.05	**$0.00**	**$13,796.05**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,573.90**	**$0.00**	**$6,573.90**
				$6,923.90	**$0.00**	**$6,923.90**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

645 - UVA Health - SURGERY DEPARTMENT

Grand Totals

Expense.....		**$350.00**	**$0.00**	**$350.00**
Indemnity.....		**$196.11**	**$0.00**	**$196.11**
Medical.....		**$37,264.37**	**$0.00**	**$37,264.37**
		$37,810.48	**$0.00**	**$37,810.48**

# of Claims 312

 # Open 0 **Recovery Amount:** $0.00

646 - UVA Health - UROLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$62.50**	**$0.00**	**$62.50**
Indemnity.....		**$298.69**	**$0.00**	**$298.69**
Medical.....		**$274.90**	**$0.00**	**$274.90**
		$636.09	**$0.00**	**$636.09**

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$137.10**	**$0.00**	**$137.10**
		$137.10	**$0.00**	**$137.10**

# of Claims 9

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$190.25**	**$0.00**	**$190.25**
		$190.25	**$0.00**	**$190.25**

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

646 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$406.57**	**$0.00**	**$406.57**
				$406.57	**$0.00**	**$406.57**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$299.18**	**$0.00**	**$299.18**
				$299.18	**$0.00**	**$299.18**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$451.93**	**$0.00**	**$451.93**
				$451.93	**$0.00**	**$451.93**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

646 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$366.00**	**$0.00**	**$366.00**
				$366.00	**$0.00**	**$366.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

646 - UVA Health - UROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.93	$0.00	$102.93
				$102.93	$0.00	$102.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$298.69	$0.00	$298.69
Medical.....	.....			$2,228.86	$0.00	$2,228.86
				$2,590.05	$0.00	$2,590.05
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

648 - UVA Health - COMPARATIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,318.40	$0.00	$2,318.40
				$2,318.40	$0.00	$2,318.40
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

648 - UVA Health - COMPARATIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21.46	$0.00	$21.46
Medical.....	.....			$3,869.54	$0.00	$3,869.54
				$3,891.00	$0.00	$3,891.00
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$3,581.60	$0.00	$3,581.60
Indemnity.....	.....			$98,018.62	$0.00	$98,018.62
Medical.....	.....			$72,252.57	$0.00	$72,252.57
				$173,852.79	$0.00	$173,852.79
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,028.72	$0.00	$1,028.72
Medical.....	.....			$4,095.17	$0.00	$4,095.17
				$5,123.89	$0.00	$5,123.89
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$78.57	$0.00	$78.57
Medical.....	.....			$332.54	$0.00	$332.54
				$411.11	$0.00	$411.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

648 - UVA Health - COMPARATIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,411.30	$0.00	$4,411.30
				$4,411.30	$0.00	$4,411.30
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,168.07	$0.00	$3,168.07
				$3,168.07	$0.00	$3,168.07
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,081.51	$0.00	$1,081.51
				$1,081.51	$0.00	$1,081.51
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$712.51	$0.00	$712.51
				$712.51	$0.00	$712.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

648 - UVA Health - COMPARATIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,668.08**	**$0.00**	**$3,668.08**
				$3,668.08	**$0.00**	**$3,668.08**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$351.90**	**$0.00**	**$351.90**
				$351.90	**$0.00**	**$351.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,581.60**	**$0.00**	**$3,581.60**
Indemnity				**$99,147.37**	**$0.00**	**$99,147.37**
Medical				**$96,261.59**	**$0.00**	**$96,261.59**
				$198,990.56	**$0.00**	**$198,990.56**
# of Claims	**101**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

64 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$407.34**	**$0.00**	**$407.34**
				$407.34	**$0.00**	**$407.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

64 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$145.25	$0.00	$145.25
				$145.25	$0.00	$145.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,921.74	$0.00	$1,921.74
				$1,921.74	$0.00	$1,921.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$391.45	$0.00	$391.45
				$391.45	$0.00	$391.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.83	$0.00	$155.83
				$155.83	$0.00	$155.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

64 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.48	$0.00	$557.48
				$557.48	$0.00	$557.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,984.06	$0.00	$5,984.06
Medical.....	.....			$48,751.89	$0.00	$48,751.89
				$54,743.95	$0.00	$54,743.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

64 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,561.99	$0.00	$1,561.99
				$1,561.99	$0.00	$1,561.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

64 - UVA Health - ENVIRONMENTAL SERVIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,330.26**	**$0.00**	**$2,330.26**
				$2,330.26	**$0.00**	**$2,330.26**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$5,984.06**	**$0.00**	**$5,984.06**
Medical				**$56,223.23**	**$0.00**	**$56,223.23**
				$62,215.29	**$0.00**	**$62,215.29**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

650 - UVA Health - NURSING SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,445.00**	**$0.00**	**$1,445.00**
				$1,445.00	**$0.00**	**$1,445.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

650 - UVA Health - NURSING SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$101.50**	**$0.00**	**$101.50**
				$101.50	**$0.00**	**$101.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$283.83**	**$0.00**	**$283.83**
				$283.83	**$0.00**	**$283.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

650 - UVA Health - NURSING SCHOOL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.48	$0.00	$32.48
				$32.48	$0.00	$32.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,025.99	$0.00	$5,025.99
				$5,025.99	$0.00	$5,025.99
# of Claims	1					
# Open	0	Recovery Amount:	-$245.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$41.90	$0.00	$41.90
				$41.90	$0.00	$41.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,930.70	$0.00	$6,930.70
				$6,930.70	$0.00	$6,930.70
# of Claims	13					
# Open	0	Recovery Amount:	-$245.00			

660 - UVA Health - AIR TRANSPORT PROGRA

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

660 - UVA Health - AIR TRANSPORT PROGRA

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$52.65**	**$0.00**	**$52.65**
				$52.65	**$0.00**	**$52.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$98.70**	**$0.00**	**$98.70**
		$98.70	**$0.00**	**$98.70**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$139.25**	**$0.00**	**$139.25**
		$139.25	**$0.00**	**$139.25**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$177.05**	**$0.00**	**$177.05**
		$177.05	**$0.00**	**$177.05**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$50.30**	**$0.00**	**$50.30**
		$50.30	**$0.00**	**$50.30**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

660 - UVA Health - AIR TRANSPORT PROGRA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$401.38	$0.00	$401.38
				$401.38	$0.00	$401.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.16	$0.00	$83.16
				$83.16	$0.00	$83.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

660 - UVA Health - AIR TRANSPORT PROGRA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.00	$0.00	$187.00
				$187.00	$0.00	$187.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,189.49	$0.00	$1,189.49
				$1,189.49	$0.00	$1,189.49
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

670 - UVA Health - STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32.76	$0.00	$32.76
Medical.....	.....			$51.34	$0.00	$51.34
				$84.10	$0.00	$84.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$174.78	$0.00	$174.78
Medical.....	.....			$248.95	$0.00	$248.95
				$423.73	$0.00	$423.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

670 - UVA Health - STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$644.62	$0.00	$644.62
				$644.62	$0.00	$644.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,547.42	$0.00	$2,547.42
				$2,547.42	$0.00	$2,547.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

670 - UVA Health - STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,507.28**	**$0.00**	**$3,507.28**
Medical				**$2,818.45**	**$0.00**	**$2,818.45**
				$6,325.73	**$0.00**	**$6,325.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

670 - UVA Health - STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,014.13**	**$0.00**	**$14,014.13**
				$14,014.13	**$0.00**	**$14,014.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$943.29**	**$0.00**	**$943.29**
				$943.29	**$0.00**	**$943.29**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,714.82**	**$0.00**	**$3,714.82**
Medical				**$21,268.20**	**$0.00**	**$21,268.20**
				$24,983.02	**$0.00**	**$24,983.02**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$551.60	$0.00	$551.60
				$551.60	$0.00	$551.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,024.09	$0.00	$2,024.09
				$2,024.09	$0.00	$2,024.09
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$957.16	$0.00	$957.16
				$957.16	$0.00	$957.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$54.00	$0.00	$54.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$54.00	$0.00	$54.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,310.24	$0.00	$2,310.24
				$2,310.24	$0.00	$2,310.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,646.08	$0.00	$3,646.08
				$3,646.08	$0.00	$3,646.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$701.46	$0.00	$701.46
				$701.46	$0.00	$701.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$211.50	$0.00	$211.50
				$211.50	$0.00	$211.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16.76**	**$0.00**	**$16.76**
				$16.76	**$0.00**	**$16.76**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

68 - UVA Health - FAMILY MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$589.80**	**$0.00**	**$589.80**
				$589.80	**$0.00**	**$589.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,837.73**	**$0.00**	**$1,837.73**
				$1,837.73	**$0.00**	**$1,837.73**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$54.00**	**$0.00**	**$54.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,846.42**	**$0.00**	**$12,846.42**
				$12,900.42	**$0.00**	**$12,900.42**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

69 - UVA Health - FINANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$229.67	$0.00	$229.67
Medical.....	.....			$857.30	$0.00	$857.30
				$1,086.97	$0.00	$1,086.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,257.92	$0.00	$12,257.92
Medical.....	.....			$29,331.80	$0.00	$29,331.80
				$41,589.72	$0.00	$41,589.72
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

69 - UVA Health - FINANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,906.12**	**$0.00**	**$5,906.12**
				$5,906.12	**$0.00**	**$5,906.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.20**	**$0.00**	**$207.20**
				$207.20	**$0.00**	**$207.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$671.91**	**$0.00**	**$671.91**
				$671.91	**$0.00**	**$671.91**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$38.99**	**$0.00**	**$38.99**
				$38.99	**$0.00**	**$38.99**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

69 - UVA Health - FINANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$157.16**	**$0.00**	**$157.16**
				$157.16	**$0.00**	**$157.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$800.22**	**$0.00**	**$800.22**
				$800.22	**$0.00**	**$800.22**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,234.60**	**$0.00**	**$3,234.60**
				$3,234.60	**$0.00**	**$3,234.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

69 - UVA Health - FINANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,505.39	$0.00	$1,505.39
				$1,505.39	$0.00	$1,505.39
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,289.15	$0.00	$2,289.15
Medical.....	.....			$4,025.33	$0.00	$4,025.33
				$6,322.48	$0.00	$6,322.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$22.18	$0.00	$22.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,977.19	$0.00	$1,977.19
				$1,999.37	$0.00	$1,999.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense.....	.....			$22.20	$0.00	$22.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,781.49	$0.00	$3,781.49
				$3,803.69	$0.00	$3,803.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			$4,631.46	$0.00	$4,631.46
Indemnity.....	.....			$132,035.88	$0.00	$132,035.88
Medical.....	.....			$11,477.63	$0.00	$11,477.63
				$148,144.97	$0.00	$148,144.97
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

69 - UVA Health - FINANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$649.67**	**$0.00**	**$649.67**
				$649.67	**$0.00**	**$649.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$4,683.84**	**$0.00**	**$4,683.84**
Indemnity				**$146,812.62**	**$0.00**	**$146,812.62**
Medical				**$64,622.00**	**$0.00**	**$64,622.00**
				$216,118.46	**$0.00**	**$216,118.46**
# of Claims	**84**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$163.63**	**$0.00**	**$163.63**
				$163.63	**$0.00**	**$163.63**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$3,073.25	$6,196.75	$9,270.00
Indemnity.....	.....			$328,139.62	$0.00	$328,139.62
Medical.....	.....			$252,494.59	$137,024.70	$389,519.29
				$583,707.46	$143,221.45	$726,928.91
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$2,230.00	$0.00	$2,230.00
Indemnity.....	.....			$385,193.47	$0.00	$385,193.47
Medical.....	.....			$175,305.62	$0.00	$175,305.62
				$562,729.09	$0.00	$562,729.09
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,369.10	$0.00	$2,369.10
Medical.....	.....			$15,395.72	$0.00	$15,395.72
				$17,764.82	$0.00	$17,764.82
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,711.34	$0.00	$28,711.34
Medical.....	.....			$37,645.75	$0.00	$37,645.75
				$66,357.09	$0.00	$66,357.09
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$14,598.14	$0.00	$14,598.14
Indemnity.....	.....			$143,511.70	$0.00	$143,511.70
Medical.....	.....			$77,370.31	$0.00	$77,370.31
				$235,480.15	$0.00	$235,480.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,000.20	$0.00	$1,000.20
				$1,000.20	$0.00	$1,000.20
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$16,064.30	$0.00	$16,064.30
Indemnity.....	.....			$162,621.52	$0.00	$162,621.52
Medical.....	.....			$171,866.65	$0.00	$171,866.65
				$350,552.47	$0.00	$350,552.47
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.16	$0.00	$385.16
				$385.16	$0.00	$385.16
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,184.42	$0.00	$2,184.42
				$2,184.42	$0.00	$2,184.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,424.47	$0.00	$1,424.47
Medical.....	.....			$6,836.45	$0.00	$6,836.45
				$8,260.92	$0.00	$8,260.92
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.40	$0.00	$127.40
				$127.40	$0.00	$127.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,303.28	$0.00	$5,303.28
Indemnity.....	.....			$73,211.09	$0.00	$73,211.09
Medical.....	.....			$68,582.58	$0.00	$68,582.58
				$147,096.95	$0.00	$147,096.95
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.55	$0.00	$324.55
				$324.55	$0.00	$324.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$3,605.04	$0.00	$3,605.04
Indemnity.....	.....			$28,246.22	$0.00	$28,246.22
Medical.....	.....			$116,052.56	$0.00	$116,052.56
				$147,903.82	$0.00	$147,903.82
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$19.18	$0.00	$19.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,789.25	$0.00	$5,789.25
				$5,808.43	$0.00	$5,808.43
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$23.68	$0.00	$23.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,337.94	$0.00	$1,337.94
				$1,361.62	$0.00	$1,361.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$38.70	$192.00	$230.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,028.91	$5,171.75	$19,200.66
				$14,067.61	$5,363.75	$19,431.36
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,736.15	$0.00	$4,736.15
				$4,736.15	$0.00	$4,736.15
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$18.70	$0.00	$18.70
Indemnity.....	.....			$4,748.40	$0.00	$4,748.40
Medical.....	.....			$6,461.96	$0.00	$6,461.96
				$11,229.06	$0.00	$11,229.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

6 - UVA Health - 4 West-TCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$35.40	$0.00	$35.40
Indemnity.....	.....			$2,816.78	$0.00	$2,816.78
Medical.....	.....			$6,336.49	$0.00	$6,336.49
				$9,188.67	$0.00	$9,188.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$45,009.67	$6,438.75	$51,448.42
Indemnity.....	.....			$1,160,993.71	$0.00	$1,160,993.71
Medical.....	.....			$964,426.29	$143,396.45	$1,107,822.74
				$2,170,429.67	$149,835.20	$2,320,264.87
# of Claims	197					
# Open	3	Recovery Amount:	$0.00			

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,417.26	$0.00	$1,417.26
				$1,417.26	$0.00	$1,417.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$203.00**	**$0.00**	**$203.00**
				$203.00	**$0.00**	**$203.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,988.50**	**$0.00**	**$1,988.50**
				$1,988.50	**$0.00**	**$1,988.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,081.52**	**$0.00**	**$1,081.52**
				$1,081.52	**$0.00**	**$1,081.52**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$254.42**	**$0.00**	**$254.42**
				$254.42	**$0.00**	**$254.42**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.36	$0.00	$89.36
				$89.36	$0.00	$89.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,251.85	$0.00	$1,251.85
				$1,251.85	$0.00	$1,251.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.78	$0.00	$547.78
				$547.78	$0.00	$547.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,184.33	$0.00	$1,184.33
				$1,184.33	$0.00	$1,184.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5,498.62	$5,429.54	$10,928.16
Indemnity.....	.....			$3,568.29	$0.00	$3,568.29
Medical.....	.....			$124,000.72	$279,675.09	$403,675.81
				$133,067.63	$285,104.63	$418,172.26
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,365.00	$0.00	$2,365.00
				$2,365.00	$0.00	$2,365.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.54	$0.00	$86.54
				$86.54	$0.00	$86.54
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,827.32**	**$0.00**	**$3,827.32**
				$3,827.32	**$0.00**	**$3,827.32**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

72 - UVA Health - Orthopaedics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,844.51	$0.00	$3,844.51
				$3,844.51	$0.00	$3,844.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.88	$0.00	$263.88
				$274.58	$0.00	$274.58
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,509.32	$5,429.54	$10,938.86
Indemnity.....	.....			$3,568.29	$0.00	$3,568.29
Medical.....	.....			$142,539.99	$279,675.09	$422,215.08
				$151,617.60	$285,104.63	$436,722.23
# of Claims	50					
# Open	1	Recovery Amount:	$0.00			

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$4,596.63**	**$4,461.37**	**$9,058.00**
Indemnity				**$140,785.51**	**$0.00**	**$140,785.51**
Medical				**$152,546.17**	**$12,035.01**	**$164,581.18**
				$297,928.31	**$16,496.38**	**$314,424.69**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,384.35**	**$0.00**	**$7,384.35**
				$7,384.35	**$0.00**	**$7,384.35**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$209.55**	**$0.00**	**$209.55**
Medical				**$14,768.03**	**$0.00**	**$14,768.03**
				$14,977.58	**$0.00**	**$14,977.58**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,060.43**	**$0.00**	**$1,060.43**
Medical				**$13,569.14**	**$0.00**	**$13,569.14**
				$14,629.57	**$0.00**	**$14,629.57**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,810.58**	**$0.00**	**$1,810.58**
				$1,810.58	**$0.00**	**$1,810.58**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$318.48	$0.00	$318.48
Medical.....	.....			$6,140.69	$0.00	$6,140.69
				$6,459.17	$0.00	$6,459.17
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,524.33	$0.00	$3,524.33
				$3,524.33	$0.00	$3,524.33
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$328.38	$0.00	$328.38
Indemnity.....	.....			$6,620.62	$0.00	$6,620.62
Medical.....	.....			$31,497.21	$0.00	$31,497.21
				$38,446.21	$0.00	$38,446.21
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$925.65	$0.00	$925.65
				$925.65	$0.00	$925.65
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$22.81	$0.00	$22.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,812.88	$0.00	$18,812.88
				$18,835.69	$0.00	$18,835.69
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$253.19	$0.00	$253.19
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,239.92	$0.00	$27,239.92
				$27,493.11	$0.00	$27,493.11
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$31,196.32	$0.00	$31,196.32
Indemnity.....	.....			$189,114.04	$0.00	$189,114.04
Medical.....	.....			$51,401.91	$0.00	$51,401.91
				$271,712.27	$0.00	$271,712.27
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$1,740.65	$0.00	$1,740.65
Medical.....	.....			$18,320.20	$0.00	$18,320.20
				$20,120.85	$0.00	$20,120.85
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$7,886.26	$4,320.22	$12,206.48
Indemnity.....	.....			$311,972.40	$0.00	$311,972.40
Medical.....	.....			$209,399.89	$145,052.87	$354,452.76
				$529,258.55	$149,373.09	$678,631.64
# of Claims	34					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$94.75	$0.00	$94.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$23,539.31	$0.00	$23,539.31
				$23,634.06	$0.00	$23,634.06
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$1,546.56	$0.00	$1,546.56
Medical.....	.....			$14,488.03	$0.00	$14,488.03
				$16,058.59	$0.00	$16,058.59
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$78.13	$0.00	$78.13
Indemnity.....	.....			$1,869.60	$0.00	$1,869.60
Medical.....	.....			$20,455.93	$0.00	$20,455.93
				$22,403.66	$0.00	$22,403.66
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$17,408.90	$7,664.00	$25,072.90
Indemnity.....	.....			$97,219.68	$82,174.03	$179,393.71
Medical.....	.....			$24,718.35	$44,458.33	$69,176.68
				$139,346.93	$134,296.36	$273,643.29
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$687.13	$0.00	$687.13
Medical.....	.....			$7,549.05	$0.00	$7,549.05
				$8,252.18	$0.00	$8,252.18
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$2,853.74	$0.00	$2,853.74
Medical.....	.....			$31,720.67	$0.00	$31,720.67
				$34,614.41	$0.00	$34,614.41
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$39.63	$0.00	$39.63
Indemnity.....	.....			$4,733.07	$0.00	$4,733.07
Medical.....	.....			$6,329.65	$0.00	$6,329.65
				$11,102.35	$0.00	$11,102.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

74 - UVA Health - TRANS / INTER TRANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,213.24	$0.00	$3,213.24
Indemnity.....	.....			$9,454.33	$0.00	$9,454.33
Medical.....	.....			$17,236.42	$0.00	$17,236.42
				$29,903.99	$0.00	$29,903.99
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$111.10	$0.00	$111.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.01	$0.00	$83.01
				$194.11	$0.00	$194.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$65,369.34	$16,445.59	$81,814.93
Indemnity.....	.....			$770,185.79	$82,174.03	$852,359.82
Medical.....	.....			$703,461.37	$201,546.21	$905,007.58
				$1,539,016.50	$300,165.83	$1,839,182.33
# of Claims	425					
# Open	4	Recovery Amount:	$0.00			

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$167.93**	**$0.00**	**$167.93**
				$167.93	**$0.00**	**$167.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$186.32**	**$0.00**	**$186.32**
Indemnity		**$3,157.88**	**$0.00**	**$3,157.88**
Medical		**$151,504.79**	**$0.00**	**$151,504.79**
		$154,848.99	**$0.00**	**$154,848.99**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,620.00**	**$0.00**	**$13,620.00**
Medical		**$9,222.96**	**$0.00**	**$9,222.96**
		$22,842.96	**$0.00**	**$22,842.96**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$294.34**	**$0.00**	**$294.34**
		$294.34	**$0.00**	**$294.34**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$439.37**	**$0.00**	**$439.37**
		$439.37	**$0.00**	**$439.37**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,774.05	$0.00	$1,774.05
				$1,774.05	$0.00	$1,774.05
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$925.28	$0.00	$925.28
				$925.28	$0.00	$925.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$693.58	$0.00	$693.58
				$693.58	$0.00	$693.58
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.38	$0.00	$271.38
				$271.38	$0.00	$271.38
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$437.74	$0.00	$437.74
				$437.74	$0.00	$437.74
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.08	$0.00	$312.08
				$312.08	$0.00	$312.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5,829.88	$715.56	$6,545.44
Indemnity.....	.....			$154,150.72	$0.00	$154,150.72
Medical.....	.....			$48,305.05	$6,907.85	$55,212.90
				$208,285.65	$7,623.41	$215,909.06
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,039.75	$0.00	$1,039.75
				$1,039.75	$0.00	$1,039.75
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,210.93	$0.00	$8,210.93
				$8,218.93	$0.00	$8,218.93
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$422.37	$0.00	$422.37
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,728.53	$0.00	$1,728.53
				$2,150.90	$0.00	$2,150.90
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$4,596.45	$0.00	$4,596.45
Medical.....	.....			$10,300.30	$0.00	$10,300.30
				$14,912.75	$0.00	$14,912.75
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$26,509.77	$9,673.68	$36,183.45
Indemnity.....	.....			$322,499.37	$140,921.29	$463,420.66
Medical.....	.....			$161,747.46	$125,513.30	$287,260.76
				$510,756.60	$276,108.27	$786,864.87
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,202.40	$0.00	$6,202.40
				$6,202.40	$0.00	$6,202.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$746.66	$0.00	$746.66
Medical.....	.....			$9,122.60	$0.00	$9,122.60
				$9,877.26	$0.00	$9,877.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,308.11	$0.00	$3,308.11
Indemnity.....	.....			$9,335.92	$0.00	$9,335.92
Medical.....	.....			$47,319.10	$0.00	$47,319.10
				$59,963.13	$0.00	$59,963.13
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,537.40	$0.00	$3,537.40
Indemnity.....	.....			$35,321.60	$0.00	$35,321.60
Medical.....	.....			$8,130.02	$0.00	$8,130.02
				$46,989.02	$0.00	$46,989.02
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

77 - UVA Health - HEART CENTER LABORAT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,558.28	$0.00	$1,558.28
Medical.....	.....			$3,440.96	$0.00	$3,440.96
				$5,007.24	$0.00	$5,007.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,190.52	$497.12	$3,687.64
Indemnity.....	.....			$21,152.61	$16,871.09	$38,023.70
Medical.....	.....			$13,883.51	$38,477.71	$52,361.22
				$38,226.64	$55,845.92	$94,072.56
# of Claims	3					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$43,024.37	$10,886.36	$53,910.73
Indemnity.....	.....			$566,139.49	$157,792.38	$723,931.87
Medical.....	.....			$485,474.11	$170,898.86	$656,372.97
				$1,094,637.97	$339,577.60	$1,434,215.57
# of Claims	214					
# Open	4	Recovery Amount:	$0.00			

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$167.93	$0.00	$167.93
				$167.93	$0.00	$167.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,905.22	$0.00	$9,905.22
Medical.....	.....			$19,170.17	$0.00	$19,170.17
				$29,075.39	$0.00	$29,075.39
# of Claims	7					
# Open	0	Recovery Amount:	-$1,129.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,056.96	$0.00	$3,056.96
				$3,056.96	$0.00	$3,056.96
# of Claims	9					
# Open	0	Recovery Amount:	-$365.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$184.50	$0.00	$184.50
Indemnity.....	.....			$197.43	$0.00	$197.43
Medical.....	.....			$9,873.69	$0.00	$9,873.69
				$10,255.62	$0.00	$10,255.62
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,685.36	$0.00	$3,685.36
				$3,685.36	$0.00	$3,685.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$16,317.67	$0.00	$16,317.67
Indemnity.....	.....			$385,000.24	$0.00	$385,000.24
Medical.....	.....			$29,978.83	$0.00	$29,978.83
				$431,296.74	$0.00	$431,296.74
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$15.00	$0.00	$15.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,336.67	$0.00	$3,336.67
				$3,351.67	$0.00	$3,351.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$10,976.57	$168.00	$11,144.57
Indemnity.....	.....			$141,744.20	$0.00	$141,744.20
Medical.....	.....			$336,834.58	$556,860.72	$893,695.30
				$489,555.35	$557,028.72	$1,046,584.07
# of Claims	5					
# Open	1	Recovery Amount:	-$7,523.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$493.20	$0.00	$493.20
				$493.20	$0.00	$493.20
# of Claims	3					
# Open	0	Recovery Amount:	-$375.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.30	$0.00	$645.30
				$645.30	$0.00	$645.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,726.43	$0.00	$1,726.43
Indemnity.....	.....			$48,962.41	$0.00	$48,962.41
Medical.....	.....			$59,550.15	$0.00	$59,550.15
				$110,238.99	$0.00	$110,238.99
# of Claims	5					
# Open	0	Recovery Amount:	-$71,618.29			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$296.71	$0.00	$296.71
				$296.71	$0.00	$296.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11.70	$0.00	$11.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,690.40	$0.00	$1,690.40
				$1,702.10	$0.00	$1,702.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,248.01	$0.00	$1,248.01
				$1,248.01	$0.00	$1,248.01
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.20	$0.00	$12.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.97	$0.00	$88.97
				$101.17	$0.00	$101.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.10	$0.00	$74.10
				$74.10	$0.00	$74.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$21.68	$0.00	$21.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,105.79	$0.00	$6,105.79
				$6,127.47	$0.00	$6,127.47
# of Claims	10					
# Open	0	Recovery Amount:	-$313.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$24.90	$0.00	$24.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$285.55	$0.00	$285.55
				$310.45	$0.00	$310.45
# of Claims	4					
# Open	0	Recovery Amount:	-$112.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$34.00	$0.00	$34.00
Indemnity.....	.....			$11,032.41	$0.00	$11,032.41
Medical.....	.....			$3,172.21	$0.00	$3,172.21
				$14,238.62	$0.00	$14,238.62
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

78 - UVA Health - HOME HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$27.40	$0.00	$27.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,920.63	$0.00	$6,920.63
				$6,948.03	$0.00	$6,948.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$37.64	$100.00	$137.64
Indemnity.....	.....			$11,321.55	$15,735.69	$27,057.24
Medical.....	.....			$6,466.79	$18,408.03	$24,874.82
				$17,825.98	$34,243.72	$52,069.70
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29,389.69	$268.00	$29,657.69
Indemnity.....	.....			$608,163.46	$15,735.69	$623,899.15
Medical.....	.....			$493,142.00	$575,268.75	$1,068,410.75
				$1,130,695.15	$591,272.44	$1,721,967.59
# of Claims	102					
# Open	2	Recovery Amount:	-$81,436.79			

79 - UVA Health - HOSPITALITY HOUSES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

79 - UVA Health - HOSPITALITY HOUSES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,079.04	$0.00	$1,079.04
				$1,079.04	$0.00	$1,079.04
# of Claims	1					
# Open	0	Recovery Amount:	-$1,079.04			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,079.04	$0.00	$1,079.04
				$1,079.04	$0.00	$1,079.04
# of Claims	4					
# Open	0	Recovery Amount:	-$1,079.04			

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,117.03**	**$0.00**	**$1,117.03**
				$1,117.03	**$0.00**	**$1,117.03**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5,431.50**	**$0.00**	**$5,431.50**
		$5,431.50	**$0.00**	**$5,431.50**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$6,809.77**	**$0.00**	**$6,809.77**
		$6,809.77	**$0.00**	**$6,809.77**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$6,368.06**	**$0.00**	**$6,368.06**
		$6,368.06	**$0.00**	**$6,368.06**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,301.86**	**$0.00**	**$2,301.86**
		$2,301.86	**$0.00**	**$2,301.86**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,887.60	$0.00	$2,887.60
				$2,887.60	$0.00	$2,887.60
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,360.85	$0.00	$5,360.85
				$5,360.85	$0.00	$5,360.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,579.91	$0.00	$5,579.91
				$5,579.91	$0.00	$5,579.91
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,932.80	$0.00	$2,932.80
				$2,932.80	$0.00	$2,932.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,731.11	$0.00	$4,731.11
				$4,731.11	$0.00	$4,731.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.02	$0.00	$436.02
				$436.02	$0.00	$436.02
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$11,846.24	$0.00	$11,846.24
Indemnity.....	.....			$163,501.32	$0.00	$163,501.32
Medical.....	.....			$65,862.96	$3,808.02	$69,670.98
				$241,210.52	$3,808.02	$245,018.54
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,302.99	$0.00	$7,302.99
				$7,318.99	$0.00	$7,318.99
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$17,983.47	$1,621.13	$19,604.60
Indemnity.....	.....			$53,028.40	$0.00	$53,028.40
Medical.....	.....			$75,340.24	$384,045.42	$459,385.66
				$146,352.11	$385,666.55	$532,018.66
# of Claims	21					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,360.32	$0.00	$5,360.32
				$5,360.32	$0.00	$5,360.32
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,652.59	$0.00	$7,652.59
Medical.....	.....			$31,060.44	$0.00	$31,060.44
				$38,721.03	$0.00	$38,721.03
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$45.38	$0.00	$45.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,442.75	$0.00	$1,442.75
				$1,488.13	$0.00	$1,488.13
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$27.95	$0.00	$27.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,986.24	$0.00	$1,986.24
				$2,014.19	$0.00	$2,014.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

7 - UVA Health - 5 CENTRAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,160.73	$0.00	$2,160.73
				$2,160.73	$0.00	$2,160.73
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$50.00	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$18.82	$1,250.00	$1,268.82
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29,945.86	$1,671.13	$31,616.99
Indemnity.....	.....			$224,182.31	$0.00	$224,182.31
Medical.....	.....			$234,473.18	$389,053.44	$623,526.62
				$488,601.35	$390,724.57	$879,325.92
# of Claims	217					
# Open	3	Recovery Amount:	$0.00			

801 - UVA Health - CONTROL HEALTH SCIEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

801 - UVA Health - CONTROL HEALTH SCIEN

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

804 - UVA Health - HEALTH AFFAIRS FINAN

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

80 - UVA Health - HOUSESTAFF ADMINISTR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$574.42	$0.00	$574.42
			$574.42	$0.00	$574.42
# of Claims	1				
# Open	0	Recovery Amount: $0.00			
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$574.42	$0.00	$574.42
			$574.42	$0.00	$574.42
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

81 - UVA Health - INFECTIOUS DISEASES

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

81 - UVA Health - INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,929.20	$0.00	$1,929.20
Indemnity.....	.....			$23,610.63	$0.00	$23,610.63
Medical.....	.....			$182,457.27	$125,609.27	$308,066.54
				$207,997.10	$125,609.27	$333,606.37
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$979.00	$0.00	$979.00
				$979.00	$0.00	$979.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$477.90	$0.00	$477.90
				$477.90	$0.00	$477.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

81 - UVA Health - INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,331.18**	**$0.00**	**$2,331.18**
				$2,331.18	**$0.00**	**$2,331.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,523.70**	**$0.00**	**$1,523.70**
				$1,523.70	**$0.00**	**$1,523.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,901.43**	**$0.00**	**$2,901.43**
				$2,901.43	**$0.00**	**$2,901.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,848.42**	**$0.00**	**$2,848.42**
				$2,848.42	**$0.00**	**$2,848.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

81 - UVA Health - INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$94.33**	**$0.00**	**$94.33**
				$94.33	**$0.00**	**$94.33**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

81 - UVA Health - INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.20**	**$0.00**	**$64.20**
				$64.20	**$0.00**	**$64.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$277.41**	**$0.00**	**$277.41**
				$277.41	**$0.00**	**$277.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.79**	**$0.00**	**$7.79**
				$7.79	**$0.00**	**$7.79**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,929.20**	**$0.00**	**$1,929.20**
Indemnity				**$23,610.63**	**$0.00**	**$23,610.63**
Medical				**$193,962.63**	**$125,609.27**	**$319,571.90**
				$219,502.46	**$125,609.27**	**$345,111.73**
# of Claims	**24**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

82 - UVA Health - INTERNAL MEDICINE DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,035.86	$0.00	$1,035.86
				$1,035.86	$0.00	$1,035.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$190,880.85	$0.00	$190,880.85
Medical.....	.....			$40,401.63	$0.00	$40,401.63
				$231,282.48	$0.00	$231,282.48
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,864.80	$0.00	$1,864.80
				$1,864.80	$0.00	$1,864.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

82 - UVA Health - INTERNAL MEDICINE DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,797.78	$0.00	$1,797.78
				$1,797.78	$0.00	$1,797.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,226.25	$0.00	$3,226.25
				$3,226.25	$0.00	$3,226.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

82 - UVA Health - INTERNAL MEDICINE DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,464.00	$0.00	$1,464.00
				$1,464.00	$0.00	$1,464.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$20,098.23	$69,973.26	$90,071.49
Indemnity.....	.....			$67,381.07	$0.00	$67,381.07
Medical.....	.....			$268,194.25	$147,721.78	$415,916.03
				$355,673.55	$217,695.04	$573,368.59
# of Claims	5					
# Open	1	Recovery Amount:	-$2,532.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,166.04	$0.00	$5,166.04
				$5,166.04	$0.00	$5,166.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

82 - UVA Health - INTERNAL MEDICINE DE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$755.23**	**$0.00**	**$755.23**
				$755.23	**$0.00**	**$755.23**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$20,098.23**	**$69,973.26**	**$90,071.49**
Indemnity				**$258,261.92**	**$0.00**	**$258,261.92**
Medical				**$323,905.84**	**$147,721.78**	**$471,627.62**
				$602,265.99	**$217,695.04**	**$819,961.03**
# of Claims	**57**					
# Open	**1**	**Recovery Amount:**	**-$2,532.16**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

83 - UVA Health - JABA CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60.00**	**$0.00**	**$60.00**
				$60.00	**$0.00**	**$60.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60.00**	**$0.00**	**$60.00**
				$60.00	**$0.00**	**$60.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

84 - UVA Health - KCRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

84 - UVA Health - KCRC

WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$107,610.74**	**$0.00**	**$107,610.74**
Medical				**$20,948.36**	**$0.00**	**$20,948.36**
				$128,559.10	**$0.00**	**$128,559.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$434.08**	**$0.00**	**$434.08**
		$434.08	**$0.00**	**$434.08**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$4,533.17**	**$0.00**	**$4,533.17**
		$4,533.17	**$0.00**	**$4,533.17**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$372.91**	**$0.00**	**$372.91**
Medical		**$10,203.85**	**$0.00**	**$10,203.85**
		$10,576.76	**$0.00**	**$10,576.76**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8,065.12**	**$0.00**	**$8,065.12**
		$8,065.12	**$0.00**	**$8,065.12**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

84 - UVA Health - KCRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,923.11	$0.00	$5,923.11
Medical.....	.....			$20,755.59	$0.00	$20,755.59
				$26,678.70	$0.00	$26,678.70
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.39	$0.00	$235.39
				$235.39	$0.00	$235.39
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$561.46	$0.00	$561.46
				$561.46	$0.00	$561.46
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,338.69	$0.00	$1,338.69
				$1,338.69	$0.00	$1,338.69
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

84 - UVA Health - KCRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,983.28	$0.00	$2,983.28
Medical.....	.....			$11,794.37	$0.00	$11,794.37
				$14,777.65	$0.00	$14,777.65
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,112.08	$0.00	$1,112.08
				$1,148.08	$0.00	$1,148.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.44	$0.00	$16.44
				$16.44	$0.00	$16.44
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,886.99	$0.00	$4,886.99
Medical.....	.....			$22,752.68	$0.00	$22,752.68
				$27,639.67	$0.00	$27,639.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

84 - UVA Health - KCRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,841.38	$0.00	$5,841.38
				$5,841.38	$0.00	$5,841.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.00	$0.00	$28.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

84 - UVA Health - KCRC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$64.00	$0.00	$64.00
Indemnity.....	.....			$121,777.03	$0.00	$121,777.03
Medical.....	.....			$108,592.66	$0.00	$108,592.66
				$230,433.69	$0.00	$230,433.69
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

85 - UVA Health - LIFE SUPPORT LEARNIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,930.44	$0.00	$2,930.44
				$2,930.44	$0.00	$2,930.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

85 - UVA Health - LIFE SUPPORT LEARNIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$993.22	$0.00	$993.22
Medical.....	.....			$24,248.67	$0.00	$24,248.67
				$25,249.89	$0.00	$25,249.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$993.22	$0.00	$993.22
Medical.....	.....			$27,179.11	$0.00	$27,179.11
				$28,180.33	$0.00	$28,180.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

86 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$480.80	$0.00	$480.80
				$480.80	$0.00	$480.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$251.00	$0.00	$251.00
				$251.00	$0.00	$251.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,810.82	$0.00	$1,810.82
				$1,810.82	$0.00	$1,810.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

86 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$622.18	$0.00	$622.18
				$622.18	$0.00	$622.18
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,155.14	$0.00	$1,155.14
				$1,155.14	$0.00	$1,155.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

86 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$434.05**	**$0.00**	**$434.05**
				$434.05	**$0.00**	**$434.05**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,983.34**	**$0.00**	**$1,983.34**
Medical				**$2,719.96**	**$0.00**	**$2,719.96**
				$4,711.30	**$0.00**	**$4,711.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,237.15**	**$0.00**	**$2,237.15**
				$2,237.15	**$0.00**	**$2,237.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16,173.39**	**$0.00**	**$16,173.39**
				$16,217.39	**$0.00**	**$16,217.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

86 - UVA Health - LINEN SERVICES DEPAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$221.82**	**$0.00**	**$221.82**
Medical				**$956.04**	**$0.00**	**$956.04**
				$1,185.86	**$0.00**	**$1,185.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,047.65**	**$0.00**	**$1,047.65**
Medical				**$4,903.86**	**$0.00**	**$4,903.86**
				$5,959.51	**$0.00**	**$5,959.51**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$54.90**	**$1.18**	**$56.08**
Indemnity				**$0.00**	**$21,000.00**	**$21,000.00**
Medical				**$7,813.26**	**$48,963.36**	**$56,776.62**
				$7,868.16	**$69,964.54**	**$77,832.70**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$122.90**	**$1.18**	**$124.08**
Indemnity				**$3,252.81**	**$21,000.00**	**$24,252.81**
Medical				**$39,557.65**	**$48,963.36**	**$88,521.01**
				$42,933.36	**$69,964.54**	**$112,897.90**
# of Claims	**32**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System
88 - UVA Health - MEDICAL AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$609.20**	**$0.00**	**$609.20**
				$609.20	**$0.00**	**$609.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,906.78**	**$0.00**	**$1,906.78**
				$1,906.78	**$0.00**	**$1,906.78**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,675.98**	**$0.00**	**$2,675.98**
				$2,675.98	**$0.00**	**$2,675.98**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.05**	**$0.00**	**$135.05**
				$135.05	**$0.00**	**$135.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$559.81	$0.00	$559.81
				$559.81	$0.00	$559.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,540.53	$0.00	$2,540.53
				$2,540.53	$0.00	$2,540.53
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,252.98	$0.00	$12,252.98
				$12,252.98	$0.00	$12,252.98
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,421.93	$0.00	$1,421.93
				$1,421.93	$0.00	$1,421.93
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,599.28**	**$0.00**	**$1,599.28**
				$1,599.28	**$0.00**	**$1,599.28**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$15,315.46**	**$20,162.74**	**$35,478.20**
Indemnity				**$314,409.11**	**$0.00**	**$314,409.11**
Medical				**$446,383.17**	**$761,782.09**	**$1,208,165.26**
				$776,107.74	**$781,944.83**	**$1,558,052.57**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,176.68**	**$0.00**	**$2,176.68**
				$2,176.68	**$0.00**	**$2,176.68**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,346.27	$0.00	$3,346.27
				$3,346.27	$0.00	$3,346.27
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,209.20	$0.00	$1,209.20
				$1,209.20	$0.00	$1,209.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$191.80	$0.00	$191.80
Indemnity.....	.....			$490.63	$0.00	$490.63
Medical.....	.....			$1,531.43	$0.00	$1,531.43
				$2,213.86	$0.00	$2,213.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$31,013.66	$111.16	$31,124.82
Indemnity.....	.....			$628,316.27	$0.00	$628,316.27
Medical.....	.....			$279,361.78	$288,380.58	$567,742.36
				$938,691.71	$288,491.74	$1,227,183.45
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,652.51**	**$0.00**	**$10,652.51**
				$10,652.51	**$0.00**	**$10,652.51**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,278.92**	**$0.00**	**$1,278.92**
				$1,278.92	**$0.00**	**$1,278.92**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,575.82**	**$0.00**	**$12,575.82**
				$12,575.82	**$0.00**	**$12,575.82**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$6,964.33**	**$0.00**	**$6,964.33**
Medical				**$40,079.63**	**$0.00**	**$40,079.63**
				$47,051.96	**$0.00**	**$47,051.96**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$511.41**	**$0.00**	**$511.41**
				$511.41	**$0.00**	**$511.41**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$428.41**	**$0.00**	**$428.41**
Medical				**$4,428.43**	**$0.00**	**$4,428.43**
				$4,864.84	**$0.00**	**$4,864.84**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$8,025.08**	**$0.00**	**$8,025.08**
Medical				**$3,381.04**	**$0.00**	**$3,381.04**
				$11,422.12	**$0.00**	**$11,422.12**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

8 - UVA Health - 5 EAST - PSYCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,520.13	$0.00	$3,520.13
				$3,520.13	$0.00	$3,520.13
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,345.57	$0.00	$9,345.57
				$9,353.57	$0.00	$9,353.57
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,807.72	$0.00	$2,807.72
				$2,807.72	$0.00	$2,807.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46,560.92	$20,273.90	$66,834.82
Indemnity.....	.....			$958,633.83	$0.00	$958,633.83
Medical.....	.....			$841,099.29	$1,050,162.67	$1,891,261.96
				$1,846,294.04	$1,070,436.57	$2,916,730.61
# of Claims	207					
# Open	2	Recovery Amount:	$0.00			

90 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

90 - UVA Health - MEDICAL COMPUTING

WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$233.44**	**$0.00**	**$233.44**
				$233.44	**$0.00**	**$233.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$103.00**	**$0.00**	**$103.00**
		$103.00	**$0.00**	**$103.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,512.22**	**$0.00**	**$2,512.22**
		$2,512.22	**$0.00**	**$2,512.22**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$95.00**	**$0.00**	**$95.00**
		$95.00	**$0.00**	**$95.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$386.44**	**$0.00**	**$386.44**
		$386.44	**$0.00**	**$386.44**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

90 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.02	$0.00	$303.02
				$303.02	$0.00	$303.02
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.59	$0.00	$385.59
				$385.59	$0.00	$385.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,523.87	$0.00	$1,523.87
				$1,523.87	$0.00	$1,523.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

90 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$56.76**	**$0.00**	**$56.76**
Indemnity				**$6,068.53**	**$0.00**	**$6,068.53**
Medical				**$48,322.93**	**$0.00**	**$48,322.93**
				$54,448.22	**$0.00**	**$54,448.22**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,022.60**	**$0.00**	**$2,022.60**
				$2,022.60	**$0.00**	**$2,022.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$13.16**	**$0.00**	**$13.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$13.16	**$0.00**	**$13.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

90 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$104.00	$120.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,134.09	$27,877.37	$39,011.46
				$11,150.09	$27,981.37	$39,131.46
# of Claims	2					
# Open	1	Recovery Amount:	-$3,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.05	$0.00	$26.05
				$26.05	$0.00	$26.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$22,113.76	$0.00	$22,113.76
Medical.....	.....			$179,766.07	$0.00	$179,766.07
				$201,895.83	$0.00	$201,895.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$142.63	$0.00	$142.63
				$142.63	$0.00	$142.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

90 - UVA Health - MEDICAL COMPUTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$39.50**	**$0.00**	**$39.50**
Indemnity				**$1,043.00**	**$0.00**	**$1,043.00**
Medical				**$41,157.45**	**$0.00**	**$41,157.45**
				$42,239.95	**$0.00**	**$42,239.95**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,486.50**	**$0.00**	**$2,486.50**
				$2,486.50	**$0.00**	**$2,486.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$27.95**	**$0.00**	**$27.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$916.73**	**$0.00**	**$916.73**
				$944.68	**$0.00**	**$944.68**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$169.37**	**$104.00**	**$273.37**
Indemnity				**$29,225.29**	**$0.00**	**$29,225.29**
Medical				**$291,517.63**	**$27,877.37**	**$319,395.00**
				$320,912.29	**$27,981.37**	**$348,893.66**
# of Claims	**62**					
# Open	**1**	**Recovery Amount:**	**-$3,500.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$2,388.60**	**$0.00**	**$2,388.60**
Indemnity				**$269,317.61**	**$0.00**	**$269,317.61**
Medical				**$374,686.13**	**$147,771.24**	**$522,457.37**
				$646,392.34	**$147,771.24**	**$794,163.58**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,229.95**	**$0.00**	**$1,229.95**
				$1,229.95	**$0.00**	**$1,229.95**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,436.56**	**$0.00**	**$3,436.56**
				$3,436.56	**$0.00**	**$3,436.56**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,852.56**	**$0.00**	**$6,852.56**
				$6,852.56	**$0.00**	**$6,852.56**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,893.00**	**$0.00**	**$1,893.00**
				$1,893.00	**$0.00**	**$1,893.00**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,987.90**	**$0.00**	**$2,987.90**
				$2,987.90	**$0.00**	**$2,987.90**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$611.64**	**$0.00**	**$611.64**
				$611.64	**$0.00**	**$611.64**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,980.88**	**$0.00**	**$3,980.88**
				$3,980.88	**$0.00**	**$3,980.88**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$230.90**	**$0.00**	**$230.90**
				$230.90	**$0.00**	**$230.90**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$841.00	$0.00	$841.00
Medical.....	.....			$19,293.29	$0.00	$19,293.29
				$20,134.29	$0.00	$20,134.29
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,389.21	$0.00	$2,389.21
				$2,389.21	$0.00	$2,389.21
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,224.68	$0.00	$2,224.68
				$2,224.68	$0.00	$2,224.68
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,820.50	$0.00	$6,820.50
				$6,820.50	$0.00	$6,820.50
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,697.79	$0.00	$2,697.79
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,430.64	$0.00	$1,430.64
				$4,128.43	$0.00	$4,128.43
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$891.14	$0.00	$891.14
				$891.14	$0.00	$891.14
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$18.70	$0.00	$18.70
Indemnity.....	.....			$24,443.10	$0.00	$24,443.10
Medical.....	.....			$43,900.25	$0.00	$43,900.25
				$68,362.05	$0.00	$68,362.05
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,514.50	$0.00	$5,514.50
				$5,514.50	$0.00	$5,514.50
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$20.20	$0.00	$20.20
Indemnity.....	.....			$18,566.60	$0.00	$18,566.60
Medical.....	.....			$21,785.17	$0.00	$21,785.17
				$40,371.97	$0.00	$40,371.97
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,175.61	$0.00	$1,175.61
Medical.....	.....			$2,491.40	$0.00	$2,491.40
				$3,675.01	$0.00	$3,675.01
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,077.68	$0.00	$4,077.68
Medical.....	.....			$25,826.44	$0.00	$25,826.44
				$29,912.12	$0.00	$29,912.12
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$30.70	$0.00	$30.70
Indemnity.....	.....			$4,408.00	$0.00	$4,408.00
Medical.....	.....			$3,478.10	$0.00	$3,478.10
				$7,916.80	$0.00	$7,916.80
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,699.20	$0.00	$6,699.20
Medical.....	.....			$14,560.01	$0.00	$14,560.01
				$21,267.21	$0.00	$21,267.21
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.86	$0.00	$125.86
				$125.86	$0.00	$125.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.63	$0.00	$95.63
				$103.63	$0.00	$103.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

91 - UVA Health - MEDICAL INTENSIVE CA

Grand Totals

Expense.....	**$5,187.99**	**$0.00**	**$5,187.99**
Indemnity.....	**$329,528.80**	**$0.00**	**$329,528.80**
Medical.....	**$546,736.34**	**$147,771.24**	**$694,507.58**
	$881,453.13	**$147,771.24**	**$1,029,224.37**

# of Claims 356

 # Open 1 **Recovery Amount:** $0.00

92 - UVA Health - Health Information Svc

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$938.69**	**$0.00**	**$938.69**
			$938.69	**$0.00**	**$938.69**
# of Claims	4				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$2,768.73**	**$0.00**	**$2,768.73**
			$2,768.73	**$0.00**	**$2,768.73**
# of Claims	4				
# Open	0	**Recovery Amount:**	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$2,748.71**	**$0.00**	**$2,748.71**
			$2,748.71	**$0.00**	**$2,748.71**
# of Claims	4				
# Open	0	**Recovery Amount:**	$0.00		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

92 - UVA Health - Health Information Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$985.72	$0.00	$985.72
				$985.72	$0.00	$985.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$950.73	$0.00	$950.73
Medical.....	.....			$15,825.00	$0.00	$15,825.00
				$16,775.73	$0.00	$16,775.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.39	$0.00	$235.39
				$235.39	$0.00	$235.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$810.03	$0.00	$810.03
				$810.03	$0.00	$810.03
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

92 - UVA Health - Health Information Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$467.66	$0.00	$467.66
Indemnity.....	.....			$3,952.17	$0.00	$3,952.17
Medical.....	.....			$25,851.05	$0.00	$25,851.05
				$30,270.88	$0.00	$30,270.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.00	$0.00	$21.00
				$21.00	$0.00	$21.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,668.03	$0.00	$5,668.03
				$5,668.03	$0.00	$5,668.03
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,130.66	$0.00	$1,130.66
				$1,130.66	$0.00	$1,130.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

92 - UVA Health - Health Information Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,122.21	$0.00	$1,122.21
				$1,122.21	$0.00	$1,122.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,335.48	$0.00	$4,335.48
				$4,335.48	$0.00	$4,335.48
# of Claims	3					
# Open	0	Recovery Amount:	-$1,985.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$962.41	$0.00	$962.41
				$962.41	$0.00	$962.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

92 - UVA Health - Health Information Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,617.40	$0.00	$2,617.40
				$2,617.40	$0.00	$2,617.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

92 - UVA Health - Health Information Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.71	$0.00	$26.71
				$26.71	$0.00	$26.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$475.66	$0.00	$475.66
Indemnity.....	.....			$4,902.90	$0.00	$4,902.90
Medical.....	.....			$66,047.22	$0.00	$66,047.22
				$71,425.78	$0.00	$71,425.78
# of Claims	52					
# Open	0	Recovery Amount:	-$1,985.48			

93 - UVA Health - MEDICINE SPECIALITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$339.33	$0.00	$339.33
				$339.33	$0.00	$339.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.13	$0.00	$129.13
				$129.13	$0.00	$129.13
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

93 - UVA Health - MEDICINE SPECIALITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$167.30	$0.00	$167.30
				$167.30	$0.00	$167.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

93 - UVA Health - MEDICINE SPECIALITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$13,932.40**	**$0.00**	**$13,932.40**
Indemnity				**$193,063.15**	**$0.00**	**$193,063.15**
Medical				**$57,367.48**	**$0.00**	**$57,367.48**
				$264,363.03	**$0.00**	**$264,363.03**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$137.70**	**$0.00**	**$137.70**
				$137.70	**$0.00**	**$137.70**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$839.70**	**$0.00**	**$839.70**
				$839.70	**$0.00**	**$839.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

93 - UVA Health - MEDICINE SPECIALITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$627.80	$0.00	$627.80
				$627.80	$0.00	$627.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,932.40	$0.00	$13,932.40
Indemnity.....	.....			$193,063.15	$0.00	$193,063.15
Medical.....	.....			$59,608.44	$0.00	$59,608.44
				$266,603.99	$0.00	$266,603.99
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

96 - UVA Health - Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

96 - UVA Health - Transplant

WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$53.00**	**$0.00**	**$53.00**
				$53.00	**$0.00**	**$53.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$565.30**	**$0.00**	**$565.30**
		$565.30	**$0.00**	**$565.30**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

96 - UVA Health - Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$31.85**	**$0.00**	**$31.85**
Indemnity				**$1,655.80**	**$0.00**	**$1,655.80**
Medical				**$40,396.08**	**$0.00**	**$40,396.08**
				$42,083.73	**$0.00**	**$42,083.73**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$939.92**	**$0.00**	**$939.92**
				$939.92	**$0.00**	**$939.92**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,490.74**	**$0.00**	**$13,490.74**
Medical				**$134,895.51**	**$0.00**	**$134,895.51**
				$148,386.25	**$0.00**	**$148,386.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

96 - UVA Health - Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$475.15**	**$0.00**	**$475.15**
				$483.15	**$0.00**	**$483.15**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

96 - UVA Health - Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.15	$0.00	$465.15
				$465.15	$0.00	$465.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.65	$0.00	$55.65
				$55.65	$0.00	$55.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$45.90	$0.00	$45.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,072.84	$0.00	$1,072.84
				$1,118.74	$0.00	$1,118.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,539.44	$0.00	$1,539.44
				$1,539.44	$0.00	$1,539.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

96 - UVA Health - Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$522.80**	**$0.00**	**$522.80**
				$530.80	**$0.00**	**$530.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$93.75**	**$0.00**	**$93.75**
Indemnity				**$15,146.54**	**$0.00**	**$15,146.54**
Medical				**$180,980.84**	**$0.00**	**$180,980.84**
				$196,221.13	**$0.00**	**$196,221.13**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

97 - UVA Health - NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$149.84**	**$0.00**	**$149.84**
				$149.84	**$0.00**	**$149.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$163.00**	**$0.00**	**$163.00**
				$163.00	**$0.00**	**$163.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$312.84**	**$0.00**	**$312.84**
				$312.84	**$0.00**	**$312.84**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

97 - UVA Health - NEPHROLOGY

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$185.47	$0.00	$185.47
			$185.47	$0.00	$185.47
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002				
Expense.....	.....		$208.44	$0.00	$208.44
Indemnity.....	.....		$13,360.64	$0.00	$13,360.64
Medical.....	.....		$90,483.72	$13,153.00	$103,636.72
			$104,052.80	$13,153.00	$117,205.80
# of Claims	7				
# Open	1	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$148.00	$0.00	$148.00
			$148.00	$0.00	$148.00
# of Claims	3				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$603.56	$0.00	$603.56
			$603.56	$0.00	$603.56
# of Claims	6				
# Open	0	Recovery Amount:	$0.00		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,520.83	$0.00	$2,520.83
				$2,520.83	$0.00	$2,520.83
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$752.19	$0.00	$752.19
				$752.19	$0.00	$752.19
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,213.12	$0.00	$1,213.12
				$1,213.12	$0.00	$1,213.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$617.30	$0.00	$617.30
				$617.30	$0.00	$617.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$34.11	$0.00	$34.11
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,158.07	$0.00	$1,158.07
				$1,192.18	$0.00	$1,192.18
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,626.00	$0.00	$1,626.00
				$1,626.00	$0.00	$1,626.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$48.50	$0.00	$48.50
Indemnity.....	.....			$5,196.02	$0.00	$5,196.02
Medical.....	.....			$4,234.97	$0.00	$4,234.97
				$9,479.49	$0.00	$9,479.49
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,106.61	$0.00	$1,106.61
				$1,106.61	$0.00	$1,106.61
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$27,467.24	$6,109.73	$33,576.97
Indemnity.....	.....			$63,405.24	$43,531.25	$106,936.49
Medical.....	.....			$59,234.39	$39,857.45	$99,091.84
				$150,106.87	$89,498.43	$239,605.30
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

98 - UVA Health - NEURO ICU NNICU

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$19,315.78	$0.00	$19,315.78
Medical.....	.....			$13,903.38	$0.00	$13,903.38
				$33,235.16	$0.00	$33,235.16
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,781.88	$0.00	$2,781.88
Medical.....	.....			$8,669.25	$0.00	$8,669.25
				$11,459.13	$0.00	$11,459.13
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$90.54	$0.00	$90.54
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,228.98	$0.00	$7,228.98
				$7,319.52	$0.00	$7,319.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$27,872.83	$6,109.73	$33,982.56
Indemnity.....	.....			$104,059.56	$43,531.25	$147,590.81
Medical.....	.....			$193,685.84	$53,010.45	$246,696.29
				$325,618.23	$102,651.43	$428,269.66
# of Claims	167					
# Open	2	Recovery Amount:	$0.00			

999 - UVA Health - ARCHIVE - PRIOR TO 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

999 - UVA Health - ARCHIVE - PRIOR TO 2

WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$6,099.43**	**$0.00**	**$6,099.43**
			$6,099.43	**$0.00**	**$6,099.43**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$6,099.43**	**$0.00**	**$6,099.43**
			$6,099.43	**$0.00**	**$6,099.43**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$24.00**	**$32.00**	**$56.00**
Indemnity				**$3,807.04**	**$0.00**	**$3,807.04**
Medical				**$18,684.47**	**$14,819.02**	**$33,503.49**
				$22,515.51	**$14,851.02**	**$37,366.53**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$177.58**	**$0.00**	**$177.58**
				$177.58	**$0.00**	**$177.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,427.20	$0.00	$3,427.20
				$3,427.20	$0.00	$3,427.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.08	$0.00	$252.08
				$252.08	$0.00	$252.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$702.80	$0.00	$702.80
				$702.80	$0.00	$702.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$23.92	$0.00	$23.92
Indemnity.....	.....			$4,525.57	$0.00	$4,525.57
Medical.....	.....			$24,721.34	$0.00	$24,721.34
				$29,270.83	$0.00	$29,270.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$88.97	$0.00	$88.97
				$88.97	$0.00	$88.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,962.31	$0.00	$8,962.31
Medical.....	.....			$61,958.49	$0.00	$61,958.49
				$70,928.80	$0.00	$70,928.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

99 - UVA Health - NEUROLOGY DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$63.92	$32.00	$95.92
Indemnity.....	.....			$17,294.92	$0.00	$17,294.92
Medical.....	.....			$110,012.93	$14,819.02	$124,831.95
				$127,371.77	$14,851.02	$142,222.79
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,272.07	$0.00	$2,272.07
				$2,272.07	$0.00	$2,272.07
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,305.34	$0.00	$4,305.34
Medical.....	.....			$9,589.26	$0.00	$9,589.26
				$13,894.60	$0.00	$13,894.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,209.36	$0.00	$1,209.36
				$1,209.36	$0.00	$1,209.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$100.89	$0.00	$100.89
Medical.....	.....			$2,014.66	$0.00	$2,014.66
				$2,115.55	$0.00	$2,115.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,226.29	$0.00	$2,226.29
Medical.....	.....			$4,648.25	$0.00	$4,648.25
				$6,882.54	$0.00	$6,882.54
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$867.25	$0.00	$867.25
				$867.25	$0.00	$867.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$558.25	$0.00	$558.25
				$558.25	$0.00	$558.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$6,743.66**	**$5,356.34**	**$12,100.00**
Indemnity				**$21,171.15**	**$3,138.85**	**$24,310.00**
Medical				**$99,455.61**	**$197,103.88**	**$296,559.49**
				$127,370.42	**$205,599.07**	**$332,969.49**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,207.10**	**$0.00**	**$1,207.10**
Medical				**$6,172.16**	**$0.00**	**$6,172.16**
				$7,379.26	**$0.00**	**$7,379.26**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,386.87	$0.00	$2,386.87
				$2,386.87	$0.00	$2,386.87
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$928.12	$0.00	$928.12
Medical.....	.....			$36,113.90	$0.00	$36,113.90
				$37,066.02	$0.00	$37,066.02
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,462.49	$0.00	$1,462.49
				$1,470.49	$0.00	$1,470.49
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$25.66	$0.00	$25.66
Indemnity.....	.....			$6,189.08	$0.00	$6,189.08
Medical.....	.....			$54,639.31	$0.00	$54,639.31
				$60,854.05	$0.00	$60,854.05
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,509.03	$0.00	$10,509.03
				$10,517.03	$0.00	$10,517.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$42.40	$0.00	$42.40
Indemnity.....	.....			$14,326.01	$0.00	$14,326.01
Medical.....	.....			$40,717.95	$0.00	$40,717.95
				$55,086.36	$0.00	$55,086.36
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,505.26	$0.00	$1,505.26
				$1,505.26	$0.00	$1,505.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

9 - UVA Health - 5 WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$86.55**	**$0.00**	**$86.55**
Indemnity				**$0.00**	**$9,056.52**	**$9,056.52**
Medical				**$221.65**	**$9,778.35**	**$10,000.00**
				$308.20	**$18,834.87**	**$19,143.07**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$27.68**	**$0.00**	**$27.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,180.54**	**$0.00**	**$7,180.54**
				$7,208.22	**$0.00**	**$7,208.22**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,973.95**	**$5,356.34**	**$12,330.29**
Indemnity				**$50,453.98**	**$12,195.37**	**$62,649.35**
Medical				**$281,523.87**	**$206,882.23**	**$488,406.10**
				$338,951.80	**$224,433.94**	**$563,385.74**
# of Claims	**160**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$46.00**	**$0.00**	**$46.00**
				$46.00	**$0.00**	**$46.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$56.00	$0.00	$56.00
				$56.00	$0.00	$56.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,708.44	$0.00	$3,708.44
Medical.....	.....			$7,588.63	$0.00	$7,588.63
				$11,297.07	$0.00	$11,297.07
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,238.03	$0.00	$8,238.03
Medical.....	.....			$29,331.06	$0.00	$29,331.06
				$37,569.09	$0.00	$37,569.09
# of Claims	90					
# Open	0	Recovery Amount:	-$485.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,943.30	$0.00	$4,943.30
Medical.....	.....			$12,177.47	$0.00	$12,177.47
				$17,120.77	$0.00	$17,120.77
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$140.76	$0.00	$140.76
Indemnity.....	.....			$9,737.81	$0.00	$9,737.81
Medical.....	.....			$103,072.67	$0.00	$103,072.67
				$112,951.24	$0.00	$112,951.24
# of Claims	116					
# Open	0	Recovery Amount:	-$64.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,241.43	$0.00	$2,241.43
				$2,241.43	$0.00	$2,241.43
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$130.00	$0.00	$130.00
Indemnity.....	.....			$22,165.06	$0.00	$22,165.06
Medical.....	.....			$18,691.89	$0.00	$18,691.89
				$40,986.95	$0.00	$40,986.95
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,890.30	$0.00	$2,890.30
Medical.....	.....			$20,989.28	$0.00	$20,989.28
				$23,879.58	$0.00	$23,879.58
# of Claims	39					
# Open	0	Recovery Amount:	-$30.15			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,066.97	$0.00	$5,066.97
				$5,066.97	$0.00	$5,066.97
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.21	$0.00	$143.21
				$143.21	$0.00	$143.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,472.00	$0.00	$1,472.00
Medical.....	.....			$2,841.50	$0.00	$2,841.50
				$4,313.50	$0.00	$4,313.50
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,402.59**	**$0.00**	**$12,402.59**
Medical				**$17,714.82**	**$0.00**	**$17,714.82**
				$30,117.41	**$0.00**	**$30,117.41**
# of Claims	**61**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$213.23**	**$0.00**	**$213.23**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,166.43**	**$0.00**	**$6,166.43**
				$6,379.66	**$0.00**	**$6,379.66**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$7,045.29**	**$0.00**	**$7,045.29**
Medical				**$21,880.06**	**$0.00**	**$21,880.06**
				$28,933.35	**$0.00**	**$28,933.35**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$59.33**	**$0.00**	**$59.33**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,611.19**	**$0.00**	**$10,611.19**
				$10,670.52	**$0.00**	**$10,670.52**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$5,669.73**	**$0.00**	**$5,669.73**
Medical				**$4,952.83**	**$0.00**	**$4,952.83**
				$10,638.56	**$0.00**	**$10,638.56**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,307.05	$0.00	$8,307.05
				$8,307.05	$0.00	$8,307.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$293.16	$0.00	$293.16
				$293.16	$0.00	$293.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$40.60	$0.00	$40.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,926.26	$0.00	$11,926.26
				$11,966.86	$0.00	$11,966.86
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

209 - UVA Health System

S209 - UVA Health System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$47.20**	**$0.00**	**$47.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,146.20**	**$0.00**	**$11,146.20**
				$11,193.40	**$0.00**	**$11,193.40**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,246.74**	**$14,894.86**	**$18,141.60**
Indemnity				**$66,203.40**	**$82,967.34**	**$149,170.74**
Medical				**$63,276.47**	**$233,234.27**	**$296,510.74**
				$132,726.61	**$331,096.47**	**$463,823.08**
# of Claims	**30**					
# Open	**7**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$3,901.86**	**$14,894.86**	**$18,796.72**
Indemnity				**$144,475.95**	**$82,967.34**	**$227,443.29**
Medical				**$358,520.58**	**$233,234.27**	**$591,754.85**
				$506,898.39	**$331,096.47**	**$837,994.86**
# of Claims	**580**					
# Open	**7**	**Recovery Amount:**	**-$579.90**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$1,942.99	$0.00	$1,942.99
Indemnity.....	.....			$35,736.60	$0.00	$35,736.60
Medical.....	.....			$206,348.39	$0.00	$206,348.39
				$244,027.98	$0.00	$244,027.98
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,199.70	$0.00	$6,199.70
Medical.....	.....			$10,104.37	$0.00	$10,104.37
				$16,304.07	$0.00	$16,304.07
# of Claims	19					
# Open	0	Recovery Amount:	-$398.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$4,108.88	$34.00	$4,142.88
Indemnity.....	.....			$139,361.21	$0.00	$139,361.21
Medical.....	.....			$123,555.24	$14,366.58	$137,921.82
				$267,025.33	$14,400.58	$281,425.91
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$4,617.16	$0.00	$4,617.16
Medical.....	.....			$7,791.44	$0.00	$7,791.44
				$13,238.10	$0.00	$13,238.10
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,825.39	$0.00	$1,825.39
Indemnity.....	.....			$25,120.21	$0.00	$25,120.21
Medical.....	.....			$418,190.06	$0.00	$418,190.06
				$445,135.66	$0.00	$445,135.66
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,012.60	$0.00	$2,012.60
Medical.....	.....			$8,907.23	$0.00	$8,907.23
				$10,919.83	$0.00	$10,919.83
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,569.09	$0.00	$12,569.09
Medical.....	.....			$28,131.52	$0.00	$28,131.52
				$40,700.61	$0.00	$40,700.61
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,514.54	$0.00	$2,514.54
Medical.....	.....			$24,538.94	$0.00	$24,538.94
				$27,053.48	$0.00	$27,053.48
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,552.57	$0.00	$2,552.57
Medical.....	.....			$9,035.29	$0.00	$9,035.29
				$11,587.86	$0.00	$11,587.86
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$122,188.62	$0.00	$122,188.62
Medical.....	.....			$22,377.70	$0.00	$22,377.70
				$144,566.32	$0.00	$144,566.32
# of Claims	40					
# Open	0	Recovery Amount:	-$656.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,267.63	$0.00	$2,267.63
Medical.....	.....			$18,458.93	$0.00	$18,458.93
				$20,726.56	$0.00	$20,726.56
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$338.40	$0.00	$338.40
Indemnity.....	.....			$5,289.31	$0.00	$5,289.31
Medical.....	.....			$47,005.20	$0.00	$47,005.20
				$52,632.91	$0.00	$52,632.91
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,458.77	$0.00	$2,458.77
Medical.....	.....			$6,565.08	$0.00	$6,565.08
				$9,023.85	$0.00	$9,023.85
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,111.00	$0.00	$2,111.00
Indemnity.....	.....			$84,407.24	$0.00	$84,407.24
Medical.....	.....			$140,865.65	$0.00	$140,865.65
				$227,383.89	$0.00	$227,383.89
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$455.00	$0.00	$455.00
Indemnity.....	.....			$17,617.05	$0.00	$17,617.05
Medical.....	.....			$106,797.91	$0.00	$106,797.91
				$124,869.96	$0.00	$124,869.96
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$739.05	$0.00	$739.05
Medical.....	.....			$9,950.95	$0.00	$9,950.95
				$10,690.00	$0.00	$10,690.00
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,318.18	$0.00	$15,318.18
Medical.....	.....			$25,566.52	$0.00	$25,566.52
				$40,884.70	$0.00	$40,884.70
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,144.35	$0.00	$1,144.35
Medical.....	.....			$4,499.84	$0.00	$4,499.84
				$5,644.19	$0.00	$5,644.19
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,688.05	$0.00	$3,688.05
Medical.....	.....			$8,605.61	$0.00	$8,605.61
				$12,293.66	$0.00	$12,293.66
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,690.00	$0.00	$1,690.00
Indemnity.....	.....			$9,485.55	$0.00	$9,485.55
Medical.....	.....			$29,650.24	$0.00	$29,650.24
				$40,825.79	$0.00	$40,825.79
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$570.17	$0.00	$570.17
Indemnity.....	.....			$24,943.36	$0.00	$24,943.36
Medical.....	.....			$63,061.47	$0.00	$63,061.47
				$88,575.00	$0.00	$88,575.00
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$595.34	$0.00	$595.34
Indemnity.....	.....			$13,135.04	$0.00	$13,135.04
Medical.....	.....			$57,569.55	$0.00	$57,569.55
				$71,299.93	$0.00	$71,299.93
# of Claims	40					
# Open	0	Recovery Amount:	-$284.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$815.82	$0.00	$815.82
Indemnity.....	.....			$1,441.73	$0.00	$1,441.73
Medical.....	.....			$50,259.69	$0.00	$50,259.69
				$52,517.24	$0.00	$52,517.24
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$666.97	$0.00	$666.97
Indemnity.....	.....			$11,821.60	$0.00	$11,821.60
Medical.....	.....			$41,441.25	$0.00	$41,441.25
				$53,929.82	$0.00	$53,929.82
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,080.55	$0.00	$1,080.55
Indemnity.....	.....			$1,770.00	$0.00	$1,770.00
Medical.....	.....			$62,294.27	$0.00	$62,294.27
				$65,144.82	$0.00	$65,144.82
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24,265.65	$0.00	$24,265.65
Indemnity.....	.....			$72,727.26	$0.00	$72,727.26
Medical.....	.....			$72,376.78	$0.00	$72,376.78
				$169,369.69	$0.00	$169,369.69
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$14,759.79	$0.00	$14,759.79
Indemnity.....	.....			$27,673.00	$0.00	$27,673.00
Medical.....	.....			$120,368.56	$0.00	$120,368.56
				$162,801.35	$0.00	$162,801.35
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$17,450.90	$3,075.00	$20,525.90
Indemnity.....	.....			$121,270.70	$0.00	$121,270.70
Medical.....	.....			$53,163.96	$8,907.08	$62,071.04
				$191,885.56	$11,982.08	$203,867.64
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$94.00	$0.00	$94.00
Indemnity.....	.....			$2,625.49	$0.00	$2,625.49
Medical.....	.....			$62,662.48	$0.00	$62,662.48
				$65,381.97	$0.00	$65,381.97
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$521.84	$0.00	$521.84
Indemnity.....	.....			$56,607.10	$0.00	$56,607.10
Medical.....	.....			$152,371.92	$0.00	$152,371.92
				$209,500.86	$0.00	$209,500.86
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$35.70	$0.00	$35.70
Indemnity.....	.....			$1,245.00	$0.00	$1,245.00
Medical.....	.....			$73,408.41	$0.00	$73,408.41
				$74,689.11	$0.00	$74,689.11
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$164.49	$0.00	$164.49
Indemnity.....	.....			$1,378.25	$0.00	$1,378.25
Medical.....	.....			$10,423.51	$0.00	$10,423.51
				$11,966.25	$0.00	$11,966.25
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$525.11	$0.00	$525.11
Indemnity.....	.....			$8,451.59	$0.00	$8,451.59
Medical.....	.....			$51,255.43	$0.00	$51,255.43
				$60,232.13	$0.00	$60,232.13
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$9,134.62	$0.00	$9,134.62
Indemnity.....	.....			$35,410.99	$0.00	$35,410.99
Medical.....	.....			$78,721.42	$0.00	$78,721.42
				$123,267.03	$0.00	$123,267.03
# of Claims	31					
# Open	0	Recovery Amount:	-$0.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,538.59	$0.00	$3,538.59
Indemnity.....	.....			$5,243.41	$0.00	$5,243.41
Medical.....	.....			$33,296.30	$0.00	$33,296.30
				$42,078.30	$0.00	$42,078.30
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$387.67	$0.00	$387.67
Indemnity.....	.....			$898.92	$0.00	$898.92
Medical.....	.....			$15,022.06	$0.00	$15,022.06
				$16,308.65	$0.00	$16,308.65
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

211 - VA MILITARY INSTITUTE

S211 - VA MILITARY INSTITUTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$313.06**	**$177.50**	**$490.56**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24,941.88**	**$14,358.57**	**$39,300.45**
				$25,254.94	**$14,536.07**	**$39,791.01**
# of Claims	**18**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$88,221.43**	**$3,286.50**	**$91,507.93**
Indemnity				**$881,930.92**	**$0.00**	**$881,930.92**
Medical				**$2,279,585.05**	**$37,632.23**	**$2,317,217.28**
				$3,249,737.40	**$40,918.73**	**$3,290,656.13**
# of Claims	**1,289**					
# Open	**5**	**Recovery Amount:**	**-$1,340.90**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$143.10	$0.00	$143.10
Indemnity.....	.....			$90,143.95	$0.00	$90,143.95
Medical.....	.....			$46,586.99	$0.00	$46,586.99
				$136,874.04	$0.00	$136,874.04
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$5,962.12	$0.00	$5,962.12
Indemnity.....	.....			$71,414.93	$0.00	$71,414.93
Medical.....	.....			$120,181.61	$0.00	$120,181.61
				$197,558.66	$0.00	$197,558.66
# of Claims	70					
# Open	0	Recovery Amount:	-$845.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,443.73	$0.00	$5,443.73
Medical.....	.....			$25,285.85	$0.00	$25,285.85
				$30,729.58	$0.00	$30,729.58
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$696.00	$0.00	$696.00
Indemnity.....	.....			$14,523.21	$0.00	$14,523.21
Medical.....	.....			$41,632.53	$0.00	$41,632.53
				$56,851.74	$0.00	$56,851.74
# of Claims	140					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$35.00**	**$0.00**	**$35.00**
Indemnity				**$18,634.78**	**$0.00**	**$18,634.78**
Medical				**$54,318.72**	**$0.00**	**$54,318.72**
				$72,988.50	**$0.00**	**$72,988.50**
# of Claims	**133**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$28,948.41**	**$0.00**	**$28,948.41**
Medical				**$35,327.36**	**$0.00**	**$35,327.36**
				$64,275.77	**$0.00**	**$64,275.77**
# of Claims	**93**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$3,558.00**	**$135.52**	**$3,693.52**
Indemnity				**$68,762.55**	**$0.00**	**$68,762.55**
Medical				**$1,212,080.87**	**$32,203.44**	**$1,244,284.31**
				$1,284,401.42	**$32,338.96**	**$1,316,740.38**
# of Claims	**54**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$77,715.01**	**$0.00**	**$77,715.01**
Medical				**$100,654.16**	**$0.00**	**$100,654.16**
				$178,369.17	**$0.00**	**$178,369.17**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**-$4,567.49**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$88.25**	**$0.00**	**$88.25**
Indemnity				**$98,475.02**	**$0.00**	**$98,475.02**
Medical				**$66,991.67**	**$0.00**	**$66,991.67**
				$165,554.94	**$0.00**	**$165,554.94**
# of Claims	**60**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$63,821.80**	**$0.00**	**$63,821.80**
Medical				**$76,966.95**	**$0.00**	**$76,966.95**
				$140,788.75	**$0.00**	**$140,788.75**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,943.42**	**$0.00**	**$4,943.42**
Medical				**$10,983.90**	**$0.00**	**$10,983.90**
				$15,927.32	**$0.00**	**$15,927.32**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,604.06**	**$0.00**	**$2,604.06**
Medical				**$18,530.87**	**$0.00**	**$18,530.87**
				$21,134.93	**$0.00**	**$21,134.93**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$22,840.58**	**$0.00**	**$22,840.58**
Medical				**$101,842.35**	**$0.00**	**$101,842.35**
				$124,682.93	**$0.00**	**$124,682.93**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$402.72**	**$0.00**	**$402.72**
Medical				**$8,977.84**	**$0.00**	**$8,977.84**
				$9,380.56	**$0.00**	**$9,380.56**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$52.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$16,630.06**	**$0.00**	**$16,630.06**
Indemnity				**$103,360.88**	**$0.00**	**$103,360.88**
Medical				**$43,209.65**	**$0.00**	**$43,209.65**
				$163,200.59	**$0.00**	**$163,200.59**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,689.12**	**$0.00**	**$1,689.12**
Medical				**$14,452.08**	**$0.00**	**$14,452.08**
				$16,141.20	**$0.00**	**$16,141.20**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,670.27	$0.00	$17,670.27
				$17,670.27	$0.00	$17,670.27
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$692.62	$0.00	$692.62
Medical.....	.....			$6,227.97	$0.00	$6,227.97
				$6,939.09	$0.00	$6,939.09
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,503.39	$0.00	$20,503.39
				$20,503.39	$0.00	$20,503.39
# of Claims	20					
# Open	0	Recovery Amount:	-$139.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,612.43	$0.00	$9,612.43
Medical.....	.....			$65,667.10	$0.00	$65,667.10
				$75,279.53	$0.00	$75,279.53
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$87.25	$0.00	$87.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45,270.29	$0.00	$45,270.29
				$45,357.54	$0.00	$45,357.54
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$28.30	$0.00	$28.30
Indemnity.....	.....			$1,999.56	$0.00	$1,999.56
Medical.....	.....			$27,391.33	$0.00	$27,391.33
				$29,419.19	$0.00	$29,419.19
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,302.13	$0.00	$4,302.13
Medical.....	.....			$99,788.45	$0.00	$99,788.45
				$104,090.58	$0.00	$104,090.58
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$9,093.77	$0.00	$9,093.77
Medical.....	.....			$111,605.31	$0.00	$111,605.31
				$120,723.08	$0.00	$120,723.08
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24,259.41	$4,000.00	$28,259.41
Indemnity.....	.....			$312,733.88	$415,574.23	$728,308.11
Medical.....	.....			$2,698,652.30	$893,123.44	$3,591,775.74
				$3,035,645.59	$1,312,697.67	$4,348,343.26
# of Claims	36					
# Open	1	Recovery Amount:	-$923.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$66.45	$0.00	$66.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,905.55	$0.00	$11,905.55
				$11,972.00	$0.00	$11,972.00
# of Claims	23					
# Open	0	Recovery Amount:	-$4,455.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,081.05	$0.00	$1,081.05
Indemnity.....	.....			$1,508.44	$0.00	$1,508.44
Medical.....	.....			$43,044.70	$0.00	$43,044.70
				$45,634.19	$0.00	$45,634.19
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$14,017.70	$0.00	$14,017.70
Indemnity.....	.....			$133,236.97	$0.00	$133,236.97
Medical.....	.....			$171,142.71	$0.00	$171,142.71
				$318,397.38	$0.00	$318,397.38
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$52.00**	**$0.00**	**$52.00**
Indemnity				**$13,119.71**	**$0.00**	**$13,119.71**
Medical				**$9,984.43**	**$0.00**	**$9,984.43**
				$23,156.14	**$0.00**	**$23,156.14**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$114.27**	**$0.00**	**$114.27**
Indemnity				**$8,785.08**	**$0.00**	**$8,785.08**
Medical				**$24,257.45**	**$0.00**	**$24,257.45**
				$33,156.80	**$0.00**	**$33,156.80**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$12,145.33**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$28.07**	**$0.00**	**$28.07**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,851.86**	**$0.00**	**$1,851.86**
				$1,879.93	**$0.00**	**$1,879.93**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$196.26**	**$0.00**	**$196.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,272.79**	**$0.00**	**$6,272.79**
				$6,469.05	**$0.00**	**$6,469.05**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$225.22**	**$0.00**	**$225.22**
Indemnity				**$3,570.97**	**$0.00**	**$3,570.97**
Medical				**$10,910.07**	**$0.00**	**$10,910.07**
				$14,706.26	**$0.00**	**$14,706.26**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$150.05**	**$0.00**	**$150.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$234.52**	**$0.00**	**$234.52**
				$384.57	**$0.00**	**$384.57**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$437.18**	**$212.50**	**$649.68**
Indemnity				**$10,068.77**	**$0.00**	**$10,068.77**
Medical				**$22,217.34**	**$3,313.15**	**$25,530.49**
				$32,723.29	**$3,525.65**	**$36,248.94**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

212 - Virginia State University

S212 - Virginia State University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$151.61**	**$280.00**	**$431.61**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,462.24**	**$9,456.89**	**$13,919.13**
				$4,613.85	**$9,736.89**	**$14,350.74**
# of Claims	**7**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$68,049.85**	**$4,628.02**	**$72,677.87**
Indemnity				**$1,182,448.50**	**$415,574.23**	**$1,598,022.73**
Medical				**$5,377,083.47**	**$938,096.92**	**$6,315,180.39**
				$6,627,581.82	**$1,358,299.17**	**$7,985,880.99**
# of Claims	**1,434**					
# Open	**7**	**Recovery Amount:**	**-$23,128.83**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,757.94	$0.00	$12,757.94
Medical.....	.....			$21,242.17	$0.00	$21,242.17
				$34,000.11	$0.00	$34,000.11
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$324.55	$0.00	$324.55
Indemnity.....	.....			$10,957.32	$0.00	$10,957.32
Medical.....	.....			$67,769.56	$0.00	$67,769.56
				$79,051.43	$0.00	$79,051.43
# of Claims	107					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$14,765.00	$0.00	$14,765.00
Indemnity.....	.....			$22,085.53	$0.00	$22,085.53
Medical.....	.....			$26,027.26	$0.00	$26,027.26
				$62,877.79	$0.00	$62,877.79
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$6,795.03	$0.00	$6,795.03
Indemnity.....	.....			$32,897.72	$0.00	$32,897.72
Medical.....	.....			$40,800.39	$0.00	$40,800.39
				$80,493.14	$0.00	$80,493.14
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$8,473.73	$0.00	$8,473.73
Indemnity.....	.....			$111,711.62	$0.00	$111,711.62
Medical.....	.....			$298,886.69	$0.00	$298,886.69
				$419,072.04	$0.00	$419,072.04
# of Claims	104					
# Open	0	Recovery Amount:	-$265.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$100.00	$0.00	$100.00
Indemnity.....	.....			$8,462.37	$0.00	$8,462.37
Medical.....	.....			$42,305.69	$0.00	$42,305.69
				$50,868.06	$0.00	$50,868.06
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$126.00	$0.00	$126.00
Indemnity.....	.....			$127,186.93	$0.00	$127,186.93
Medical.....	.....			$78,241.89	$0.00	$78,241.89
				$205,554.82	$0.00	$205,554.82
# of Claims	103					
# Open	0	Recovery Amount:	-$7,775.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$81.29	$0.00	$81.29
Indemnity.....	.....			$83,407.66	$0.00	$83,407.66
Medical.....	.....			$410,708.32	$0.00	$410,708.32
				$494,197.27	$0.00	$494,197.27
# of Claims	102					
# Open	0	Recovery Amount:	-$10,691.34			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$556.97	$0.00	$556.97
Indemnity.....	.....			$141,435.58	$0.00	$141,435.58
Medical.....	.....			$63,913.26	$0.00	$63,913.26
				$205,905.81	$0.00	$205,905.81
# of Claims	82					
# Open	0	Recovery Amount:	-$58.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$500.00	$0.00	$500.00
Indemnity.....	.....			$89,278.10	$0.00	$89,278.10
Medical.....	.....			$58,093.36	$0.00	$58,093.36
				$147,871.46	$0.00	$147,871.46
# of Claims	67					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$58.90	$0.00	$58.90
Indemnity.....	.....			$13,626.20	$0.00	$13,626.20
Medical.....	.....			$53,520.72	$0.00	$53,520.72
				$67,205.82	$0.00	$67,205.82
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,499.43	$0.00	$15,499.43
Medical.....	.....			$24,950.92	$0.00	$24,950.92
				$40,450.35	$0.00	$40,450.35
# of Claims	70					
# Open	0	Recovery Amount:	-$148.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,516.05	$0.00	$7,516.05
Medical.....	.....			$24,302.97	$0.00	$24,302.97
				$31,819.02	$0.00	$31,819.02
# of Claims	34					
# Open	0	Recovery Amount:	-$2,950.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,554.71	$0.00	$5,554.71
Medical.....	.....			$20,766.28	$0.00	$20,766.28
				$26,320.99	$0.00	$26,320.99
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$6,517.55	$0.00	$6,517.55
Indemnity.....	.....			$12,091.12	$0.00	$12,091.12
Medical.....	.....			$162,782.91	$0.00	$162,782.91
				$181,391.58	$0.00	$181,391.58
# of Claims	37					
# Open	0	Recovery Amount:	-$78.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,484.50	$72.00	$1,556.50
Indemnity.....	.....			$13,431.65	$0.00	$13,431.65
Medical.....	.....			$131,223.56	$77,201.01	$208,424.57
				$146,139.71	$77,273.01	$223,412.72
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$10,668.04	$0.00	$10,668.04
Indemnity.....	.....			$165,155.88	$0.00	$165,155.88
Medical.....	.....			$331,018.72	$0.00	$331,018.72
				$506,842.64	$0.00	$506,842.64
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,403.68	$0.00	$9,403.68
Medical.....	.....			$47,726.02	$0.00	$47,726.02
				$57,129.70	$0.00	$57,129.70
# of Claims	51					
# Open	0	Recovery Amount:	-$4,604.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$15,000.28	$0.00	$15,000.28
Indemnity.....	.....			$84,795.55	$0.00	$84,795.55
Medical.....	.....			$337,414.40	$0.00	$337,414.40
				$437,210.23	$0.00	$437,210.23
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$130.65	$0.00	$130.65
Indemnity.....	.....			$5,349.76	$0.00	$5,349.76
Medical.....	.....			$48,095.61	$0.00	$48,095.61
				$53,576.02	$0.00	$53,576.02
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$24,076.08	$64.00	$24,140.08
Indemnity.....	.....			$206,663.52	$0.00	$206,663.52
Medical.....	.....			$313,012.25	$77,336.96	$390,349.21
				$543,751.85	$77,400.96	$621,152.81
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,853.50	$0.00	$1,853.50
Indemnity.....	.....			$9,483.16	$0.00	$9,483.16
Medical.....	.....			$66,721.08	$0.00	$66,721.08
				$78,057.74	$0.00	$78,057.74
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,902.00	$0.00	$1,902.00
Indemnity.....	.....			$68,734.39	$0.00	$68,734.39
Medical.....	.....			$42,851.24	$0.00	$42,851.24
				$113,487.63	$0.00	$113,487.63
# of Claims	42					
# Open	0	Recovery Amount:	-$2,977.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$13,937.86	$0.00	$13,937.86
Indemnity.....	.....			$3,815.41	$0.00	$3,815.41
Medical.....	.....			$325,692.09	$0.00	$325,692.09
				$343,445.36	$0.00	$343,445.36
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$48,912.48	$0.00	$48,912.48
Indemnity.....	.....			$305,721.90	$0.00	$305,721.90
Medical.....	.....			$518,386.52	$0.00	$518,386.52
				$873,020.90	$0.00	$873,020.90
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$182.40	$0.00	$182.40
Indemnity.....	.....			$19,258.20	$0.00	$19,258.20
Medical.....	.....			$107,666.27	$0.00	$107,666.27
				$127,106.87	$0.00	$127,106.87
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,690.55	$0.00	$1,690.55
Indemnity.....	.....			$37,969.49	$0.00	$37,969.49
Medical.....	.....			$189,527.50	$0.00	$189,527.50
				$229,187.54	$0.00	$229,187.54
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,603.52	$50.00	$2,653.52
Indemnity.....	.....			$14,971.99	$0.00	$14,971.99
Medical.....	.....			$150,124.77	$105,262.77	$255,387.54
				$167,700.28	$105,312.77	$273,013.05
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$4,410.15	$0.00	$4,410.15
Indemnity.....	.....			$12,048.16	$0.00	$12,048.16
Medical.....	.....			$95,811.53	$0.00	$95,811.53
				$112,269.84	$0.00	$112,269.84
# of Claims	40					
# Open	0	Recovery Amount:	-$1,586.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$118.44	$0.00	$118.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,584.38	$0.00	$20,584.38
				$20,702.82	$0.00	$20,702.82
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$41,228.09	$91.00	$41,319.09
Indemnity.....	.....			$340,063.69	$0.00	$340,063.69
Medical.....	.....			$431,920.74	$111,915.31	$543,836.05
				$813,212.52	$112,006.31	$925,218.83
# of Claims	45					
# Open	2	Recovery Amount:	-$23,479.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$27,786.84	$22,268.09	$50,054.93
Indemnity.....	.....			$195,988.95	$72,178.34	$268,167.29
Medical.....	.....			$501,504.27	$291,417.86	$792,922.13
				$725,280.06	$385,864.29	$1,111,144.35
# of Claims	50					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$560.21	$179.40	$739.61
Indemnity.....	.....			$28,053.24	$0.00	$28,053.24
Medical.....	.....			$67,512.16	$60,738.33	$128,250.49
				$96,125.61	$60,917.73	$157,043.34
# of Claims	35					
# Open	2	Recovery Amount:	-$210.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,697.44	$200.95	$3,898.39
Indemnity.....	.....			$29,954.05	$0.00	$29,954.05
Medical.....	.....			$90,267.44	$285,807.10	$376,074.54
				$123,918.93	$286,008.05	$409,926.98
# of Claims	28					
# Open	1	Recovery Amount:	-$482.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$222.88	$0.00	$222.88
Indemnity.....	.....			$728.20	$0.00	$728.20
Medical.....	.....			$13,944.96	$0.00	$13,944.96
				$14,896.04	$0.00	$14,896.04
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$466.67	$200.00	$666.67
Indemnity.....	.....			$1,664.68	$16,128.37	$17,793.05
Medical.....	.....			$26,692.36	$33,609.37	$60,301.73
				$28,823.71	$49,937.74	$78,761.45
# of Claims	41					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

213 - NORFOLK STATE UNIVERSITY

S213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$3,661.81**	**$4,566.42**	**$8,228.23**
Indemnity.....	.....			**$5,842.56**	**$34,774.94**	**$40,617.50**
Medical.....	.....			**$17,964.15**	**$76,746.51**	**$94,710.66**
				$27,468.52	**$116,087.87**	**$143,556.39**
# of Claims	**22**					
# Open	**7**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$242,893.41**	**$27,691.86**	**$270,585.27**
Indemnity.....	.....			**$2,253,566.39**	**$123,081.65**	**$2,376,648.04**
Medical.....	.....			**$5,269,974.41**	**$1,120,035.22**	**$6,390,009.63**
				$7,766,434.21	**$1,270,808.73**	**$9,037,242.94**
# of Claims	**2,051**					
# Open	**17**	**Recovery Amount:**	**-$55,306.55**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,629.97	$0.00	$1,629.97
Medical.....	.....			$13,611.82	$0.00	$13,611.82
				$15,241.79	$0.00	$15,241.79
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,819.39	$0.00	$3,819.39
Medical.....	.....			$10,889.59	$0.00	$10,889.59
				$14,708.98	$0.00	$14,708.98
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$19,794.24	$0.00	$19,794.24
Indemnity.....	.....			$71,878.77	$0.00	$71,878.77
Medical.....	.....			$192,627.04	$0.00	$192,627.04
				$284,300.05	$0.00	$284,300.05
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,721.50	$0.00	$1,721.50
Indemnity.....	.....			$14,619.30	$0.00	$14,619.30
Medical.....	.....			$29,174.67	$0.00	$29,174.67
				$45,515.47	$0.00	$45,515.47
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,521.14	$0.00	$1,521.14
Indemnity.....	.....			$21,909.22	$0.00	$21,909.22
Medical.....	.....			$39,301.48	$0.00	$39,301.48
				$62,731.84	$0.00	$62,731.84
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,003.92	$0.00	$7,003.92
Medical.....	.....			$10,482.89	$0.00	$10,482.89
				$17,486.81	$0.00	$17,486.81
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$46,717.46	$0.00	$46,717.46
Medical.....	.....			$78,478.70	$0.00	$78,478.70
				$125,196.16	$0.00	$125,196.16
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117,025.88	$0.00	$117,025.88
Medical.....	.....			$129,929.64	$0.00	$129,929.64
				$246,955.52	$0.00	$246,955.52
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$5,128.16	$864.08	$5,992.24
Indemnity.....	.....			$369,216.78	$221,204.55	$590,421.33
Medical.....	.....			$51,102.87	$21,386.12	$72,488.99
				$425,447.81	$243,454.75	$668,902.56
# of Claims	40					
# Open	1	Recovery Amount:	-$38.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$5.87	$0.00	$5.87
Indemnity.....	.....			$1,773.34	$0.00	$1,773.34
Medical.....	.....			$12,300.76	$0.00	$12,300.76
				$14,079.97	$0.00	$14,079.97
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,295.47	$8,354.53	$10,650.00
Indemnity.....	.....			$165,565.39	$0.00	$165,565.39
Medical.....	.....			$173,529.82	$24,651.70	$198,181.52
				$341,390.68	$33,006.23	$374,396.91
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$632.55	$8.00	$640.55
Indemnity.....	.....			$124,085.58	$0.00	$124,085.58
Medical.....	.....			$452,088.48	$15,011.74	$467,100.22
				$576,806.61	$15,019.74	$591,826.35
# of Claims	32					
# Open	1	Recovery Amount:	-$175.41			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,122.70	$0.00	$1,122.70
Medical.....	.....			$8,664.66	$0.00	$8,664.66
				$9,787.36	$0.00	$9,787.36
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$665.47	$0.00	$665.47
Medical.....	.....			$13,129.83	$0.00	$13,129.83
				$13,795.30	$0.00	$13,795.30
# of Claims	34					
# Open	0	Recovery Amount:	-$1,654.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.48	$0.00	$117.48
Medical.....	.....			$5,824.29	$0.00	$5,824.29
				$5,941.77	$0.00	$5,941.77
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,494.76	$0.00	$17,494.76
Medical.....	.....			$32,588.21	$0.00	$32,588.21
				$50,082.97	$0.00	$50,082.97
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$379.81	$0.00	$379.81
Indemnity.....	.....			$180,289.68	$0.00	$180,289.68
Medical.....	.....			$250,134.63	$0.00	$250,134.63
				$430,804.12	$0.00	$430,804.12
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$52.56	$0.00	$52.56
Indemnity.....	.....			$28,324.02	$0.00	$28,324.02
Medical.....	.....			$111,512.21	$0.00	$111,512.21
				$139,888.79	$0.00	$139,888.79
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,280.02	$0.00	$8,280.02
				$8,372.52	$0.00	$8,372.52
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$31,855.50	$0.00	$31,855.50
Indemnity.....	.....			$458,837.60	$0.00	$458,837.60
Medical.....	.....			$411,604.30	$0.00	$411,604.30
				$902,297.40	$0.00	$902,297.40
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,392.46	$0.00	$11,392.46
Medical.....	.....			$23,851.08	$0.00	$23,851.08
				$35,243.54	$0.00	$35,243.54
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$6,339.27	$0.00	$6,339.27
Medical.....	.....			$86,342.01	$0.00	$86,342.01
				$92,699.78	$0.00	$92,699.78
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,115.09	$0.00	$6,115.09
				$6,115.09	$0.00	$6,115.09
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,877.94	$0.00	$17,877.94
				$17,877.94	$0.00	$17,877.94
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$133.10	$0.00	$133.10
Indemnity.....	.....			$5,550.21	$0.00	$5,550.21
Medical.....	.....			$24,124.11	$0.00	$24,124.11
				$29,807.42	$0.00	$29,807.42
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$704.91	$0.00	$704.91
Indemnity.....	.....			$2,060.57	$0.00	$2,060.57
Medical.....	.....			$39,403.57	$0.00	$39,403.57
				$42,169.05	$0.00	$42,169.05
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$55.55	$0.00	$55.55
Indemnity.....	.....			$1,518.89	$0.00	$1,518.89
Medical.....	.....			$33,442.67	$0.00	$33,442.67
				$35,017.11	$0.00	$35,017.11
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$22,324.59	$23,087.00	$45,411.59
Indemnity.....	.....			$178,302.18	$5,422.45	$183,724.63
Medical.....	.....			$59,866.10	$85,414.08	$145,280.18
				$260,492.87	$113,923.53	$374,416.40
# of Claims	30					
# Open	1	Recovery Amount:	-$920.21			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$6,987.50	$8,000.00	$14,987.50
Indemnity.....	.....			$139,194.87	$0.00	$139,194.87
Medical.....	.....			$157,663.18	$110,917.58	$268,580.76
				$303,845.55	$118,917.58	$422,763.13
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$75.16	$0.00	$75.16
Indemnity.....	.....			$7,095.57	$0.00	$7,095.57
Medical.....	.....			$55,140.49	$0.00	$55,140.49
				$62,311.22	$0.00	$62,311.22
# of Claims	20					
# Open	0	Recovery Amount:	-$963.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$146.17	$0.00	$146.17
Indemnity.....	.....			$6,288.99	$0.00	$6,288.99
Medical.....	.....			$147,818.83	$0.00	$147,818.83
				$154,253.99	$0.00	$154,253.99
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$284.74	$0.00	$284.74
Indemnity.....	.....			$9,758.12	$0.00	$9,758.12
Medical.....	.....			$33,993.27	$0.00	$33,993.27
				$44,036.13	$0.00	$44,036.13
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$5,053.13	$9,850.78	$14,903.91
Indemnity.....	.....			$51,936.00	$83,314.00	$135,250.00
Medical.....	.....			$56,926.12	$163,380.90	$220,307.02
				$113,915.25	$256,545.68	$370,460.93
# of Claims	21					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$6,593.66	$3,600.57	$10,194.23
Indemnity.....	.....			$35,928.74	$0.00	$35,928.74
Medical.....	.....			$307,095.07	$51,659.28	$358,754.35
				$349,617.47	$55,259.85	$404,877.32
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,374.16	$6,776.23	$10,150.39
Indemnity.....	.....			$126,014.62	$159,104.79	$285,119.41
Medical.....	.....			$69,339.69	$82,341.39	$151,681.08
				$198,728.47	$248,222.41	$446,950.88
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$83.50	$0.00	$83.50
Indemnity.....	.....			$935.39	$0.00	$935.39
Medical.....	.....			$24,225.84	$0.00	$24,225.84
				$25,244.73	$0.00	$25,244.73
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

214 - Longwood University

S214 - Longwood University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$162.84**	**$4,043.18**	**$4,206.02**
Indemnity				**$0.00**	**$5,128.20**	**$5,128.20**
Medical				**$14,925.95**	**$29,740.17**	**$44,666.12**
				$15,088.79	**$38,911.55**	**$54,000.34**
# of Claims	**13**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$109,476.81**	**$64,584.37**	**$174,061.18**
Indemnity				**$2,214,412.59**	**$474,173.99**	**$2,688,586.58**
Medical				**$3,193,406.92**	**$584,502.96**	**$3,777,909.88**
				$5,517,296.32	**$1,123,261.32**	**$6,640,557.64**
# of Claims	**1,183**					
# Open	**12**	**Recovery Amount:**	**-$3,751.81**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,335.25	$0.00	$12,335.25
Medical.....	.....			$35,539.58	$0.00	$35,539.58
				$47,874.83	$0.00	$47,874.83
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$421.32	$0.00	$421.32
Indemnity.....	.....			$134,012.54	$0.00	$134,012.54
Medical.....	.....			$71,844.24	$0.00	$71,844.24
				$206,278.10	$0.00	$206,278.10
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$55.60	$0.00	$55.60
Indemnity.....	.....			$117,292.93	$0.00	$117,292.93
Medical.....	.....			$86,418.83	$0.00	$86,418.83
				$203,767.36	$0.00	$203,767.36
# of Claims	108					
# Open	0	Recovery Amount:	-$55.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$878.25	$0.00	$878.25
Indemnity.....	.....			$12,864.51	$0.00	$12,864.51
Medical.....	.....			$37,453.00	$0.00	$37,453.00
				$51,195.76	$0.00	$51,195.76
# of Claims	122					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,632.84	$0.00	$2,632.84
Medical.....	.....			$13,460.36	$0.00	$13,460.36
				$16,093.20	$0.00	$16,093.20
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$85.30	$0.00	$85.30
Medical.....	.....			$10,227.18	$0.00	$10,227.18
				$10,312.48	$0.00	$10,312.48
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,452.36	$0.00	$5,452.36
Medical.....	.....			$29,710.69	$0.00	$29,710.69
				$35,163.05	$0.00	$35,163.05
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.06	$0.00	$8.06
Indemnity.....	.....			$31,595.96	$0.00	$31,595.96
Medical.....	.....			$104,754.11	$0.00	$104,754.11
				$136,358.13	$0.00	$136,358.13
# of Claims	56					
# Open	0	Recovery Amount:	-$340.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,563.31**	**$0.00**	**$9,563.31**
Medical				**$24,741.52**	**$0.00**	**$24,741.52**
				$34,304.83	**$0.00**	**$34,304.83**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**-$9,244.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$67.63**	**$0.00**	**$67.63**
Indemnity				**$1,505.56**	**$0.00**	**$1,505.56**
Medical				**$16,322.69**	**$0.00**	**$16,322.69**
				$17,895.88	**$0.00**	**$17,895.88**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,533.90**	**$0.00**	**$16,533.90**
Medical				**$54,141.87**	**$0.00**	**$54,141.87**
				$70,675.77	**$0.00**	**$70,675.77**
# of Claims	**68**					
# Open	**0**	**Recovery Amount:**	**-$4,028.04**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$128,584.30**	**$0.00**	**$128,584.30**
Medical				**$112,698.30**	**$0.00**	**$112,698.30**
				$241,282.60	**$0.00**	**$241,282.60**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**-$8,750.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,377.01**	**$0.00**	**$3,377.01**
Medical				**$13,465.67**	**$0.00**	**$13,465.67**
				$16,842.68	**$0.00**	**$16,842.68**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**-$1,046.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,371.91**	**$0.00**	**$1,371.91**
Medical				**$9,501.22**	**$0.00**	**$9,501.22**
				$10,873.13	**$0.00**	**$10,873.13**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**-$577.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$344.43**	**$0.00**	**$344.43**
Medical				**$5,883.26**	**$0.00**	**$5,883.26**
				$6,227.69	**$0.00**	**$6,227.69**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**-$215.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,483.72**	**$0.00**	**$19,483.72**
Medical				**$25,222.82**	**$0.00**	**$25,222.82**
				$44,706.54	**$0.00**	**$44,706.54**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$15.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,488.56**	**$0.00**	**$2,488.56**
Medical				**$30,777.22**	**$0.00**	**$30,777.22**
				$33,265.78	**$0.00**	**$33,265.78**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$18.82**	**$18.82**
Indemnity				**$7,645.58**	**$0.00**	**$7,645.58**
Medical				**$37,865.02**	**$6,693.08**	**$44,558.10**
				$45,510.60	**$6,711.90**	**$52,222.50**
# of Claims	**43**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$8.00**	**$50.82**	**$58.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40,293.51**	**$12,940.28**	**$53,233.79**
				$40,301.51	**$12,991.10**	**$53,292.61**
# of Claims	**36**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$96.06**	**$0.00**	**$96.06**
Indemnity				**$11,261.82**	**$0.00**	**$11,261.82**
Medical				**$45,099.36**	**$0.00**	**$45,099.36**
				$56,457.24	**$0.00**	**$56,457.24**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,825.28	$0.00	$16,825.28
Medical.....	.....			$27,396.56	$0.00	$27,396.56
				$44,221.84	$0.00	$44,221.84
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$321.34	$0.00	$321.34
Indemnity.....	.....			$2,642.58	$0.00	$2,642.58
Medical.....	.....			$58,495.17	$0.00	$58,495.17
				$61,459.09	$0.00	$61,459.09
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,305.44	$0.00	$17,305.44
Medical.....	.....			$57,839.89	$0.00	$57,839.89
				$75,145.33	$0.00	$75,145.33
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$16,940.99	$0.00	$16,940.99
Medical.....	.....			$60,088.98	$0.00	$60,088.98
				$77,095.97	$0.00	$77,095.97
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,383.38**	**$0.00**	**$17,383.38**
Medical				**$40,625.11**	**$0.00**	**$40,625.11**
				$58,008.49	**$0.00**	**$58,008.49**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$95.84**	**$0.00**	**$95.84**
Indemnity				**$411.33**	**$0.00**	**$411.33**
Medical				**$42,110.66**	**$0.00**	**$42,110.66**
				$42,617.83	**$0.00**	**$42,617.83**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$2,222.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$5,660.08**	**$72.00**	**$5,732.08**
Indemnity				**$37,521.65**	**$0.00**	**$37,521.65**
Medical				**$154,963.61**	**$91,575.78**	**$246,539.39**
				$198,145.34	**$91,647.78**	**$289,793.12**
# of Claims	**33**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8,778.54**	**$0.00**	**$8,778.54**
Indemnity				**$158,276.30**	**$0.00**	**$158,276.30**
Medical				**$247,616.66**	**$0.00**	**$247,616.66**
				$414,671.50	**$0.00**	**$414,671.50**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$19,480.35**	**$14,277.83**	**$33,758.18**
Indemnity				**$189,045.68**	**$95,738.18**	**$284,783.86**
Medical				**$346,835.52**	**$290,803.45**	**$637,638.97**
				$555,361.55	**$400,819.46**	**$956,181.01**
# of Claims	**35**					
# Open	**1**	**Recovery Amount:**	**-$34,192.45**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$2,121.10**	**$0.00**	**$2,121.10**
Indemnity				**$7,067.01**	**$0.00**	**$7,067.01**
Medical				**$36,283.71**	**$0.00**	**$36,283.71**
				$45,471.82	**$0.00**	**$45,471.82**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$78.00**	**$0.00**	**$78.00**
Indemnity				**$514.75**	**$0.00**	**$514.75**
Medical				**$37,507.37**	**$0.00**	**$37,507.37**
				$38,100.12	**$0.00**	**$38,100.12**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$24,865.78**	**$8,907.81**	**$33,773.59**
Indemnity				**$183,737.53**	**$121,954.84**	**$305,692.37**
Medical				**$271,033.15**	**$776,668.59**	**$1,047,701.74**
				$479,636.46	**$907,531.24**	**$1,387,167.70**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$177.83	$0.00	$177.83
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,860.79	$0.00	$10,860.79
				$11,038.62	$0.00	$11,038.62
# of Claims	21					
# Open	0	Recovery Amount:	-$182.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$16,766.74	$0.00	$16,766.74
Indemnity.....	.....			$228,640.55	$0.00	$228,640.55
Medical.....	.....			$195,095.58	$0.00	$195,095.58
				$440,502.87	$0.00	$440,502.87
# of Claims	17					
# Open	0	Recovery Amount:	-$446.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$2,444.49	$0.00	$2,444.49
Medical.....	.....			$16,722.66	$0.00	$16,722.66
				$19,191.15	$0.00	$19,191.15
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$121.50	$0.00	$121.50
Indemnity.....	.....			$4,928.54	$0.00	$4,928.54
Medical.....	.....			$12,413.72	$0.00	$12,413.72
				$17,463.76	$0.00	$17,463.76
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

215 - University of Mary Washington

S215 - University of Mary Washington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$85.26**	**$0.00**	**$85.26**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$301.71**	**$0.00**	**$301.71**
				$386.97	**$0.00**	**$386.97**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$80,177.28**	**$23,327.28**	**$103,504.56**
Indemnity.....	.....			**$1,402,117.29**	**$217,693.02**	**$1,619,810.31**
Medical.....	.....			**$2,421,611.30**	**$1,178,681.18**	**$3,600,292.48**
				$3,903,905.87	**$1,419,701.48**	**$5,323,607.35**
# of Claims	**1,684**					
# Open	**6**	**Recovery Amount:**	**-$61,316.76**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$6,422.92	$0.00	$6,422.92
Indemnity.....	.....			$99,651.90	$0.00	$99,651.90
Medical.....	.....			$152,715.09	$0.00	$152,715.09
				$258,789.91	$0.00	$258,789.91
# of Claims	248					
# Open	0	Recovery Amount:	-$173.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$94.02	$0.00	$94.02
Indemnity.....	.....			$24,299.06	$0.00	$24,299.06
Medical.....	.....			$87,886.31	$0.00	$87,886.31
				$112,279.39	$0.00	$112,279.39
# of Claims	319					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$25,149.21	$0.00	$25,149.21
Indemnity.....	.....			$426,199.43	$0.00	$426,199.43
Medical.....	.....			$194,152.05	$0.00	$194,152.05
				$645,500.69	$0.00	$645,500.69
# of Claims	325					
# Open	0	Recovery Amount:	-$274.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$8,086.40	$0.00	$8,086.40
Indemnity.....	.....			$208,657.85	$0.00	$208,657.85
Medical.....	.....			$158,946.14	$0.00	$158,946.14
				$375,690.39	$0.00	$375,690.39
# of Claims	339					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,174.65	$0.00	$20,174.65
Medical.....	.....			$69,614.64	$0.00	$69,614.64
				$89,789.29	$0.00	$89,789.29
# of Claims	322					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$42,748.51	$0.00	$42,748.51
Medical.....	.....			$136,128.15	$0.00	$136,128.15
				$178,876.66	$0.00	$178,876.66
# of Claims	321					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$21,984.70	$995.78	$22,980.48
Indemnity.....	.....			$128,529.97	$0.00	$128,529.97
Medical.....	.....			$826,602.89	$477,172.52	$1,303,775.41
				$977,117.56	$478,168.30	$1,455,285.86
# of Claims	372					
# Open	1	Recovery Amount:	-$2,398.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$500.00	$0.00	$500.00
Indemnity.....	.....			$70,852.26	$0.00	$70,852.26
Medical.....	.....			$209,314.87	$0.00	$209,314.87
				$280,667.13	$0.00	$280,667.13
# of Claims	421					
# Open	0	Recovery Amount:	-$370.14			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$31,368.01	$0.00	$31,368.01
Medical.....	.....			$100,763.59	$0.00	$100,763.59
				$132,131.60	$0.00	$132,131.60
# of Claims	334					
# Open	0	Recovery Amount:	-$129.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$249.50	$0.00	$249.50
Indemnity.....	.....			$31,787.59	$0.00	$31,787.59
Medical.....	.....			$183,904.31	$0.00	$183,904.31
				$215,941.40	$0.00	$215,941.40
# of Claims	403					
# Open	0	Recovery Amount:	-$190.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$17,524.21	$0.00	$17,524.21
Indemnity.....	.....			$375,556.15	$0.00	$375,556.15
Medical.....	.....			$572,594.47	$97,368.15	$669,962.62
				$965,674.83	$97,368.15	$1,063,042.98
# of Claims	290					
# Open	1	Recovery Amount:	-$1,374.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$428.15	$0.00	$428.15
Indemnity.....	.....			$47,636.74	$0.00	$47,636.74
Medical.....	.....			$121,821.28	$0.00	$121,821.28
				$169,886.17	$0.00	$169,886.17
# of Claims	231					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,179.72	$0.00	$2,179.72
Indemnity.....	.....			$161,530.48	$0.00	$161,530.48
Medical.....	.....			$369,553.25	$0.00	$369,553.25
				$533,263.45	$0.00	$533,263.45
# of Claims	223					
# Open	0	Recovery Amount:	-$207.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$34,791.40	$0.00	$34,791.40
Medical.....	.....			$225,997.45	$0.00	$225,997.45
				$261,138.85	$0.00	$261,138.85
# of Claims	295					
# Open	0	Recovery Amount:	-$61,863.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$7,390.50	$72.00	$7,462.50
Indemnity.....	.....			$295,725.08	$0.00	$295,725.08
Medical.....	.....			$321,398.37	$71,707.69	$393,106.06
				$624,513.95	$71,779.69	$696,293.64
# of Claims	219					
# Open	1	Recovery Amount:	-$3,555.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$5,387.59	$0.00	$5,387.59
Indemnity.....	.....			$222,738.36	$0.00	$222,738.36
Medical.....	.....			$225,672.30	$0.00	$225,672.30
				$453,798.25	$0.00	$453,798.25
# of Claims	179					
# Open	0	Recovery Amount:	-$121.88			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,933.30	$0.00	$9,933.30
Medical.....	.....			$95,164.15	$0.00	$95,164.15
				$105,097.45	$0.00	$105,097.45
# of Claims	172					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,338.77	$0.00	$2,338.77
Indemnity.....	.....			$6,733.88	$0.00	$6,733.88
Medical.....	.....			$536,937.86	$0.00	$536,937.86
				$546,010.51	$0.00	$546,010.51
# of Claims	187					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$2,696.80	$0.00	$2,696.80
Indemnity.....	.....			$84,902.30	$0.00	$84,902.30
Medical.....	.....			$82,741.17	$0.00	$82,741.17
				$170,340.27	$0.00	$170,340.27
# of Claims	164					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$873.70	$184.00	$1,057.70
Indemnity.....	.....			$42,801.17	$0.00	$42,801.17
Medical.....	.....			$382,533.59	$64,595.90	$447,129.49
				$426,208.46	$64,779.90	$490,988.36
# of Claims	209					
# Open	1	Recovery Amount:	-$2,412.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$19,363.76	$0.00	$19,363.76
Indemnity.....	.....			$226,993.26	$0.00	$226,993.26
Medical.....	.....			$357,843.11	$160,863.74	$518,706.85
				$604,200.13	$160,863.74	$765,063.87
# of Claims	178					
# Open	1	Recovery Amount:	-$188.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$14,760.94	$0.00	$14,760.94
Indemnity.....	.....			$92,268.00	$0.00	$92,268.00
Medical.....	.....			$112,175.38	$0.00	$112,175.38
				$219,204.32	$0.00	$219,204.32
# of Claims	162					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$7,389.73	$0.00	$7,389.73
Indemnity.....	.....			$287,009.65	$0.00	$287,009.65
Medical.....	.....			$380,511.49	$0.00	$380,511.49
				$674,910.87	$0.00	$674,910.87
# of Claims	150					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$26,492.32	$0.00	$26,492.32
Indemnity.....	.....			$260,817.59	$0.00	$260,817.59
Medical.....	.....			$249,349.42	$198,203.96	$447,553.38
				$536,659.33	$198,203.96	$734,863.29
# of Claims	151					
# Open	1	Recovery Amount:	-$210,514.06			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$18,413.77	$0.00	$18,413.77
Indemnity.....	.....			$217,359.94	$0.00	$217,359.94
Medical.....	.....			$188,404.70	$0.00	$188,404.70
				$424,178.41	$0.00	$424,178.41
# of Claims	161					
# Open	0	Recovery Amount:	-$1,139.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$26,191.13	$0.00	$26,191.13
Indemnity.....	.....			$231,798.40	$0.00	$231,798.40
Medical.....	.....			$286,304.18	$3,668.10	$289,972.28
				$544,293.71	$3,668.10	$547,961.81
# of Claims	157					
# Open	1	Recovery Amount:	-$2,939.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$39,803.91	$0.00	$39,803.91
Indemnity.....	.....			$725,482.15	$0.00	$725,482.15
Medical.....	.....			$450,616.28	$2,909.46	$453,525.74
				$1,215,902.34	$2,909.46	$1,218,811.80
# of Claims	164					
# Open	1	Recovery Amount:	-$5,421.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$30,087.18	$2,532.00	$32,619.18
Indemnity.....	.....			$285,355.39	$0.00	$285,355.39
Medical.....	.....			$705,921.53	$401,344.90	$1,107,266.43
				$1,021,364.10	$403,876.90	$1,425,241.00
# of Claims	130					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$5,506.33	$0.00	$5,506.33
Indemnity.....	.....			$42,576.98	$0.00	$42,576.98
Medical.....	.....			$266,206.74	$0.00	$266,206.74
				$314,290.05	$0.00	$314,290.05
# of Claims	127					
# Open	0	Recovery Amount:	-$786.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$18,431.98	$0.00	$18,431.98
Indemnity.....	.....			$119,088.12	$0.00	$119,088.12
Medical.....	.....			$247,953.37	$0.00	$247,953.37
				$385,473.47	$0.00	$385,473.47
# of Claims	162					
# Open	0	Recovery Amount:	-$1,762.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,323.20	$0.00	$1,323.20
Indemnity.....	.....			$39,718.05	$0.00	$39,718.05
Medical.....	.....			$277,292.44	$0.00	$277,292.44
				$318,333.69	$0.00	$318,333.69
# of Claims	151					
# Open	0	Recovery Amount:	-$1,221.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$64,003.78	$22,881.24	$86,885.02
Indemnity.....	.....			$399,682.73	$242,085.16	$641,767.89
Medical.....	.....			$712,905.96	$347,377.68	$1,060,283.64
				$1,176,592.47	$612,344.08	$1,788,936.55
# of Claims	139					
# Open	3	Recovery Amount:	-$371.44			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22,027.57	$14,211.01	$36,238.58
Indemnity.....	.....			$120,568.51	$85,009.10	$205,577.61
Medical.....	.....			$275,130.63	$413,939.43	$689,070.06
				$417,726.71	$513,159.54	$930,886.25
# of Claims	137					
# Open	1	Recovery Amount:	-$4,759.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$11,094.81	$0.00	$11,094.81
Indemnity.....	.....			$122,893.14	$0.00	$122,893.14
Medical.....	.....			$264,572.35	$33,440.20	$298,012.55
				$398,560.30	$33,440.20	$432,000.50
# of Claims	116					
# Open	1	Recovery Amount:	-$365.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$4,279.89	$0.00	$4,279.89
Indemnity.....	.....			$36,838.98	$0.00	$36,838.98
Medical.....	.....			$112,309.37	$0.00	$112,309.37
				$153,428.24	$0.00	$153,428.24
# of Claims	113					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$1,892.45	$1,090.00	$2,982.45
Indemnity.....	.....			$17,091.19	$3,109.79	$20,200.98
Medical.....	.....			$135,522.93	$29,522.58	$165,045.51
				$154,506.57	$33,722.37	$188,228.94
# of Claims	109					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

216 - JAMES MADISON UNIVERSITY

S216 - JAMES MADISON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$832.73**	**$1,104.62**	**$1,937.35**
Indemnity.....	.....			**$11,111.29**	**$5,265.78**	**$16,377.07**
Medical.....	.....			**$58,714.91**	**$59,666.71**	**$118,381.62**
				$70,658.93	**$66,037.11**	**$136,696.04**
# of Claims	**89**					
# Open	**18**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$413,551.67**	**$43,070.65**	**$456,622.32**
Indemnity.....	.....			**$5,603,271.46**	**$335,469.83**	**$5,938,741.29**
Medical.....	.....			**$10,136,176.72**	**$2,361,781.02**	**$12,497,957.74**
				$16,152,999.85	**$2,740,321.50**	**$18,893,321.35**
# of Claims	**7,969**					
# Open	**35**	**Recovery Amount:**	**-$302,538.61**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$4,817.09**	**$0.00**	**$4,817.09**
Indemnity				**$91,320.27**	**$0.00**	**$91,320.27**
Medical				**$178,967.86**	**$0.00**	**$178,967.86**
				$275,105.22	**$0.00**	**$275,105.22**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$7,246.19**	**$0.00**	**$7,246.19**
Indemnity				**$66,172.38**	**$0.00**	**$66,172.38**
Medical				**$70,638.84**	**$0.00**	**$70,638.84**
				$144,057.41	**$0.00**	**$144,057.41**
# of Claims	**95**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$932.65**	**$0.00**	**$932.65**
Indemnity				**$63,813.05**	**$0.00**	**$63,813.05**
Medical				**$68,408.70**	**$0.00**	**$68,408.70**
				$133,154.40	**$0.00**	**$133,154.40**
# of Claims	**93**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$5,470.64**	**$0.00**	**$5,470.64**
Indemnity				**$75,665.23**	**$0.00**	**$75,665.23**
Medical				**$90,015.80**	**$0.00**	**$90,015.80**
				$171,151.67	**$0.00**	**$171,151.67**
# of Claims	**102**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$150.00	$0.00	$150.00
Indemnity.....	.....			$97,529.43	$0.00	$97,529.43
Medical.....	.....			$82,180.57	$0.00	$82,180.57
				$179,860.00	$0.00	$179,860.00
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$25,150.44	$0.00	$25,150.44
Indemnity.....	.....			$403,543.35	$0.00	$403,543.35
Medical.....	.....			$250,826.70	$0.00	$250,826.70
				$679,520.49	$0.00	$679,520.49
# of Claims	111					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,416.36	$0.00	$2,416.36
Indemnity.....	.....			$123,942.65	$0.00	$123,942.65
Medical.....	.....			$151,036.85	$0.00	$151,036.85
				$277,395.86	$0.00	$277,395.86
# of Claims	109					
# Open	0	Recovery Amount:	-$269.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,206.24	$0.00	$17,206.24
Medical.....	.....			$69,964.12	$0.00	$69,964.12
				$87,170.36	$0.00	$87,170.36
# of Claims	156					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$127,830.25	$0.00	$127,830.25
Medical.....	.....			$86,501.42	$0.00	$86,501.42
				$214,331.67	$0.00	$214,331.67
# of Claims	119					
# Open	0	Recovery Amount:	-$68.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2.25	$0.00	$2.25
Indemnity.....	.....			$12,128.65	$0.00	$12,128.65
Medical.....	.....			$64,549.70	$0.00	$64,549.70
				$76,680.60	$0.00	$76,680.60
# of Claims	99					
# Open	0	Recovery Amount:	-$2,166.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1.00	$0.00	$1.00
Indemnity.....	.....			$399,507.86	$0.00	$399,507.86
Medical.....	.....			$351,683.08	$0.00	$351,683.08
				$751,191.94	$0.00	$751,191.94
# of Claims	135					
# Open	0	Recovery Amount:	-$37,968.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$249.73	$0.00	$249.73
Indemnity.....	.....			$332,443.30	$0.00	$332,443.30
Medical.....	.....			$225,019.37	$378.00	$225,397.37
				$557,712.40	$378.00	$558,090.40
# of Claims	195					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,103.00	$8.00	$2,111.00
Indemnity.....	.....			$111,745.38	$0.00	$111,745.38
Medical.....	.....			$389,116.97	$88,586.37	$477,703.34
				$502,965.35	$88,594.37	$591,559.72
# of Claims	231					
# Open	1	Recovery Amount:	-$178.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$4,380.00	$0.00	$4,380.00
Indemnity.....	.....			$93,698.98	$0.00	$93,698.98
Medical.....	.....			$318,005.68	$0.00	$318,005.68
				$416,084.66	$0.00	$416,084.66
# of Claims	177					
# Open	0	Recovery Amount:	-$34,085.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,674.60	$0.00	$3,674.60
Medical.....	.....			$60,538.80	$0.00	$60,538.80
				$64,213.40	$0.00	$64,213.40
# of Claims	142					
# Open	0	Recovery Amount:	-$403.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$5,636.12	$0.00	$5,636.12
Indemnity.....	.....			$124,455.94	$0.00	$124,455.94
Medical.....	.....			$285,434.43	$0.00	$285,434.43
				$415,526.49	$0.00	$415,526.49
# of Claims	140					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,488.00	$0.00	$1,488.00
Indemnity.....	.....			$62,797.09	$0.00	$62,797.09
Medical.....	.....			$97,688.02	$0.00	$97,688.02
				$161,973.11	$0.00	$161,973.11
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8,253.28	$0.00	$8,253.28
Indemnity.....	.....			$162,442.37	$0.00	$162,442.37
Medical.....	.....			$1,349,417.34	$2,723,180.99	$4,072,598.33
				$1,520,112.99	$2,723,180.99	$4,243,293.98
# of Claims	116					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$3,022.50	$0.00	$3,022.50
Indemnity.....	.....			$58,948.53	$0.00	$58,948.53
Medical.....	.....			$156,863.25	$0.00	$156,863.25
				$218,834.28	$0.00	$218,834.28
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8,082.74	$0.00	$8,082.74
Indemnity.....	.....			$93,118.95	$0.00	$93,118.95
Medical.....	.....			$155,099.66	$0.00	$155,099.66
				$256,301.35	$0.00	$256,301.35
# of Claims	81					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$722.70	$0.00	$722.70
Indemnity.....	.....			$14,148.97	$0.00	$14,148.97
Medical.....	.....			$77,018.78	$0.00	$77,018.78
				$91,890.45	$0.00	$91,890.45
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$20,362.98	$680.00	$21,042.98
Indemnity.....	.....			$104,302.04	$0.00	$104,302.04
Medical.....	.....			$163,462.22	$14,270.91	$177,733.13
				$288,127.24	$14,950.91	$303,078.15
# of Claims	86					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$2,614.70	$0.00	$2,614.70
Indemnity.....	.....			$46,050.46	$0.00	$46,050.46
Medical.....	.....			$96,738.71	$0.00	$96,738.71
				$145,403.87	$0.00	$145,403.87
# of Claims	78					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$12,735.76	$0.00	$12,735.76
Indemnity.....	.....			$91,557.32	$0.00	$91,557.32
Medical.....	.....			$201,017.37	$0.00	$201,017.37
				$305,310.45	$0.00	$305,310.45
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,665.26	$0.00	$2,665.26
Indemnity.....	.....			$9,000.55	$0.00	$9,000.55
Medical.....	.....			$111,494.16	$0.00	$111,494.16
				$123,159.97	$0.00	$123,159.97
# of Claims	70					
# Open	0	Recovery Amount:	-$10,291.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$9,771.18	$0.00	$9,771.18
Indemnity.....	.....			$124,129.72	$0.00	$124,129.72
Medical.....	.....			$116,004.71	$0.00	$116,004.71
				$249,905.61	$0.00	$249,905.61
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$43.00	$0.00	$43.00
Indemnity.....	.....			$361.61	$0.00	$361.61
Medical.....	.....			$21,725.67	$0.00	$21,725.67
				$22,130.28	$0.00	$22,130.28
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$15,823.54	$0.00	$15,823.54
Indemnity.....	.....			$155,976.32	$0.00	$155,976.32
Medical.....	.....			$208,622.46	$0.00	$208,622.46
				$380,422.32	$0.00	$380,422.32
# of Claims	69					
# Open	0	Recovery Amount:	-$71.20			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$163.04	$0.00	$163.04
Indemnity.....	.....			$6,742.44	$0.00	$6,742.44
Medical.....	.....			$107,533.25	$0.00	$107,533.25
				$114,438.73	$0.00	$114,438.73
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,269.77	$0.00	$2,269.77
Indemnity.....	.....			$4,374.31	$0.00	$4,374.31
Medical.....	.....			$45,232.31	$0.00	$45,232.31
				$51,876.39	$0.00	$51,876.39
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$7,578.44	$0.00	$7,578.44
Indemnity.....	.....			$63,875.68	$0.00	$63,875.68
Medical.....	.....			$58,493.11	$0.00	$58,493.11
				$129,947.23	$0.00	$129,947.23
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$374.45	$0.00	$374.45
Indemnity.....	.....			$11,137.91	$0.00	$11,137.91
Medical.....	.....			$61,789.36	$0.00	$61,789.36
				$73,301.72	$0.00	$73,301.72
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$637.48	$0.00	$637.48
Indemnity.....	.....			$2,591.99	$0.00	$2,591.99
Medical.....	.....			$18,967.03	$0.00	$18,967.03
				$22,196.50	$0.00	$22,196.50
# of Claims	58					
# Open	0	Recovery Amount:	-$7,178.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$954.41	$0.00	$954.41
Indemnity.....	.....			$10,632.81	$0.00	$10,632.81
Medical.....	.....			$40,938.49	$0.00	$40,938.49
				$52,525.71	$0.00	$52,525.71
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$326.45	$0.00	$326.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22,573.43	$0.00	$22,573.43
				$22,899.88	$0.00	$22,899.88
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$526.86	$0.00	$526.86
Indemnity.....	.....			$8,187.18	$0.00	$8,187.18
Medical.....	.....			$65,802.60	$0.00	$65,802.60
				$74,516.64	$0.00	$74,516.64
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

217 - RADFORD UNIVERSITY

S217 - RADFORD UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$410.70**	**$3,588.82**	**$3,999.52**
Indemnity.....	.....			**$12,867.43**	**$18,122.23**	**$30,989.66**
Medical.....	.....			**$43,173.46**	**$20,319.68**	**$63,493.14**
				$56,451.59	**$42,030.73**	**$98,482.32**
# of Claims	**45**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$157,382.71**	**$4,276.82**	**$161,659.53**
Indemnity.....	.....			**$3,187,921.24**	**$18,122.23**	**$3,206,043.47**
Medical.....	.....			**$5,962,544.28**	**$2,846,735.95**	**$8,809,280.23**
				$9,307,848.23	**$2,869,135.00**	**$12,176,983.23**
# of Claims	**3,504**					
# Open	**7**	**Recovery Amount:**	**-$92,681.82**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.68	$0.00	$96.68
Medical.....	.....			$8,689.83	$0.00	$8,689.83
				$8,786.51	$0.00	$8,786.51
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,570.28	$0.00	$1,570.28
Indemnity.....	.....			$147,167.87	$0.00	$147,167.87
Medical.....	.....			$72,602.80	$0.00	$72,602.80
				$221,340.95	$0.00	$221,340.95
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$372.60	$0.00	$372.60
Indemnity.....	.....			$154.74	$0.00	$154.74
Medical.....	.....			$28,048.76	$0.00	$28,048.76
				$28,576.10	$0.00	$28,576.10
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$193.60	$0.00	$193.60
Medical.....	.....			$7,889.30	$0.00	$7,889.30
				$8,082.90	$0.00	$8,082.90
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,903.69	$0.00	$1,903.69
Medical.....	.....			$7,875.98	$0.00	$7,875.98
				$9,779.67	$0.00	$9,779.67
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,495.65	$0.00	$1,495.65
Medical.....	.....			$7,250.55	$0.00	$7,250.55
				$8,746.20	$0.00	$8,746.20
# of Claims	35					
# Open	0	Recovery Amount:	-$39.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$350.41	$0.00	$350.41
Medical.....	.....			$4,580.84	$0.00	$4,580.84
				$4,931.25	$0.00	$4,931.25
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$10,960.28	$5,697.72	$16,658.00
Indemnity.....	.....			$172,926.77	$0.00	$172,926.77
Medical.....	.....			$349,607.33	$235,923.61	$585,530.94
				$533,494.38	$241,621.33	$775,115.71
# of Claims	30					
# Open	1	Recovery Amount:	-$87.38			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$260.00	$0.00	$260.00
Medical.....	.....			$4,952.19	$0.00	$4,952.19
				$5,212.19	$0.00	$5,212.19
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,070.48	$0.00	$27,070.48
Medical.....	.....			$39,366.97	$0.00	$39,366.97
				$66,437.45	$0.00	$66,437.45
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$209.20	$0.00	$209.20
Medical.....	.....			$6,723.28	$0.00	$6,723.28
				$6,932.48	$0.00	$6,932.48
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$148.08	$0.00	$148.08
Medical.....	.....			$3,086.40	$0.00	$3,086.40
				$3,234.48	$0.00	$3,234.48
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,033.82	$0.00	$1,033.82
Medical.....	.....			$4,423.14	$0.00	$4,423.14
				$5,456.96	$0.00	$5,456.96
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$63.29	$0.00	$63.29
Indemnity.....	.....			$742.19	$0.00	$742.19
Medical.....	.....			$23,334.09	$0.00	$23,334.09
				$24,139.57	$0.00	$24,139.57
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,436.63	$0.00	$3,436.63
				$3,436.63	$0.00	$3,436.63
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$268.16	$0.00	$268.16
Indemnity.....	.....			$6,731.05	$0.00	$6,731.05
Medical.....	.....			$12,151.11	$0.00	$12,151.11
				$19,150.32	$0.00	$19,150.32
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$140.89	$0.00	$140.89
Indemnity.....	.....			$30,469.89	$0.00	$30,469.89
Medical.....	.....			$66,538.37	$0.00	$66,538.37
				$97,149.15	$0.00	$97,149.15
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$247.66	$0.00	$247.66
Indemnity.....	.....			$8,921.61	$0.00	$8,921.61
Medical.....	.....			$73,629.13	$0.00	$73,629.13
				$82,798.40	$0.00	$82,798.40
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$6,919.40	$0.00	$6,919.40
Medical.....	.....			$12,531.77	$0.00	$12,531.77
				$19,467.17	$0.00	$19,467.17
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$12.65	$0.00	$12.65
Indemnity.....	.....			$599.30	$0.00	$599.30
Medical.....	.....			$4,686.59	$0.00	$4,686.59
				$5,298.54	$0.00	$5,298.54
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,284.49	$0.00	$1,284.49
Medical.....	.....			$8,216.36	$0.00	$8,216.36
				$9,500.85	$0.00	$9,500.85
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,762.36	$0.00	$1,762.36
				$1,762.36	$0.00	$1,762.36
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,641.33	$0.00	$7,641.33
				$7,641.33	$0.00	$7,641.33
# of Claims	27					
# Open	0	Recovery Amount:	-$2,950.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$11,364.63	$0.00	$11,364.63
Medical.....	.....			$61,137.50	$0.00	$61,137.50
				$72,526.13	$0.00	$72,526.13
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,433.02	$0.00	$1,433.02
				$1,441.02	$0.00	$1,441.02
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$37.13	$0.00	$37.13
Indemnity.....	.....			$7,902.69	$0.00	$7,902.69
Medical.....	.....			$49,747.69	$0.00	$49,747.69
				$57,687.51	$0.00	$57,687.51
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$1,631.92	$0.00	$1,631.92
Medical.....	.....			$50,464.40	$0.00	$50,464.40
				$52,148.32	$0.00	$52,148.32
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$87.10	$0.00	$87.10
Indemnity.....	.....			$508.72	$0.00	$508.72
Medical.....	.....			$7,481.34	$0.00	$7,481.34
				$8,077.16	$0.00	$8,077.16
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

218 - VA School for the Deaf & Blind 218

S218 - VA School for the Deaf & Blind218

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$717.24	$0.00	$717.24
Medical.....	.....			$4,467.81	$0.00	$4,467.81
				$5,193.05	$0.00	$5,193.05
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,679.60	$0.00	$1,679.60
Medical.....	.....			$3,212.79	$0.00	$3,212.79
				$4,908.39	$0.00	$4,908.39
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$26.82	$371.18	$398.00
Indemnity.....	.....			$7,526.00	$15,085.74	$22,611.74
Medical.....	.....			$39,838.58	$23,349.72	$63,188.30
				$47,391.40	$38,806.64	$86,198.04
# of Claims	10					
# Open	3	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,910.86	$6,068.90	$19,979.76
Indemnity.....	.....			$440,009.72	$15,085.74	$455,095.46
Medical.....	.....			$976,808.24	$259,273.33	$1,236,081.57
				$1,430,728.82	$280,427.97	$1,711,156.79
# of Claims	998					
# Open	4	Recovery Amount:	-$3,076.96			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

S219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.00	$0.00	$245.00
				$245.00	$0.00	$245.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,579.84	$0.00	$4,579.84
Medical.....	.....			$14,512.84	$0.00	$14,512.84
				$19,092.68	$0.00	$19,092.68
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$49,188.26	$0.00	$49,188.26
Medical.....	.....			$209,774.71	$0.00	$209,774.71
				$258,970.97	$0.00	$258,970.97
# of Claims	48					
# Open	0	Recovery Amount:	-$376.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

S219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,142.04	$0.00	$25,142.04
Medical.....	.....			$17,604.07	$0.00	$17,604.07
				$42,746.11	$0.00	$42,746.11
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,025.72	$0.00	$2,025.72
Medical.....	.....			$10,315.09	$0.00	$10,315.09
				$12,340.81	$0.00	$12,340.81
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$154.07	$0.00	$154.07
Indemnity.....	.....			$4,352.00	$0.00	$4,352.00
Medical.....	.....			$256,499.46	$0.00	$256,499.46
				$261,005.53	$0.00	$261,005.53
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,075.96	$0.00	$2,075.96
Indemnity.....	.....			$137,779.38	$0.00	$137,779.38
Medical.....	.....			$215,623.59	$0.00	$215,623.59
				$355,478.93	$0.00	$355,478.93
# of Claims	28					
# Open	0	Recovery Amount:	-$3,282.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

S219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$30,107.03	$0.00	$30,107.03
Medical.....	.....			$38,425.10	$0.00	$38,425.10
				$68,540.13	$0.00	$68,540.13
# of Claims	44					
# Open	0	Recovery Amount:	-$216.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,554.79	$0.00	$2,554.79
				$2,554.79	$0.00	$2,554.79
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,831.50	$0.00	$2,831.50
				$2,831.50	$0.00	$2,831.50
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$95,305.56	$0.00	$95,305.56
Medical.....	.....			$12,425.25	$0.00	$12,425.25
				$109,290.81	$0.00	$109,290.81
# of Claims	70					
# Open	0	Recovery Amount:	-$2,116.58			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

S219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,934.84	$0.00	$5,934.84
Medical.....	.....			$30,465.13	$0.00	$30,465.13
				$36,399.97	$0.00	$36,399.97
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,735.36	$0.00	$1,735.36
Medical.....	.....			$10,619.39	$0.00	$10,619.39
				$12,354.75	$0.00	$12,354.75
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$79.96	$0.00	$79.96
Medical.....	.....			$3,481.82	$0.00	$3,481.82
				$3,561.78	$0.00	$3,561.78
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,527.20	$0.00	$2,527.20
Indemnity.....	.....			$101,414.25	$0.00	$101,414.25
Medical.....	.....			$44,327.64	$0.00	$44,327.64
				$148,269.09	$0.00	$148,269.09
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

S219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,026.80	$0.00	$7,026.80
				$7,026.80	$0.00	$7,026.80
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,837.60	$0.00	$3,837.60
				$3,837.60	$0.00	$3,837.60
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$578.09	$0.00	$578.09
				$578.09	$0.00	$578.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,333.23	$0.00	$6,333.23
Indemnity.....	.....			$457,644.24	$0.00	$457,644.24
Medical.....	.....			$881,202.87	$0.00	$881,202.87
				$1,345,180.34	$0.00	$1,345,180.34
# of Claims	703					
# Open	0	Recovery Amount:	-$5,992.18			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$40,972.29	$0.00	$40,972.29
Indemnity.....	.....			$387,866.18	$0.00	$387,866.18
Medical.....	.....			$817,779.46	$0.00	$817,779.46
				$1,246,617.93	$0.00	$1,246,617.93
# of Claims	184					
# Open	0	Recovery Amount:	-$52,261.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$33,677.74	$0.00	$33,677.74
Indemnity.....	.....			$334,562.01	$0.00	$334,562.01
Medical.....	.....			$315,314.33	$0.00	$315,314.33
				$683,554.08	$0.00	$683,554.08
# of Claims	219					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$14,003.92	$0.00	$14,003.92
Indemnity.....	.....			$189,776.20	$0.00	$189,776.20
Medical.....	.....			$434,852.22	$0.00	$434,852.22
				$638,632.34	$0.00	$638,632.34
# of Claims	206					
# Open	0	Recovery Amount:	-$5,219.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$7,498.74	$500.00	$7,998.74
Indemnity.....	.....			$221,471.18	$0.00	$221,471.18
Medical.....	.....			$877,734.77	$220,477.49	$1,098,212.26
				$1,106,704.69	$220,977.49	$1,327,682.18
# of Claims	186					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$981.25	$0.00	$981.25
Indemnity.....	.....			$61,936.68	$0.00	$61,936.68
Medical.....	.....			$96,644.44	$0.00	$96,644.44
				$159,562.37	$0.00	$159,562.37
# of Claims	146					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$14,119.82	$0.00	$14,119.82
Medical.....	.....			$214,400.81	$0.00	$214,400.81
				$228,870.63	$0.00	$228,870.63
# of Claims	121					
# Open	0	Recovery Amount:	-$535.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,184.32	$0.00	$2,184.32
Indemnity.....	.....			$259,509.39	$0.00	$259,509.39
Medical.....	.....			$201,515.14	$0.00	$201,515.14
				$463,208.85	$0.00	$463,208.85
# of Claims	139					
# Open	0	Recovery Amount:	-$82.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,309.90	$0.00	$1,309.90
Indemnity.....	.....			$219,400.67	$0.00	$219,400.67
Medical.....	.....			$180,505.38	$0.00	$180,505.38
				$401,215.95	$0.00	$401,215.95
# of Claims	153					
# Open	0	Recovery Amount:	-$303.23			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,237.15	$0.00	$3,237.15
Indemnity.....	.....			$592,147.15	$0.00	$592,147.15
Medical.....	.....			$563,853.20	$0.00	$563,853.20
				$1,159,237.50	$0.00	$1,159,237.50
# of Claims	149					
# Open	0	Recovery Amount:	-$4,671.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,340.00	$0.00	$2,340.00
Indemnity.....	.....			$177,351.55	$0.00	$177,351.55
Medical.....	.....			$1,253,731.34	$65,479.00	$1,319,210.34
				$1,433,422.89	$65,479.00	$1,498,901.89
# of Claims	141					
# Open	1	Recovery Amount:	-$156.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$9.00	$0.00	$9.00
Indemnity.....	.....			$10,062.23	$0.00	$10,062.23
Medical.....	.....			$65,423.49	$0.00	$65,423.49
				$75,494.72	$0.00	$75,494.72
# of Claims	99					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$78.84	$0.00	$78.84
Indemnity.....	.....			$37,554.57	$0.00	$37,554.57
Medical.....	.....			$286,772.76	$0.00	$286,772.76
				$324,406.17	$0.00	$324,406.17
# of Claims	117					
# Open	0	Recovery Amount:	-$32,136.95			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$5,660.00	$0.00	$5,660.00
Indemnity.....	.....			$89,248.64	$0.00	$89,248.64
Medical.....	.....			$143,969.16	$0.00	$143,969.16
				$238,877.80	$0.00	$238,877.80
# of Claims	91					
# Open	0	Recovery Amount:	-$1,151.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$390.97	$0.00	$390.97
Indemnity.....	.....			$74,592.09	$0.00	$74,592.09
Medical.....	.....			$109,946.75	$0.00	$109,946.75
				$184,929.81	$0.00	$184,929.81
# of Claims	90					
# Open	0	Recovery Amount:	-$1,462.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,998.13	$0.00	$4,998.13
Medical.....	.....			$85,032.73	$0.00	$85,032.73
				$90,030.86	$0.00	$90,030.86
# of Claims	80					
# Open	0	Recovery Amount:	-$60.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$4,811.00	$0.00	$4,811.00
Indemnity.....	.....			$131,956.50	$0.00	$131,956.50
Medical.....	.....			$166,741.54	$0.00	$166,741.54
				$303,509.04	$0.00	$303,509.04
# of Claims	109					
# Open	1	Recovery Amount:	-$13,018.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$24,943.72	$0.00	$24,943.72
Medical.....	.....			$189,202.15	$122,661.77	$311,863.92
				$214,161.87	$122,661.77	$336,823.64
# of Claims	68					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,065.81	$0.00	$14,065.81
Medical.....	.....			$119,898.11	$0.00	$119,898.11
				$133,963.92	$0.00	$133,963.92
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$3,339.50	$0.00	$3,339.50
Indemnity.....	.....			$107,361.71	$0.00	$107,361.71
Medical.....	.....			$113,486.60	$0.00	$113,486.60
				$224,187.81	$0.00	$224,187.81
# of Claims	63					
# Open	0	Recovery Amount:	-$2,970.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,675.66	$0.00	$17,675.66
Medical.....	.....			$66,752.44	$0.00	$66,752.44
				$84,428.10	$0.00	$84,428.10
# of Claims	54					
# Open	0	Recovery Amount:	-$16,495.47			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,350.01	$0.00	$16,350.01
Medical.....	.....			$79,826.66	$0.00	$79,826.66
				$96,176.67	$0.00	$96,176.67
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$40,599.27	$0.00	$40,599.27
Indemnity.....	.....			$479,088.41	$0.00	$479,088.41
Medical.....	.....			$235,941.32	$12,059.31	$248,000.63
				$755,629.00	$12,059.31	$767,688.31
# of Claims	60					
# Open	1	Recovery Amount:	-$2,216.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,835.53	$0.00	$1,835.53
Indemnity.....	.....			$26,086.45	$0.00	$26,086.45
Medical.....	.....			$163,341.22	$0.00	$163,341.22
				$191,263.20	$0.00	$191,263.20
# of Claims	78					
# Open	0	Recovery Amount:	-$12,347.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$96.00	$0.00	$96.00
Indemnity.....	.....			$3,030.20	$0.00	$3,030.20
Medical.....	.....			$63,394.52	$0.00	$63,394.52
				$66,520.72	$0.00	$66,520.72
# of Claims	75					
# Open	0	Recovery Amount:	-$431.36			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$14,894.63	$0.00	$14,894.63
Indemnity.....	.....			$29,270.06	$0.00	$29,270.06
Medical.....	.....			$222,241.59	$0.00	$222,241.59
				$266,406.28	$0.00	$266,406.28
# of Claims	78					
# Open	0	Recovery Amount:	-$25,088.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$30,040.54	$0.00	$30,040.54
Indemnity.....	.....			$156,088.04	$0.00	$156,088.04
Medical.....	.....			$261,017.23	$0.00	$261,017.23
				$447,145.81	$0.00	$447,145.81
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$10,466.61	$0.00	$10,466.61
Indemnity.....	.....			$327,741.42	$0.00	$327,741.42
Medical.....	.....			$171,951.16	$0.00	$171,951.16
				$510,159.19	$0.00	$510,159.19
# of Claims	102					
# Open	1	Recovery Amount:	-$154.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$349.37	$0.00	$349.37
Indemnity.....	.....			$8,891.73	$0.00	$8,891.73
Medical.....	.....			$105,815.44	$0.00	$105,815.44
				$115,056.54	$0.00	$115,056.54
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$18,669.22	$0.00	$18,669.22
Indemnity.....	.....			$383,039.23	$0.00	$383,039.23
Medical.....	.....			$243,487.47	$0.00	$243,487.47
				$645,195.92	$0.00	$645,195.92
# of Claims	77					
# Open	1	Recovery Amount:	-$21.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$4,271.22	$0.00	$4,271.22
Indemnity.....	.....			$14,000.39	$0.00	$14,000.39
Medical.....	.....			$110,151.98	$0.00	$110,151.98
				$128,423.59	$0.00	$128,423.59
# of Claims	75					
# Open	0	Recovery Amount:	-$1,400.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$441.41	$2,040.00	$2,481.41
Indemnity.....	.....			$26,310.75	$0.00	$26,310.75
Medical.....	.....			$204,259.37	$246,628.99	$450,888.36
				$231,011.53	$248,668.99	$479,680.52
# of Claims	57					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$151.03	$0.00	$151.03
Indemnity.....	.....			$38,504.79	$0.00	$38,504.79
Medical.....	.....			$81,965.73	$0.00	$81,965.73
				$120,621.55	$0.00	$120,621.55
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$542.19	$0.00	$542.19
Indemnity.....	.....			$10,245.90	$0.00	$10,245.90
Medical.....	.....			$54,447.17	$0.00	$54,447.17
				$65,235.26	$0.00	$65,235.26
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$4,357.43	$5,807.23	$10,164.66
Indemnity.....	.....			$18,759.01	$0.00	$18,759.01
Medical.....	.....			$35,601.75	$204,880.82	$240,482.57
				$58,718.19	$210,688.05	$269,406.24
# of Claims	35					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$326.55	$0.00	$326.55
Indemnity.....	.....			$2,873.51	$0.00	$2,873.51
Medical.....	.....			$55,282.11	$0.00	$55,282.11
				$58,482.17	$0.00	$58,482.17
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$4,227.82	$340.30	$4,568.12
Indemnity.....	.....			$8,801.34	$5,454.14	$14,255.48
Medical.....	.....			$15,009.29	$90,938.12	$105,947.41
				$28,038.45	$96,732.56	$124,771.01
# of Claims	26					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

221 - OLD DOMINION UNIVERSITY

S221 - OLD DOMINION UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$269.10**	**$150.00**	**$419.10**
Indemnity				**$213.01**	**$0.00**	**$213.01**
Medical				**$10,213.79**	**$12,438.71**	**$22,652.50**
				$10,695.90	**$12,588.71**	**$23,284.61**
# of Claims	**29**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$252,398.54**	**$8,837.53**	**$261,236.07**
Indemnity				**$4,519,894.14**	**$5,454.14**	**$4,525,348.28**
Medical				**$8,417,504.62**	**$975,564.21**	**$9,393,068.83**
				$13,189,797.30	**$989,855.88**	**$14,179,653.18**
# of Claims	**3,533**					
# Open	**18**	**Recovery Amount:**	**-$172,185.35**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,551.07	$0.00	$9,551.07
Medical.....	.....			$1,029.11	$0.00	$1,029.11
				$10,580.18	$0.00	$10,580.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.00	$0.00	$25.00
				$25.00	$0.00	$25.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.72	$0.00	$207.72
				$207.72	$0.00	$207.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$580.97	$0.00	$580.97
Medical.....	.....			$1,319.34	$0.00	$1,319.34
				$1,900.31	$0.00	$1,900.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.90	$0.00	$119.90
				$119.90	$0.00	$119.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$19.00	$0.00	$19.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$94.00	$0.00	$94.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,517.28	$0.00	$3,517.28
				$3,517.28	$0.00	$3,517.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.78	$0.00	$242.78
				$242.78	$0.00	$242.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,974.14	$0.00	$14,974.14
Medical.....	.....			$28,041.05	$0.00	$28,041.05
				$43,015.19	$0.00	$43,015.19
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.00	$0.00	$89.00
				$89.00	$0.00	$89.00
# of Claims	6					
# Open	0	Recovery Amount:	-$7.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.40	$0.00	$95.40
				$95.40	$0.00	$95.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,932.87	$0.00	$6,932.87
				$6,932.87	$0.00	$6,932.87
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.18	$0.00	$154.18
				$154.18	$0.00	$154.18
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,163.00	$0.00	$1,163.00
Indemnity.....	.....			$3,560.95	$0.00	$3,560.95
Medical.....	.....			$73,128.50	$0.00	$73,128.50
				$77,852.45	$0.00	$77,852.45
# of Claims	4					
# Open	0	Recovery Amount:	-$2,011.19			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$259.68	$0.00	$259.68
				$259.68	$0.00	$259.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$381.37	$0.00	$381.37
				$381.37	$0.00	$381.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,385.50	$0.00	$1,385.50
				$1,385.50	$0.00	$1,385.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$427.85	$0.00	$427.85
				$427.85	$0.00	$427.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$694.92	$0.00	$694.92
				$694.92	$0.00	$694.92
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

S222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$45.13	$0.00	$45.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$45.13	$0.00	$45.13
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$68.10	$0.00	$68.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$68.10	$0.00	$68.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.53	$1,200.00	$1,355.53
				$155.53	$1,250.00	$1,405.53
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,303.23	$50.00	$1,353.23
Indemnity.....	.....			$28,667.13	$0.00	$28,667.13
Medical.....	.....			$118,281.98	$1,200.00	$119,481.98
				$148,252.34	$1,250.00	$149,502.34
# of Claims	121					
# Open	2	Recovery Amount:	-$2,018.67			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

222 - PROF & OCCUP. REG., DEPT.

223 - HEALTH PROFESSIONS DEPT.

224 - DENISTRY, VIRGINIA BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,450.15	$0.00	$1,450.15
				$1,450.15	$0.00	$1,450.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,450.15	$0.00	$1,450.15
				$1,450.15	$0.00	$1,450.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

225 - FUNERAL DIRECTORS, VA BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

226 - EXAMINATIONS, VIRGINIA BOARD OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

223 - HEALTH PROFESSIONS DEPT.

226 - EXAMINATIONS, VIRGINIA BOARD OF

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,696.69**	**$0.00**	**$1,696.69**
				$1,696.69	**$0.00**	**$1,696.69**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,696.69**	**$0.00**	**$1,696.69**
				$1,696.69	**$0.00**	**$1,696.69**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

227 - VA ST BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

227 - VA ST BOARD OF

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$50.00**	**$0.00**	**$50.00**
		$50.00	**$0.00**	**$50.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$905.68**	**$0.00**	**$905.68**
Medical		**$2,409.34**	**$0.00**	**$2,409.34**
		$3,315.02	**$0.00**	**$3,315.02**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$175.20**	**$0.00**	**$175.20**
		$175.20	**$0.00**	**$175.20**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

227 - VA ST BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,792.99	$0.00	$24,792.99
				$24,792.99	$0.00	$24,792.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$764.30	$0.00	$764.30
				$764.30	$0.00	$764.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$905.68	$0.00	$905.68
Medical.....	.....			$28,191.83	$0.00	$28,191.83
				$29,097.51	$0.00	$29,097.51
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

228 - VA ST BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred

223 - HEALTH PROFESSIONS DEPT.

228 - VA ST BOARD OF

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,157.85**	**$0.00**	**$1,157.85**
				$1,157.85	**$0.00**	**$1,157.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$102.00**	**$0.00**	**$102.00**
		$102.00	**$0.00**	**$102.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,207.85**	**$0.00**	**$2,207.85**
		$2,207.85	**$0.00**	**$2,207.85**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,467.70**	**$0.00**	**$3,467.70**
				$3,467.70	**$0.00**	**$3,467.70**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

229 - PHARMACY, VIRGINIA BOARD OF

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

229 - PHARMACY, VIRGINIA BOARD OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$976.42	$0.00	$976.42
				$976.42	$0.00	$976.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$976.42	$0.00	$976.42
				$976.42	$0.00	$976.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

230 - VETERINARY MEDICINE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

230 - VETERINARY MEDICINE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$62.86**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.00**	**$0.00**	**$174.00**
				$174.00	**$0.00**	**$174.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$62.86**			

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,424.36**	**$0.00**	**$15,424.36**
Medical				**$7,477.67**	**$0.00**	**$7,477.67**
				$22,902.03	**$0.00**	**$22,902.03**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.00	$0.00	$157.00
				$157.00	$0.00	$157.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.25	$0.00	$228.25
				$228.25	$0.00	$228.25
# of Claims	2					
# Open	0	Recovery Amount:	-$228.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$502.22	$0.00	$502.22
				$502.22	$0.00	$502.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,690.22	$0.00	$11,690.22
Medical.....	.....			$17,458.53	$0.00	$17,458.53
				$29,148.75	$0.00	$29,148.75
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,996.99	$0.00	$4,996.99
Medical.....	.....			$12,486.08	$0.00	$12,486.08
				$17,483.07	$0.00	$17,483.07
# of Claims	8					
# Open	0	Recovery Amount:	-$10,996.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$501.93	$0.00	$501.93
				$501.93	$0.00	$501.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,671.55	$0.00	$1,671.55
Medical.....	.....			$8,027.79	$0.00	$8,027.79
				$9,699.34	$0.00	$9,699.34
# of Claims	5					
# Open	0	Recovery Amount:	-$4,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$26,660.45**	**$0.00**	**$26,660.45**
Medical				**$10,193.45**	**$0.00**	**$10,193.45**
				$36,853.90	**$0.00**	**$36,853.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$522.20**	**$0.00**	**$522.20**
				$522.20	**$0.00**	**$522.20**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,286.44**	**$0.00**	**$4,286.44**
				$4,286.44	**$0.00**	**$4,286.44**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$255.75**	**$0.00**	**$255.75**
				$255.75	**$0.00**	**$255.75**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,234.23	$0.00	$1,234.23
				$1,234.23	$0.00	$1,234.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$47.02	$0.00	$47.02
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$292.00	$0.00	$292.00
				$339.02	$0.00	$339.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.02	$0.00	$159.02
				$159.02	$0.00	$159.02
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$496.92	$0.00	$496.92
				$496.92	$0.00	$496.92
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,506.94	$0.00	$1,506.94
				$1,536.94	$0.00	$1,536.94
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.90	$0.00	$244.90
				$244.90	$0.00	$244.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$842.49	$0.00	$842.49
				$842.49	$0.00	$842.49
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$69.08**	**$0.00**	**$69.08**
				$77.08	**$0.00**	**$77.08**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.24**	**$0.00**	**$135.24**
				$135.24	**$0.00**	**$135.24**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$124.00**	**$0.00**	**$124.00**
Indemnity				**$9,138.95**	**$0.00**	**$9,138.95**
Medical				**$39,374.18**	**$0.00**	**$39,374.18**
				$48,637.13	**$0.00**	**$48,637.13**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$70.62**	**$0.00**	**$70.62**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,221.63**	**$0.00**	**$9,221.63**
				$9,292.25	**$0.00**	**$9,292.25**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$2,257.91**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$110.18**	**$0.00**	**$110.18**
				$110.18	**$0.00**	**$110.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

223 - HEALTH PROFESSIONS DEPT.

S223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$10.81**	**$0.00**	**$10.81**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$10.81	**$0.00**	**$10.81**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$290.45**	**$0.00**	**$290.45**
Indemnity.....	.....			**$69,582.52**	**$0.00**	**$69,582.52**
Medical.....	.....			**$115,784.12**	**$0.00**	**$115,784.12**
				$185,657.09	**$0.00**	**$185,657.09**
# of Claims	**154**					
# Open	**0**	**Recovery Amount:**	**-$17,482.37**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

226 - Board of Accountancy

S226 - Board of Accountancy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

229 - VPI Coop. Ext. and Ag. Exp. Stn.

S229 - VPI Coop. Ext. and Ag. Exp. Stn.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.18	$0.00	$685.18
				$685.18	$0.00	$685.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$6,537.86	$0.00	$6,537.86
Indemnity.....	.....			$262,238.48	$102,277.28	$364,515.76
Medical.....	.....			$8,252.44	$0.00	$8,252.44
				$277,028.78	$102,277.28	$379,306.06
# of Claims	20					
# Open	1	Recovery Amount:	-$1,833.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$175.16	$0.00	$175.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,538.14	$0.00	$4,538.14
				$4,713.30	$0.00	$4,713.30
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,562.30	$0.00	$3,562.30
Indemnity.....	.....			$26,573.22	$0.00	$26,573.22
Medical.....	.....			$44,094.61	$31,738.46	$75,833.07
				$74,230.13	$31,738.46	$105,968.59
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

229 - VPI Coop. Ext. and Ag. Exp. Stn.

S229 - VPI Coop. Ext. and Ag. Exp. Stn.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$23.85**	**$0.00**	**$23.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.40**	**$0.00**	**$130.40**
				$154.25	**$0.00**	**$154.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$362.44**	**$0.00**	**$362.44**
				$362.44	**$0.00**	**$362.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$123.68**	**$315.04**	**$438.72**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,149.52**	**$4,700.00**	**$6,849.52**
				$2,273.20	**$5,015.04**	**$7,288.24**
# of Claims	**9**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$10,422.85**	**$315.04**	**$10,737.89**
Indemnity				**$288,811.70**	**$102,277.28**	**$391,088.98**
Medical				**$60,212.73**	**$36,438.46**	**$96,651.19**
				$359,447.28	**$139,030.78**	**$498,478.06**
# of Claims	**56**					
# Open	**4**	**Recovery Amount:**	**-$1,833.75**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

230 - RESEARCH & CONTINUING ED DIV.

S230 - RESEARCH & CONTINUING ED DIV.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.00**	**$0.00**	**$47.00**
				$47.00	**$0.00**	**$47.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.00**	**$0.00**	**$47.00**
				$47.00	**$0.00**	**$47.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

234 - VSU Coop. Ext. & Ag. Research Svcs

S234 -VSU Coop. Ext. & Ag. Research Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$873.46	$0.00	$873.46
				$881.46	$0.00	$881.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$49.90	$0.00	$49.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$771.05	$0.00	$771.05
				$820.95	$0.00	$820.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$475.45	$0.00	$475.45
				$483.45	$0.00	$483.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$30.95	$0.00	$30.95
Indemnity.....	.....			$335.25	$0.00	$335.25
Medical.....	.....			$1,312.15	$0.00	$1,312.15
				$1,678.35	$0.00	$1,678.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

234 - VSU Coop. Ext. & Ag. Research Svcs

S234 -VSU Coop. Ext. & Ag. Research Svc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.00	$0.00	$165.00
				$205.00	$0.00	$205.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$68.60	$0.00	$68.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.00	$0.00	$244.00
				$312.60	$0.00	$312.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$205.45	$0.00	$205.45
Indemnity.....	.....			$335.25	$0.00	$335.25
Medical.....	.....			$3,841.11	$0.00	$3,841.11
				$4,381.81	$0.00	$4,381.81
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

100 - VCU Finance Insurance &Real Estate

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.96	$0.00	$313.96
				$313.96	$0.00	$313.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

100 - VCU Finance Insurance &Real Estate

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.00	$0.00	$257.00
				$257.00	$0.00	$257.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$475.64	$0.00	$475.64
				$503.64	$0.00	$503.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.24	$0.00	$399.24
				$399.24	$0.00	$399.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,445.84	$0.00	$1,445.84
				$1,473.84	$0.00	$1,473.84
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

101 - VCU BUSINESS MANAGEMENT CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

101 - VCU BUSINESS MANAGEMENT CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

102 - VCU Marketing & Business Law

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

103 - VCU Rehabilitation Counseling

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

103 - VCU Rehabilitation Counseling

WC2004	**7/1/2003 - 6/30/2004**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$616.25**	**$0.00**	**$616.25**
			$616.25	**$0.00**	**$616.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$616.25**	**$0.00**	**$616.25**
			$616.25	**$0.00**	**$616.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

106 - VCU JUSTICE & RISK MANAGEMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$71.66**	**$0.00**	**$71.66**
			$71.66	**$0.00**	**$71.66**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$71.66**	**$0.00**	**$71.66**
			$71.66	**$0.00**	**$71.66**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

108 - VCU RECREATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

108 - VCU RECREATION

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$128.06**	**$0.00**	**$128.06**
				$128.06	**$0.00**	**$128.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$964.61**	**$0.00**	**$964.61**
				$964.61	**$0.00**	**$964.61**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,092.67**	**$0.00**	**$1,092.67**
				$1,092.67	**$0.00**	**$1,092.67**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

109 - VCU Rehabilitation Counseling

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

109 - VCU Rehabilitation Counseling

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$56.00**	**$0.00**	**$56.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,082.28**	**$0.00**	**$5,082.28**
				$5,138.28	**$0.00**	**$5,138.28**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,302.66**	**$0.00**	**$2,302.66**
				$2,328.06	**$0.00**	**$2,328.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$81.40**	**$0.00**	**$81.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,384.94**	**$0.00**	**$7,384.94**
				$7,466.34	**$0.00**	**$7,466.34**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

109 - VCU Rehabilitation Counseling

10 - VCU Effort Reporting

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$196.74	$0.00	$196.74
Medical.....	.....			$1,890.00	$0.00	$1,890.00
				$2,470.24	$0.00	$2,470.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.00	$0.00	$174.00
				$174.00	$0.00	$174.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.50	$0.00	$106.50
				$106.50	$0.00	$106.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

10 - VCU Effort Reporting

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$79.28	$0.00	$79.28
				$79.28	$0.00	$79.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.65	$0.00	$115.65
				$115.65	$0.00	$115.65
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,208.65	$0.00	$3,208.65
				$3,208.65	$0.00	$3,208.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.00	$0.00	$230.00
				$230.00	$0.00	$230.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

10 - VCU Effort Reporting

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.00	$0.00	$120.00
				$120.00	$0.00	$120.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$196.74	$0.00	$196.74
Medical.....	.....			$5,931.38	$0.00	$5,931.38
				$6,511.62	$0.00	$6,511.62
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

110 - VCU URBAN STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,154.97	$0.00	$2,154.97
				$2,154.97	$0.00	$2,154.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,154.97	$0.00	$2,154.97
				$2,154.97	$0.00	$2,154.97

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

110 - VCU URBAN STUDIES

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

112 - VCU Education - Dean's Office

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$213.50	$0.00	$213.50
			$213.50	$0.00	$213.50
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$10,177.84	$0.00	$10,177.84
Medical.....	.....		$11,782.13	$0.00	$11,782.13
			$21,959.97	$0.00	$21,959.97
# of Claims	6				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$197.21	$0.00	$197.21
Medical.....	.....		$147.85	$0.00	$147.85
			$345.06	$0.00	$345.06
# of Claims	4				
# Open	0	Recovery Amount:	$0.00		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,815.59	$0.00	$1,815.59
				$1,815.59	$0.00	$1,815.59
# of Claims	7					
# Open	0	Recovery Amount:	-$393.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$51.56	$0.00	$51.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$397.67	$0.00	$397.67
				$449.23	$0.00	$449.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.85	$0.00	$75.85
				$75.85	$0.00	$75.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$875.30	$0.00	$875.30
				$875.30	$0.00	$875.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$605.92	$0.00	$605.92
				$605.92	$0.00	$605.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.05	$0.00	$195.05
				$195.05	$0.00	$195.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$373.86	$0.00	$373.86
				$373.86	$0.00	$373.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.38	$0.00	$103.38
				$103.38	$0.00	$103.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$398.68	$0.00	$398.68
				$398.68	$0.00	$398.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,521.52	$0.00	$5,521.52
				$5,521.52	$0.00	$5,521.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$198.77	$0.00	$198.77
				$198.77	$0.00	$198.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.34	$0.00	$378.34
				$378.34	$0.00	$378.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

112 - VCU Education - Dean's Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.35	$0.00	$348.35
				$348.35	$0.00	$348.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$51.56	$0.00	$51.56
Indemnity.....	.....			$10,375.05	$0.00	$10,375.05
Medical.....	.....			$23,431.76	$0.00	$23,431.76
				$33,858.37	$0.00	$33,858.37
# of Claims	55					
# Open	0	Recovery Amount:	-$393.41			

113 - VCU Dean's Office Educ-Word Proces

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

114 - VCU CONT ED & FIELD STUDIES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

114 - VCU CONT ED & FIELD STUDIES

WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

116 - VCU TEACHER EDUCATION DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

116 - VCU TEACHER EDUCATION DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$510.27	$0.00	$510.27
				$510.27	$0.00	$510.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$510.27	$0.00	$510.27
				$510.27	$0.00	$510.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

118 - VCU Educ Studies, Adult Ed & Voc T

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21,290.08	$0.00	$21,290.08
				$21,290.08	$0.00	$21,290.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21,290.08	$0.00	$21,290.08
				$21,290.08	$0.00	$21,290.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

119 - VCU HEALTH & PHYS ED DIVISION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

119 - VCU HEALTH & PHYS ED DIVISION

WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$799.17**	**$0.00**	**$799.17**
			$799.17	**$0.00**	**$799.17**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$799.17**	**$0.00**	**$799.17**
			$799.17	**$0.00**	**$799.17**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

11 - VCU Accounts Payable & Suppt Serv

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$1,917.95**	**$0.00**	**$1,917.95**
Indemnity				**$3,903.75**	**$0.00**	**$3,903.75**
Medical				**$33,933.51**	**$0.00**	**$33,933.51**
				$39,755.21	**$0.00**	**$39,755.21**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

11 - VCU Accounts Payable & Suppt Serv

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$3,857.60	$0.00	$3,857.60
Indemnity.....	.....			$15,945.42	$0.00	$15,945.42
Medical.....	.....			$6,269.89	$0.00	$6,269.89
				$26,072.91	$0.00	$26,072.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,788.27	$0.00	$6,788.27
Medical.....	.....			$24,738.39	$0.00	$24,738.39
				$31,526.66	$0.00	$31,526.66
# of Claims	4					
# Open	0	Recovery Amount:	-$24.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$422.10	$0.00	$422.10
Medical.....	.....			$98.00	$0.00	$98.00
				$520.10	$0.00	$520.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

11 - VCU Accounts Payable & Suppt Serv

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.65	$0.00	$138.65
Medical.....	.....			$564.53	$0.00	$564.53
				$703.18	$0.00	$703.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.52	$0.00	$123.52
				$123.52	$0.00	$123.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,775.55	$0.00	$5,775.55
Indemnity.....	.....			$27,198.19	$0.00	$27,198.19
Medical.....	.....			$65,727.84	$0.00	$65,727.84
				$98,701.58	$0.00	$98,701.58
# of Claims	20					
# Open	0	Recovery Amount:	-$24.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

121 - VCU READING & STUDY SKILLS CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$288.91**	**$0.00**	**$288.91**
Medical				**$2,126.00**	**$0.00**	**$2,126.00**
				$2,414.91	**$0.00**	**$2,414.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$288.91**	**$0.00**	**$288.91**
Medical				**$2,126.00**	**$0.00**	**$2,126.00**
				$2,414.91	**$0.00**	**$2,414.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

122 - VCU EDUCATION DEV CNTRS COMPLEX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

124 - VCU EDUCATION DEV CENTERS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

124 - VCU EDUCATION DEV CENTERS

WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

125 - VCU CHILD STUDY CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

125 - VCU CHILD STUDY CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$407.34	$0.00	$407.34
				$407.34	$0.00	$407.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.71	$880.29	$1,200.00
				$319.71	$930.29	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$50.00	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$727.05	$880.29	$1,607.34
				$735.05	$930.29	$1,665.34
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

126 - VCU SOCIAL WORK DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$107.10	$0.00	$107.10
				$107.10	$0.00	$107.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

126 - VCU SOCIAL WORK DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,951.04**	**$0.00**	**$2,951.04**
				$2,951.04	**$0.00**	**$2,951.04**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$422.24**	**$0.00**	**$422.24**
Medical				**$1,153.00**	**$0.00**	**$1,153.00**
				$1,575.24	**$0.00**	**$1,575.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$604.00**	**$0.00**	**$604.00**
				$604.00	**$0.00**	**$604.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$606.16**	**$0.00**	**$606.16**
				$606.16	**$0.00**	**$606.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$422.24**	**$0.00**	**$422.24**
Medical				**$5,421.30**	**$0.00**	**$5,421.30**
				$5,843.54	**$0.00**	**$5,843.54**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

127 - VCU SOCIAL WORK BACHELOR PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,095.14	$0.00	$6,095.14
Medical.....	.....			$9,372.98	$0.00	$9,372.98
				$15,468.12	$0.00	$15,468.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$673.91	$0.00	$673.91
				$673.91	$0.00	$673.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,095.14	$0.00	$6,095.14
Medical.....	.....			$10,046.89	$0.00	$10,046.89
				$16,142.03	$0.00	$16,142.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

128 - VCU SOCIAL WORK MASTERS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$143.51	$0.00	$143.51
Medical.....	.....			$1,748.74	$0.00	$1,748.74
				$1,954.75	$0.00	$1,954.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

128 - VCU SOCIAL WORK MASTERS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.10	$0.00	$6.10
				$6.10	$0.00	$6.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$21.20	$0.00	$21.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$21.20	$0.00	$21.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$957.16	$0.00	$957.16
Medical.....	.....			$395.74	$0.00	$395.74
				$1,352.90	$0.00	$1,352.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

128 - VCU SOCIAL WORK MASTERS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.80	$0.00	$463.80
				$463.80	$0.00	$463.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.70	$0.00	$221.70
				$221.70	$0.00	$221.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

128 - VCU SOCIAL WORK MASTERS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.56	$0.00	$225.56
				$225.56	$0.00	$225.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$759.55	$0.00	$759.55
				$759.55	$0.00	$759.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$3,366.32	$0.00	$3,366.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30,182.84	$0.00	$30,182.84
				$33,549.16	$0.00	$33,549.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$40.00	$0.00	$40.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

128 - VCU SOCIAL WORK MASTERS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,698.90	$0.00	$1,698.90
Medical.....	.....			$4,419.02	$0.00	$4,419.02
				$6,125.92	$0.00	$6,125.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,498.02	$0.00	$3,498.02
Indemnity.....	.....			$2,799.57	$0.00	$2,799.57
Medical.....	.....			$38,423.05	$0.00	$38,423.05
				$44,720.64	$0.00	$44,720.64
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

12 - VCU GRANTS & CONTRACTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$273.99	$0.00	$273.99
Medical.....	.....			$3,918.81	$0.00	$3,918.81
				$4,192.80	$0.00	$4,192.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

12 - VCU GRANTS & CONTRACTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$549.67	$0.00	$549.67
				$549.67	$0.00	$549.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$906.96	$0.00	$906.96
Medical.....	.....			$1,877.14	$0.00	$1,877.14
				$2,784.10	$0.00	$2,784.10
# of Claims	3					
# Open	0	Recovery Amount:	-$2,061.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.40	$0.00	$40.40
				$40.40	$0.00	$40.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,387.87	$0.00	$1,387.87
Medical.....	.....			$1,305.30	$0.00	$1,305.30
				$2,693.17	$0.00	$2,693.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

12 - VCU GRANTS & CONTRACTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$541.62	$0.00	$541.62
				$541.62	$0.00	$541.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,637.75	$0.00	$3,637.75
				$3,637.75	$0.00	$3,637.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,568.82	$0.00	$2,568.82
Medical.....	.....			$11,870.69	$0.00	$11,870.69
				$14,439.51	$0.00	$14,439.51
# of Claims	13					
# Open	0	Recovery Amount:	-$2,061.26			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

133 - VCU Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.55**	**$0.00**	**$5.55**
				$5.55	**$0.00**	**$5.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$753.54**	**$0.00**	**$753.54**
Medical				**$1,080.70**	**$0.00**	**$1,080.70**
				$1,834.24	**$0.00**	**$1,834.24**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$613.99**	**$0.00**	**$613.99**
Medical				**$716.81**	**$0.00**	**$716.81**
				$1,330.80	**$0.00**	**$1,330.80**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,517.65**	**$0.00**	**$1,517.65**
Medical				**$2,876.64**	**$0.00**	**$2,876.64**
				$4,394.29	**$0.00**	**$4,394.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$176.36**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

133 - VCU Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.00	$0.00	$40.00
				$40.00	$0.00	$40.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

133 - VCU Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$650.60	$0.00	$650.60
				$650.60	$0.00	$650.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.68	$0.00	$354.68
				$354.68	$0.00	$354.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.42	$0.00	$260.42
				$260.42	$0.00	$260.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$64.22	$0.00	$64.22
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,958.87	$0.00	$3,958.87
				$4,023.09	$0.00	$4,023.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

133 - VCU Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$64.22**	**$0.00**	**$64.22**
Indemnity.....	.....			**$2,885.18**	**$0.00**	**$2,885.18**
Medical.....	.....			**$9,944.27**	**$0.00**	**$9,944.27**
				$12,893.67	**$0.00**	**$12,893.67**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**-$176.36**			

135 - VCU Office of Student Acctg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$331.61**	**$0.00**	**$331.61**
Medical.....	.....			**$100.49**	**$0.00**	**$100.49**
				$432.10	**$0.00**	**$432.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$331.61**	**$0.00**	**$331.61**
Medical.....	.....			**$100.49**	**$0.00**	**$100.49**
				$432.10	**$0.00**	**$432.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

136 - VCU Office of Enroll Serv

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

136 - VCU Office of Enroll Serv

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$124.75**	**$0.00**	**$124.75**
			$124.75	**$0.00**	**$124.75**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$124.75**	**$0.00**	**$124.75**
			$124.75	**$0.00**	**$124.75**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

137 - VCU UES/RECORDS & REGISTRATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

137 - VCU UES/RECORDS & REGISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.60	$0.00	$96.60
Medical.....	.....			$129.80	$0.00	$129.80
				$226.40	$0.00	$226.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$459.16	$0.00	$459.16
				$459.16	$0.00	$459.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,341.72	$0.00	$1,341.72
Medical.....	.....			$2,022.19	$0.00	$2,022.19
				$3,363.91	$0.00	$3,363.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

137 - VCU UES/RECORDS & REGISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.95	$0.00	$220.95
				$220.95	$0.00	$220.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

137 - VCU UES/RECORDS & REGISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,438.32	$0.00	$1,438.32
Medical.....	.....			$2,832.10	$0.00	$2,832.10
				$4,270.42	$0.00	$4,270.42
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

138 - VCU UES/SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,436.66	$0.00	$1,436.66
Medical.....	.....			$3,021.84	$0.00	$3,021.84
				$4,458.50	$0.00	$4,458.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,436.66	$0.00	$1,436.66
Medical.....	.....			$3,021.84	$0.00	$3,021.84
				$4,458.50	$0.00	$4,458.50

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

138 - VCU UES/SYSTEMS

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

139 - VCU UES/ADMISSIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$776.04	$0.00	$776.04
			$776.04	$0.00	$776.04

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$199.10	$0.00	$199.10
			$199.10	$0.00	$199.10

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

139 - VCU UES/ADMISSIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$409.00**	**$0.00**	**$409.00**
Medical				**$16.80**	**$0.00**	**$16.80**
				$425.80	**$0.00**	**$425.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$568.90**	**$0.00**	**$568.90**
Medical				**$39.60**	**$0.00**	**$39.60**
				$608.50	**$0.00**	**$608.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$586.49**	**$0.00**	**$586.49**
				$586.49	**$0.00**	**$586.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

139 - VCU UES/ADMISSIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.36	$0.00	$141.36
				$141.36	$0.00	$141.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,345.00	$0.00	$1,345.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,044.57	$0.00	$8,044.57
				$9,389.57	$0.00	$9,389.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,345.00	$0.00	$1,345.00
Indemnity.....	.....			$977.90	$0.00	$977.90
Medical.....	.....			$9,803.96	$0.00	$9,803.96
				$12,126.86	$0.00	$12,126.86
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

13 - VCU GENERAL ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$242.75	$0.00	$242.75
Medical.....	.....			$531.82	$0.00	$531.82
				$774.57	$0.00	$774.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.00	$0.00	$26.00
				$26.00	$0.00	$26.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$242.75	$0.00	$242.75
Medical.....	.....			$557.82	$0.00	$557.82
				$800.57	$0.00	$800.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,018.91	$0.00	$2,018.91
Medical.....	.....			$2,222.55	$0.00	$2,222.55
				$4,241.46	$0.00	$4,241.46
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,916.02	$0.00	$2,916.02
Medical.....	.....			$785.55	$0.00	$785.55
				$3,701.57	$0.00	$3,701.57
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.24	$0.00	$137.24
				$137.24	$0.00	$137.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.08	$0.00	$177.08
				$177.08	$0.00	$177.08
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$867.77	$0.00	$867.77
Medical.....	.....			$1,323.45	$0.00	$1,323.45
				$2,191.22	$0.00	$2,191.22
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,237.10	$0.00	$1,237.10
Medical.....	.....			$3,128.02	$0.00	$3,128.02
				$4,365.12	$0.00	$4,365.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$462.15	$0.00	$462.15
Medical.....	.....			$186.75	$0.00	$186.75
				$648.90	$0.00	$648.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,010.76	$0.00	$1,010.76
Medical.....	.....			$87.02	$0.00	$87.02
				$1,097.78	$0.00	$1,097.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$478.48	$0.00	$478.48
				$478.48	$0.00	$478.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,519.79	$0.00	$4,519.79
				$4,519.79	$0.00	$4,519.79
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$301.28	$0.00	$301.28
				$301.28	$0.00	$301.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,538.22	$0.00	$1,538.22
				$1,538.22	$0.00	$1,538.22
# of Claims	3					
# Open	0	Recovery Amount:	-$1,075.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

140 - VCU UNIVERSITY LIBRARY SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$146.70	$0.00	$146.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$146.70	$0.00	$146.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$146.70	$0.00	$146.70
Indemnity.....	.....			$8,512.71	$0.00	$8,512.71
Medical.....	.....			$14,885.43	$0.00	$14,885.43
				$23,544.84	$0.00	$23,544.84
# of Claims	92					
# Open	0	Recovery Amount:	-$1,075.35			

142 - VCU PRESERVATION SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

142 - VCU PRESERVATION SERVICES

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

143 - VCU LCA: ACQUISITION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310.35**	**$0.00**	**$310.35**
				$310.35	**$0.00**	**$310.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$310.35**	**$0.00**	**$310.35**
			$310.35	**$0.00**	**$310.35**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

143 - VCU LCA: ACQUISITION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310.35**	**$0.00**	**$310.35**
				$310.35	**$0.00**	**$310.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$310.35**	**$0.00**	**$310.35**
				$310.35	**$0.00**	**$310.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

148 - VCU-L Circulation & Infor Srv.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,279.00**	**$0.00**	**$1,279.00**
				$1,279.00	**$0.00**	**$1,279.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

148 - VCU-L Circulation & Infor Srv.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$417.54	$0.00	$417.54
Medical.....	.....			$2,308.62	$0.00	$2,308.62
				$2,726.16	$0.00	$2,726.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$417.54	$0.00	$417.54
Medical.....	.....			$3,587.62	$0.00	$3,587.62
				$4,005.16	$0.00	$4,005.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

14 - VCU Treasury Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

14 - VCU Treasury Services

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

14 - VCU Treasury Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$644.56**	**$0.00**	**$644.56**
				$644.56	**$0.00**	**$644.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

14 - VCU Treasury Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$709.56**	**$0.00**	**$709.56**
				$709.56	**$0.00**	**$709.56**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

152 - VCU-L Media & Reserve Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

236 - VIRGINIA COMMONWEALTH UNIVERSI

152 - VCU-L Media & Reserve Services

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

153 - VCU-L Resrch & Refernce Serv

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$8,319.79	$0.00	$8,319.79
		$8,319.79	$0.00	$8,319.79

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$181.02	$0.00	$181.02
		$181.02	$0.00	$181.02

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$8,500.81	$0.00	$8,500.81
		$8,500.81	$0.00	$8,500.81

# of Claims 3

 # Open 1 **Recovery Amount:** $0.00

154 - VCU LCA: CATALOGING SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$214.15	$0.00	$214.15
		$214.15	$0.00	$214.15

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

154 - VCU LCA: CATALOGING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,107.94	$0.00	$1,107.94
Medical.....	.....			$4,968.61	$0.00	$4,968.61
				$6,076.55	$0.00	$6,076.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.00	$0.00	$60.00
				$60.00	$0.00	$60.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.51	$0.00	$263.51
				$263.51	$0.00	$263.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,107.94	$0.00	$1,107.94
Medical.....	.....			$5,506.27	$0.00	$5,506.27
				$6,614.21	$0.00	$6,614.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

156 - VCU Parking Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

156 - VCU Parking Office

WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$64.53**	**$0.00**	**$64.53**
Medical			**$1,593.04**	**$0.00**	**$1,593.04**
			$1,657.57	**$0.00**	**$1,657.57**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$31.82**	**$0.00**	**$31.82**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$31.82	**$0.00**	**$31.82**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$608.17**	**$0.00**	**$608.17**
		$608.17	**$0.00**	**$608.17**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$353.31**	**$0.00**	**$353.31**
		$353.31	**$0.00**	**$353.31**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

156 - VCU Parking Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$208.47	$0.00	$208.47
				$208.47	$0.00	$208.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$10.84	$0.00	$10.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.84	$0.00	$10.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$42.66	$0.00	$42.66
Indemnity.....	.....			$64.53	$0.00	$64.53
Medical.....	.....			$2,762.99	$0.00	$2,762.99
				$2,870.18	$0.00	$2,870.18
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

159 - VCU LAD: ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

159 - VCU LAD: ADMINISTRATION

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

15 - VCU Financial Reporting

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,375.17	$0.00	$1,375.17
Medical.....	.....	$600.46	$0.00	$600.46
		$1,975.63	$0.00	$1,975.63

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,425.18	$0.00	$1,425.18
		$1,425.18	$0.00	$1,425.18

# of Claims 1

 # Open 0 **Recovery Amount:** -$21.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,375.17	$0.00	$1,375.17
Medical.....	.....	$2,025.64	$0.00	$2,025.64
		$3,400.81	$0.00	$3,400.81

# of Claims 3

 # Open 0 **Recovery Amount:** -$21.00

162 - VCU LIC: TLRS DIST EAST

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

162 - VCU LIC: TLRS DIST EAST

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

163 - VCU LIC: LRS-DIST/FL WEST

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,202.16**	**$0.00**	**$1,202.16**
			$1,202.16	**$0.00**	**$1,202.16**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

163 - VCU LIC: LRS-DIST/FL WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,202.16	$0.00	$1,202.16
				$1,202.16	$0.00	$1,202.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$550.44	$0.00	$550.44
Medical.....	.....			$695.50	$0.00	$695.50
				$1,245.94	$0.00	$1,245.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$238.77	$0.00	$238.77
Medical.....	.....			$12,689.12	$0.00	$12,689.12
				$12,990.39	$0.00	$12,990.39
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,380.95	$0.00	$3,380.95
Medical.....	.....			$15,974.21	$0.00	$15,974.21
				$19,355.16	$0.00	$19,355.16
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$351.76	$0.00	$351.76
Indemnity.....	.....			$1,715.25	$0.00	$1,715.25
Medical.....	.....			$5,244.12	$0.00	$5,244.12
				$7,311.13	$0.00	$7,311.13
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$202.50	$0.00	$202.50
Medical.....	.....			$2,696.33	$0.00	$2,696.33
				$2,898.83	$0.00	$2,898.83
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,234.50	$0.00	$7,234.50
Medical.....	.....			$38,890.76	$0.00	$38,890.76
				$46,125.26	$0.00	$46,125.26
# of Claims	26					
# Open	0	Recovery Amount:	-$200.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$444.04	$0.00	$444.04
Medical.....	.....			$3,558.94	$0.00	$3,558.94
				$4,002.98	$0.00	$4,002.98
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,749.44	$0.00	$3,749.44
Medical.....	.....			$55,586.43	$0.00	$55,586.43
				$59,335.87	$0.00	$59,335.87
# of Claims	29					
# Open	0	Recovery Amount:	-$4,191.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$482.36	$0.00	$482.36
Medical.....	.....			$5,354.78	$0.00	$5,354.78
				$5,837.14	$0.00	$5,837.14
# of Claims	27					
# Open	0	Recovery Amount:	-$208.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32.16	$0.00	$32.16
Medical.....	.....			$6,275.55	$0.00	$6,275.55
				$6,307.71	$0.00	$6,307.71
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$1,584.96	$0.00	$1,584.96
Indemnity.....	.....			$124,421.54	$0.00	$124,421.54
Medical.....	.....			$89,032.39	$0.00	$89,032.39
				$215,038.89	$0.00	$215,038.89
# of Claims	25					
# Open	0	Recovery Amount:	-$2,392.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29.28	$0.00	$29.28
Medical.....	.....			$8,824.44	$0.00	$8,824.44
				$8,853.72	$0.00	$8,853.72
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$770.28	$0.00	$770.28
Medical.....	.....			$8,523.65	$0.00	$8,523.65
				$9,293.93	$0.00	$9,293.93
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$248.00	$0.00	$248.00
Medical.....	.....			$16,345.66	$0.00	$16,345.66
				$16,593.66	$0.00	$16,593.66
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$329.52**	**$0.00**	**$329.52**
Medical				**$13,817.31**	**$0.00**	**$13,817.31**
				$14,146.83	**$0.00**	**$14,146.83**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,746.92**	**$0.00**	**$13,746.92**
Medical				**$94,982.29**	**$0.00**	**$94,982.29**
				$108,729.21	**$0.00**	**$108,729.21**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**-$33,931.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,016.20**	**$0.00**	**$3,016.20**
Medical				**$39,861.69**	**$0.00**	**$39,861.69**
				$42,877.89	**$0.00**	**$42,877.89**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$7,510.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$4,486.11**	**$0.00**	**$4,486.11**
Indemnity				**$285,891.50**	**$0.00**	**$285,891.50**
Medical				**$236,389.11**	**$0.00**	**$236,389.11**
				$526,766.72	**$0.00**	**$526,766.72**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**-$46,895.81**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$5,002.50	$0.00	$5,002.50
Indemnity.....	.....			$8,469.76	$0.00	$8,469.76
Medical.....	.....			$57,014.39	$0.00	$57,014.39
				$70,486.65	$0.00	$70,486.65
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,379.85	$0.00	$2,379.85
Medical.....	.....			$24,953.13	$0.00	$24,953.13
				$27,332.98	$0.00	$27,332.98
# of Claims	23					
# Open	0	Recovery Amount:	-$5,861.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,915.05	$0.00	$13,915.05
Medical.....	.....			$59,413.36	$0.00	$59,413.36
				$73,328.41	$0.00	$73,328.41
# of Claims	39					
# Open	0	Recovery Amount:	-$4,050.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,610.98	$0.00	$5,610.98
Medical.....	.....			$62,176.43	$0.00	$62,176.43
				$67,787.41	$0.00	$67,787.41
# of Claims	44					
# Open	0	Recovery Amount:	-$2,860.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$5,792.85	$0.00	$5,792.85
Medical.....	.....			$45,957.66	$0.00	$45,957.66
				$51,770.51	$0.00	$51,770.51
# of Claims	46					
# Open	0	Recovery Amount:	-$20,575.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$3,881.06	$0.00	$3,881.06
Medical.....	.....			$43,465.37	$0.00	$43,465.37
				$47,374.43	$0.00	$47,374.43
# of Claims	54					
# Open	0	Recovery Amount:	-$6,440.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$92.05	$0.00	$92.05
Indemnity.....	.....			$3,383.10	$0.00	$3,383.10
Medical.....	.....			$62,562.12	$0.00	$62,562.12
				$66,037.27	$0.00	$66,037.27
# of Claims	37					
# Open	0	Recovery Amount:	-$14,972.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$72.95	$0.00	$72.95
Indemnity.....	.....			$5,563.67	$0.00	$5,563.67
Medical.....	.....			$44,962.56	$0.00	$44,962.56
				$50,599.18	$0.00	$50,599.18
# of Claims	52					
# Open	0	Recovery Amount:	-$14,750.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$6,144.42**	**$0.00**	**$6,144.42**
Indemnity				**$23,777.72**	**$0.00**	**$23,777.72**
Medical				**$183,630.76**	**$0.00**	**$183,630.76**
				$213,552.90	**$0.00**	**$213,552.90**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$35.13**	**$0.00**	**$35.13**
Indemnity				**$862.12**	**$0.00**	**$862.12**
Medical				**$56,409.02**	**$0.00**	**$56,409.02**
				$57,306.27	**$0.00**	**$57,306.27**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$278.79**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$1,478.67**	**$0.00**	**$1,478.67**
Indemnity				**$24,093.51**	**$0.00**	**$24,093.51**
Medical				**$123,475.87**	**$0.00**	**$123,475.87**
				$149,048.05	**$0.00**	**$149,048.05**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$516.76**	**$4,192.00**	**$4,708.76**
Indemnity				**$30,998.25**	**$0.00**	**$30,998.25**
Medical				**$97,455.70**	**$0.00**	**$97,455.70**
				$128,970.71	**$4,192.00**	**$133,162.71**
# of Claims	**38**					
# Open	**1**	**Recovery Amount:**	**-$20,191.53**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$5,021.31**	**$81.52**	**$5,102.83**
Indemnity				**$179,061.37**	**$210,218.40**	**$389,279.77**
Medical				**$136,284.22**	**$75,010.84**	**$211,295.06**
				$320,366.90	**$285,310.76**	**$605,677.66**
# of Claims	**48**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$453.25**	**$0.00**	**$453.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,282.65**	**$0.00**	**$11,282.65**
				$11,735.90	**$0.00**	**$11,735.90**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**-$5,165.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$119.90**	**$0.00**	**$119.90**
Indemnity				**$974.57**	**$0.00**	**$974.57**
Medical				**$16,187.09**	**$0.00**	**$16,187.09**
				$17,281.56	**$0.00**	**$17,281.56**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$46.30**	**$611.87**	**$658.17**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$25,766.23**	**$8,017.59**	**$33,783.82**
				$25,812.53	**$8,629.46**	**$34,441.99**
# of Claims	**38**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

164 - VCU CAMPUS POLICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$103.78**	**$192.80**	**$296.58**
Indemnity				**$0.00**	**$5,500.00**	**$5,500.00**
Medical				**$7,768.15**	**$14,639.50**	**$22,407.65**
				$7,871.93	**$20,332.30**	**$28,204.23**
# of Claims	**33**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$25,620.35**	**$5,078.19**	**$30,698.54**
Indemnity				**$755,247.51**	**$215,718.40**	**$970,965.91**
Medical				**$1,713,506.99**	**$97,667.93**	**$1,811,174.92**
				$2,494,374.85	**$318,464.52**	**$2,812,839.37**
# of Claims	**1,120**					
# Open	**7**	**Recovery Amount:**	**-$190,477.62**			

166 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.00**	**$0.00**	**$21.00**
				$21.00	**$0.00**	**$21.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$115.90**	**$0.00**	**$115.90**
Medical				**$167.85**	**$0.00**	**$167.85**
				$283.75	**$0.00**	**$283.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

166 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$210.98	$0.00	$210.98
Medical.....	.....			$586.05	$0.00	$586.05
				$797.03	$0.00	$797.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,479.67	$0.00	$1,479.67
				$1,479.67	$0.00	$1,479.67
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.35	$0.00	$160.35
				$160.35	$0.00	$160.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

166 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.81	$0.00	$38.81
				$38.81	$0.00	$38.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,525.02	$0.00	$1,525.02
Medical.....	.....			$1,053.06	$0.00	$1,053.06
				$2,578.08	$0.00	$2,578.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$167.61	$0.00	$167.61
Medical.....	.....			$2,846.20	$0.00	$2,846.20
				$3,013.81	$0.00	$3,013.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.86	$0.00	$26.86
				$26.86	$0.00	$26.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

166 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.18	$0.00	$11.18
				$11.18	$0.00	$11.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$43.91	$0.00	$43.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,950.17	$0.00	$1,950.17
				$1,994.08	$0.00	$1,994.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$43.91	$0.00	$43.91
Indemnity.....	.....			$2,019.51	$0.00	$2,019.51
Medical.....	.....			$8,341.20	$0.00	$8,341.20
				$10,404.62	$0.00	$10,404.62
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

16 - VCU AIT-Admin Applications-FIS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

16 - VCU AIT-Admin Applications-FIS

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$595.08**	**$0.00**	**$595.08**
			$595.08	**$0.00**	**$595.08**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$15,591.84**	**$0.00**	**$15,591.84**
Medical			**$13,560.71**	**$0.00**	**$13,560.71**
			$29,152.55	**$0.00**	**$29,152.55**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$15,591.84**	**$0.00**	**$15,591.84**
Medical			**$14,155.79**	**$0.00**	**$14,155.79**
			$29,747.63	**$0.00**	**$29,747.63**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

170 - VCU PRINT SHOP

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$237.30**	**$0.00**	**$237.30**
Medical			**$512.50**	**$0.00**	**$512.50**
			$749.80	**$0.00**	**$749.80**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

170 - VCU PRINT SHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,224.33	$0.00	$2,224.33
Medical.....	.....			$1,175.00	$0.00	$1,175.00
				$3,399.33	$0.00	$3,399.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,461.63	$0.00	$2,461.63
Medical.....	.....			$1,687.50	$0.00	$1,687.50
				$4,149.13	$0.00	$4,149.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

171 - VCU TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$582.50	$0.00	$582.50
				$582.50	$0.00	$582.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

171 - VCU TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$284.15	$0.00	$284.15
Medical.....	.....			$776.57	$0.00	$776.57
				$1,060.72	$0.00	$1,060.72
# of Claims	1					
# Open	0	Recovery Amount:	-$60.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$67.20	$0.00	$67.20
Indemnity.....	.....			$141.71	$0.00	$141.71
Medical.....	.....			$10,517.37	$0.00	$10,517.37
				$10,726.28	$0.00	$10,726.28
# of Claims	2					
# Open	0	Recovery Amount:	-$6,529.32			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

171 - VCU TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,244.55**	**$0.00**	**$1,244.55**
				$1,252.55	**$0.00**	**$1,252.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$75.20**	**$0.00**	**$75.20**
Indemnity				**$425.86**	**$0.00**	**$425.86**
Medical				**$13,120.99**	**$0.00**	**$13,120.99**
				$13,622.05	**$0.00**	**$13,622.05**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$6,589.32**			

173 - VCU FOOD SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

174 - VCU Online @ VCU

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

174 - VCU Online @ VCU

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$30.15**	**$0.00**	**$30.15**
				$30.15	**$0.00**	**$30.15**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$597.83**	**$0.00**	**$597.83**
Medical		**$1,042.76**	**$0.00**	**$1,042.76**
		$1,640.59	**$0.00**	**$1,640.59**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

174 - VCU Online @ VCU

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$597.83**	**$0.00**	**$597.83**
Medical			**$1,072.91**	**$0.00**	**$1,072.91**
			$1,670.74	**$0.00**	**$1,670.74**
# of Claims	**8**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

175 - VCU Human Resource Div (West)

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$499.13**	**$0.00**	**$499.13**
				$499.13	**$0.00**	**$499.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,372.13**	**$0.00**	**$1,372.13**
				$1,372.13	**$0.00**	**$1,372.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$1,372.13**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

175 - VCU Human Resource Div (West)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,466.15	$0.00	$1,466.15
				$1,466.15	$0.00	$1,466.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

175 - VCU Human Resource Div (West)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$349.28	$0.00	$349.28
				$349.28	$0.00	$349.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,686.69	$0.00	$3,686.69
				$3,686.69	$0.00	$3,686.69
# of Claims	11					
# Open	0	Recovery Amount:	-$1,372.13			

176 - VCU Audit & Management Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

176 - VCU Audit & Management Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$81.30**	**$0.00**	**$81.30**
				$81.30	**$0.00**	**$81.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$88.71**	**$0.00**	**$88.71**
				$88.71	**$0.00**	**$88.71**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$256.00**	**$0.00**	**$256.00**
				$256.00	**$0.00**	**$256.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$95.48**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

176 - VCU Audit & Management Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$85.80	$0.00	$85.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$401.03	$0.00	$401.03
				$486.83	$0.00	$486.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$85.80	$0.00	$85.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$827.04	$0.00	$827.04
				$912.84	$0.00	$912.84
# of Claims	11					
# Open	0	Recovery Amount:	-$95.48			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

177 - VCU Office VP for Finance & Admin

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$433.20	$0.00	$433.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,237.86	$0.00	$1,237.86
				$1,671.06	$0.00	$1,671.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$433.20	$0.00	$433.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,237.86	$0.00	$1,237.86
				$1,671.06	$0.00	$1,671.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

178 - VCU Media & Computing Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,285.79	$0.00	$1,285.79
Medical.....	.....			$10,176.43	$0.00	$10,176.43
				$11,845.72	$0.00	$11,845.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,869.32	$0.00	$3,869.32
				$3,869.32	$0.00	$3,869.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

178 - VCU Media & Computing Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,757.03	$0.00	$1,757.03
				$1,757.03	$0.00	$1,757.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,416.60	$0.00	$1,416.60
				$1,416.60	$0.00	$1,416.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,285.79	$0.00	$1,285.79
Medical.....	.....			$17,219.38	$0.00	$17,219.38
				$18,888.67	$0.00	$18,888.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

179 - VCU FMD/Administration

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

179 - VCU FMD/Administration

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$152.00**	**$0.00**	**$152.00**
				$152.00	**$0.00**	**$152.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$329.74**	**$0.00**	**$329.74**
Medical		**$71.24**	**$0.00**	**$71.24**
		$400.98	**$0.00**	**$400.98**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$129.79**	**$0.00**	**$129.79**
		$129.79	**$0.00**	**$129.79**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

179 - VCU FMD/Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,349.54	$0.00	$2,349.54
				$2,349.54	$0.00	$2,349.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$452.52	$0.00	$452.52
				$452.52	$0.00	$452.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

179 - VCU FMD/Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.09	$0.00	$421.09
				$421.09	$0.00	$421.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$25.17	$0.00	$25.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,756.16	$0.00	$1,756.16
				$1,781.33	$0.00	$1,781.33
# of Claims	2					
# Open	0	Recovery Amount:	-$1,756.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$40.80	$0.00	$40.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,872.52	$0.00	$1,872.52
				$1,913.32	$0.00	$1,913.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

179 - VCU FMD/Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$90.00	$90.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,902.39	$6,893.06	$16,795.45
				$9,902.39	$6,983.06	$16,885.45
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$65.97	$90.00	$155.97
Indemnity.....	.....			$329.74	$0.00	$329.74
Medical.....	.....			$17,107.25	$6,893.06	$24,000.31
				$17,502.96	$6,983.06	$24,486.02
# of Claims	18					
# Open	1	Recovery Amount:	-$1,756.16			

17 - VCU AIT-Admin Applications-HRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10.59	$0.00	$10.59
				$10.59	$0.00	$10.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

17 - VCU AIT-Admin Applications-HRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.00**	**$0.00**	**$18.00**
				$18.00	**$0.00**	**$18.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28.59**	**$0.00**	**$28.59**
				$28.59	**$0.00**	**$28.59**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

180 - VCU FMD/Accounting Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

180 - VCU FMD/Accounting Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$44.85	$0.00	$44.85
Medical.....	.....			$294.95	$0.00	$294.95
				$339.80	$0.00	$339.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$44.85	$0.00	$44.85
Medical.....	.....			$294.95	$0.00	$294.95
				$339.80	$0.00	$339.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

181 - VCU INFORMATION SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

181 - VCU INFORMATION SYSTEMS

WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$189.70**	**$0.00**	**$189.70**
				$189.70	**$0.00**	**$189.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$329.66**	**$2,500.00**	**$2,829.66**
Indemnity				**$42.50**	**$0.00**	**$42.50**
Medical				**$175,881.32**	**$1,137,708.05**	**$1,313,589.37**
				$176,253.48	**$1,140,208.05**	**$1,316,461.53**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$329.66**	**$2,500.00**	**$2,829.66**
Indemnity				**$42.50**	**$0.00**	**$42.50**
Medical				**$176,071.02**	**$1,137,708.05**	**$1,313,779.07**
				$176,443.18	**$1,140,208.05**	**$1,316,651.23**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

184 - VCU FMD/PPD/Control Center

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

184 - VCU FMD/PPD/Control Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$575.24**	**$0.00**	**$575.24**
Medical				**$264.05**	**$0.00**	**$264.05**
				$839.29	**$0.00**	**$839.29**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.27**	**$0.00**	**$18.27**
				$18.27	**$0.00**	**$18.27**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

184 - VCU FMD/PPD/Control Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,900.78**	**$0.00**	**$4,900.78**
Medical				**$478.00**	**$0.00**	**$478.00**
				$5,378.78	**$0.00**	**$5,378.78**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$346.06**	**$0.00**	**$346.06**
				$346.06	**$0.00**	**$346.06**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$42.00	**$0.00**	**$42.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,870.58**	**$0.00**	**$3,870.58**
				$3,878.58	**$0.00**	**$3,878.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

184 - VCU FMD/PPD/Control Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,015.94	$0.00	$5,015.94
				$5,015.94	$0.00	$5,015.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$134.36	$0.00	$134.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,143.06	$0.00	$8,143.06
				$8,277.42	$0.00	$8,277.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.92	$0.00	$195.92
				$195.92	$0.00	$195.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$571.57	$0.00	$571.57
				$571.57	$0.00	$571.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

184 - VCU FMD/PPD/Control Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,807.04	$0.00	$6,807.04
				$6,807.04	$0.00	$6,807.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$184.36	$50.00	$234.36
Indemnity.....	.....			$5,476.02	$0.00	$5,476.02
Medical.....	.....			$25,710.49	$1,200.00	$26,910.49
				$31,370.87	$1,250.00	$32,620.87
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

186 - VCU PLANNING & DESIGN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

187 - VCU PPD ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,335.47**	**$0.00**	**$2,335.47**
Medical				**$3,235.96**	**$0.00**	**$3,235.96**
				$5,571.43	**$0.00**	**$5,571.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

187 - VCU PPD ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.19	$0.00	$182.19
				$182.19	$0.00	$182.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,373.87	$0.00	$3,373.87
Medical.....	.....			$10,854.94	$0.00	$10,854.94
				$14,228.81	$0.00	$14,228.81
# of Claims	6					
# Open	0	Recovery Amount:	-$72.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,389.81	$0.00	$1,389.81
Medical.....	.....			$680.01	$0.00	$680.01
				$2,069.82	$0.00	$2,069.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

187 - VCU PPD ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$102.74	$0.00	$102.74
Medical.....	.....			$595.15	$0.00	$595.15
				$697.89	$0.00	$697.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,217.39	$0.00	$12,217.39
Medical.....	.....			$3,271.57	$0.00	$3,271.57
				$15,488.96	$0.00	$15,488.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

187 - VCU PPD ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,376.26	$0.00	$13,376.26
Medical.....	.....			$20,902.53	$0.00	$20,902.53
				$34,278.79	$0.00	$34,278.79
# of Claims	1					
# Open	0	Recovery Amount:	-$19,294.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,463.41	$0.00	$3,463.41
				$3,463.41	$0.00	$3,463.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

187 - VCU PPD ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$32,795.54	$0.00	$32,795.54
Medical.....	.....			$43,185.76	$0.00	$43,185.76
				$75,989.30	$0.00	$75,989.30
# of Claims	24					
# Open	0	Recovery Amount:	-$19,367.40			

188 - VCU PPO SHEET M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$942.27	$0.00	$942.27
Medical.....	.....			$649.55	$0.00	$649.55
				$1,591.82	$0.00	$1,591.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

188 - VCU PPO SHEET M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$9,802.96	$0.00	$9,802.96
Indemnity.....	.....			$60,306.54	$0.00	$60,306.54
Medical.....	.....			$3,149.98	$0.00	$3,149.98
				$73,259.48	$0.00	$73,259.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,230.69	$0.00	$1,230.69
Medical.....	.....			$1,380.64	$0.00	$1,380.64
				$2,611.33	$0.00	$2,611.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$62.01	$0.00	$62.01
Medical.....	.....			$349.11	$0.00	$349.11
				$411.12	$0.00	$411.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,265.80	$0.00	$5,265.80
Medical.....	.....			$7,280.33	$0.00	$7,280.33
				$12,546.13	$0.00	$12,546.13
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

188 - VCU PPO SHEET M

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,186.60**	**$0.00**	**$1,186.60**
Indemnity				**$38,507.86**	**$0.00**	**$38,507.86**
Medical				**$67,485.40**	**$0.00**	**$67,485.40**
				$107,179.86	**$0.00**	**$107,179.86**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$65.00**			
Grand Totals						
Expense				**$10,989.56**	**$0.00**	**$10,989.56**
Indemnity				**$106,315.17**	**$0.00**	**$106,315.17**
Medical				**$80,295.01**	**$0.00**	**$80,295.01**
				$197,599.74	**$0.00**	**$197,599.74**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**-$65.00**			

189 - VCU HOUSEKEEPING-WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$54.40**	**$0.00**	**$54.40**
Medical				**$0.00**	**$0.00**	**$0.00**
				$54.40	**$0.00**	**$54.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$508.75**	**$0.00**	**$508.75**
Medical				**$780.29**	**$0.00**	**$780.29**
				$1,351.54	**$0.00**	**$1,351.54**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

189 - VCU HOUSEKEEPING-WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,852.92	$0.00	$4,852.92
Medical.....	.....			$6,121.63	$0.00	$6,121.63
				$10,974.55	$0.00	$10,974.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,771.84	$0.00	$6,771.84
Medical.....	.....			$5,714.75	$0.00	$5,714.75
				$12,486.59	$0.00	$12,486.59
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$681.52	$0.00	$681.52
Medical.....	.....			$1,577.62	$0.00	$1,577.62
				$2,259.14	$0.00	$2,259.14
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,533.35	$0.00	$1,533.35
Medical.....	.....			$4,264.19	$0.00	$4,264.19
				$5,797.54	$0.00	$5,797.54
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

189 - VCU HOUSEKEEPING-WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,543.18	$0.00	$6,543.18
Medical.....	.....			$11,898.16	$0.00	$11,898.16
				$18,441.34	$0.00	$18,441.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$34.75	$0.00	$34.75
Indemnity.....	.....			$7,230.70	$0.00	$7,230.70
Medical.....	.....			$6,888.44	$0.00	$6,888.44
				$14,153.89	$0.00	$14,153.89
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,020.32	$0.00	$1,020.32
Medical.....	.....			$2,802.40	$0.00	$2,802.40
				$3,822.72	$0.00	$3,822.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,312.93	$0.00	$12,312.93
Medical.....	.....			$13,598.19	$0.00	$13,598.19
				$25,911.12	$0.00	$25,911.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

189 - VCU HOUSEKEEPING-WEST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,791.19	$0.00	$4,791.19
Medical.....	.....			$12,308.04	$0.00	$12,308.04
				$17,099.23	$0.00	$17,099.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$241.69	$0.00	$241.69
Medical.....	.....			$653.00	$0.00	$653.00
				$894.69	$0.00	$894.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$134.00	$0.00	$134.00
				$134.00	$0.00	$134.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$97.25	$50.00	$147.25
Indemnity.....	.....			$46,542.79	$0.00	$46,542.79
Medical.....	.....			$66,740.71	$1,200.00	$67,940.71
				$113,380.75	$1,250.00	$114,630.75
# of Claims	98					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

18 - VCU UNIVERSITY PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18.46**	**$0.00**	**$18.46**
Medical				**$76.28**	**$0.00**	**$76.28**
				$94.74	**$0.00**	**$94.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$419.49**	**$0.00**	**$419.49**
Medical				**$15.30**	**$0.00**	**$15.30**
				$434.79	**$0.00**	**$434.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$59.15**	**$0.00**	**$59.15**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$59.15	**$0.00**	**$59.15**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$70.86**	**$0.00**	**$70.86**
Medical				**$2,050.98**	**$0.00**	**$2,050.98**
				$2,121.84	**$0.00**	**$2,121.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

18 - VCU UNIVERSITY PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$550.50**	**$0.00**	**$550.50**
				$550.50	**$0.00**	**$550.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

18 - VCU UNIVERSITY PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$175.36**	**$0.00**	**$175.36**
				$175.36	**$0.00**	**$175.36**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$59.15**	**$0.00**	**$59.15**
Indemnity				**$508.81**	**$0.00**	**$508.81**
Medical				**$2,868.42**	**$0.00**	**$2,868.42**
				$3,436.38	**$0.00**	**$3,436.38**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

190 - VCU TYPEWRITER REPAIR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.35	$0.00	$11.35
				$11.35	$0.00	$11.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.35	$0.00	$11.35
				$11.35	$0.00	$11.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

191 - VCU FMD/PPD/Vehicle Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.00	$0.00	$263.00
				$263.00	$0.00	$263.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$85.60	$0.00	$85.60
				$85.60	$0.00	$85.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

191 - VCU FMD/PPD/Vehicle Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.45**	**$0.00**	**$526.45**
				$526.45	**$0.00**	**$526.45**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$95.24**	**$0.00**	**$95.24**
Medical				**$13.45**	**$0.00**	**$13.45**
				$108.69	**$0.00**	**$108.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$4,307.77**	**$160.00**	**$4,467.77**
Indemnity				**$26,880.72**	**$0.00**	**$26,880.72**
Medical				**$245,011.41**	**$124,053.15**	**$369,064.56**
				$276,199.90	**$124,213.15**	**$400,413.05**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$170.50**	**$0.00**	**$170.50**
				$170.50	**$0.00**	**$170.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

191 - VCU FMD/PPD/Vehicle Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,898.47	$0.00	$2,898.47
Medical.....	.....			$277.59	$0.00	$277.59
				$3,176.06	$0.00	$3,176.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.30	$0.00	$40.30
				$40.30	$0.00	$40.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,152.40	$0.00	$1,152.40
				$1,152.40	$0.00	$1,152.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,307.77	$160.00	$4,467.77
Indemnity.....	.....			$29,874.43	$0.00	$29,874.43
Medical.....	.....			$247,540.70	$124,053.15	$371,593.85
				$281,722.90	$124,213.15	$405,936.05
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

192 - VCU SHADES & BLINDS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

192 - VCU SHADES & BLINDS

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$3,765.00**	**$0.00**	**$3,765.00**
Medical			**$719.26**	**$0.00**	**$719.26**
			$4,484.26	**$0.00**	**$4,484.26**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$55.00**	**$0.00**	**$55.00**
		$55.00	**$0.00**	**$55.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$3,765.00**	**$0.00**	**$3,765.00**
Medical	**$774.26**	**$0.00**	**$774.26**
	$4,539.26	**$0.00**	**$4,539.26**
# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

194 - VCU UPHOLSTERY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

194 - VCU UPHOLSTERY

WC1993	**7/1/1992 - 6/30/1993**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$115.35**	**$0.00**	**$115.35**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$115.35	**$0.00**	**$115.35**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$115.35**	**$0.00**	**$115.35**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$115.35	**$0.00**	**$115.35**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

195 - VCU WALLS & WINDOWS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

195 - VCU WALLS & WINDOWS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

196 - VCU AIR CONDITIONING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$46.84**	**$0.00**	**$46.84**
Medical				**$1,112.95**	**$0.00**	**$1,112.95**
				$1,222.29	**$0.00**	**$1,222.29**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$8,458.74**	**$0.00**	**$8,458.74**
Indemnity				**$57,469.27**	**$0.00**	**$57,469.27**
Medical				**$56,244.25**	**$0.00**	**$56,244.25**
				$122,172.26	**$0.00**	**$122,172.26**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$24.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

196 - VCU AIR CONDITIONING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,033.97	$0.00	$5,033.97
Medical.....	.....			$4,793.96	$0.00	$4,793.96
				$9,827.93	$0.00	$9,827.93
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,002.52	$0.00	$1,002.52
				$1,002.52	$0.00	$1,002.52
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,215.99	$0.00	$2,215.99
Medical.....	.....			$2,627.85	$0.00	$2,627.85
				$4,843.84	$0.00	$4,843.84
# of Claims	15					
# Open	0	Recovery Amount:	-$2,979.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$865.10	$0.00	$865.10
Medical.....	.....			$1,895.68	$0.00	$1,895.68
				$2,760.78	$0.00	$2,760.78
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,521.24	$0.00	$8,521.24
Indemnity.....	.....			$65,631.17	$0.00	$65,631.17
Medical.....	.....			$67,677.21	$0.00	$67,677.21
				$141,829.62	$0.00	$141,829.62
# of Claims	57					
# Open	0	Recovery Amount:	-$3,003.64			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

197 - VCU PPO ELECTRICAL PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$675.13	$0.00	$675.13
				$675.13	$0.00	$675.13
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,463.06	$0.00	$8,463.06
Medical.....	.....			$13,339.08	$0.00	$13,339.08
				$21,802.14	$0.00	$21,802.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$921.58	$0.00	$921.58
Medical.....	.....			$937.18	$0.00	$937.18
				$1,858.76	$0.00	$1,858.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$163.88	$0.00	$163.88
				$163.88	$0.00	$163.88
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

197 - VCU PPO ELECTRICAL PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$243.29**	**$0.00**	**$243.29**
Medical				**$285.19**	**$0.00**	**$285.19**
				$528.48	**$0.00**	**$528.48**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$224.97**	**$0.00**	**$224.97**
Medical				**$627.77**	**$0.00**	**$627.77**
				$852.74	**$0.00**	**$852.74**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,852.90**	**$0.00**	**$9,852.90**
Medical				**$16,028.23**	**$0.00**	**$16,028.23**
				$25,881.13	**$0.00**	**$25,881.13**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

198 - VCU ELECTRONICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.45**	**$0.00**	**$5.45**
				$5.45	**$0.00**	**$5.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.45**	**$0.00**	**$5.45**
				$5.45	**$0.00**	**$5.45**
# of Claims	**1**					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

198 - VCU ELECTRONICS

 # Open **0** **Recovery Amount:** **$0.00**

199 - VCU PPO PLUMBIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$829.50	$0.00	$829.50
Indemnity.....	.....			$8,385.04	$0.00	$8,385.04
Medical.....	.....			$9,983.21	$0.00	$9,983.21
				$19,197.75	$0.00	$19,197.75
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,346.99	$0.00	$1,346.99
Medical.....	.....			$1,068.47	$0.00	$1,068.47
				$2,415.46	$0.00	$2,415.46
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$400.00	$0.00	$400.00
Indemnity.....	.....			$9,774.80	$0.00	$9,774.80
Medical.....	.....			$23,210.20	$0.00	$23,210.20
				$33,385.00	$0.00	$33,385.00
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,913.34	$0.00	$5,913.34
Medical.....	.....			$6,212.57	$0.00	$6,212.57
				$12,125.91	$0.00	$12,125.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

199 - VCU PPO PLUMBIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,666.79	$0.00	$3,666.79
Medical.....	.....			$3,173.12	$0.00	$3,173.12
				$6,839.91	$0.00	$6,839.91
# of Claims	12					
# Open	0	Recovery Amount:	-$3,063.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$743.24	$0.00	$743.24
Medical.....	.....			$2,388.84	$0.00	$2,388.84
				$3,132.08	$0.00	$3,132.08
# of Claims	5					
# Open	0	Recovery Amount:	-$81.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,948.50	$0.00	$21,948.50
Medical.....	.....			$0.00	$0.00	$0.00
				$21,948.50	$0.00	$21,948.50
# of Claims	1					
# Open	0	Recovery Amount:	-$14,497.66			

Grand Totals						
Expense.....	.....			$1,229.50	$0.00	$1,229.50
Indemnity.....	.....			$51,778.70	$0.00	$51,778.70
Medical.....	.....			$46,036.41	$0.00	$46,036.41
				$99,044.61	$0.00	$99,044.61
# of Claims	57					
# Open	0	Recovery Amount:	-$17,641.66			

19 - VCU TELECOMMUNICATION SERVICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

19 - VCU TELECOMMUNICATION SERVICE

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.00**	**$0.00**	**$40.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$403.69**	**$0.00**	**$403.69**
		$403.69	**$0.00**	**$403.69**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$369.43**	**$0.00**	**$369.43**
Medical		**$211.00**	**$0.00**	**$211.00**
		$580.43	**$0.00**	**$580.43**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

19 - VCU TELECOMMUNICATION SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,434.28	$0.00	$1,434.28
				$1,434.28	$0.00	$1,434.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,692.99	$0.00	$1,692.99
				$1,692.99	$0.00	$1,692.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$369.43	$0.00	$369.43
Medical.....	.....			$3,781.96	$0.00	$3,781.96
				$4,151.39	$0.00	$4,151.39
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

200 - VCU PPO CARPENTRY PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,103.48**	**$0.00**	**$7,103.48**
Medical				**$8,907.67**	**$0.00**	**$8,907.67**
				$16,011.15	**$0.00**	**$16,011.15**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$1,873.21**	**$0.00**	**$1,873.21**
Indemnity				**$154,657.95**	**$0.00**	**$154,657.95**
Medical				**$403,484.93**	**$0.00**	**$403,484.93**
				$560,016.09	**$0.00**	**$560,016.09**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,463.23**	**$0.00**	**$4,463.23**
Medical				**$655.75**	**$0.00**	**$655.75**
				$5,118.98	**$0.00**	**$5,118.98**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$223.84**	**$0.00**	**$223.84**
Medical				**$128.95**	**$0.00**	**$128.95**
				$352.79	**$0.00**	**$352.79**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

200 - VCU PPO CARPENTRY PROJECT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$209.80	$0.00	$209.80
Medical.....	.....			$376.83	$0.00	$376.83
				$586.63	$0.00	$586.63
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$552.61	$0.00	$552.61
Medical.....	.....			$809.27	$0.00	$809.27
				$1,361.88	$0.00	$1,361.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.54	$0.00	$144.54
Medical.....	.....			$0.00	$0.00	$0.00
				$144.54	$0.00	$144.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,616.18	$0.00	$1,616.18
Medical.....	.....			$7,529.12	$0.00	$7,529.12
				$9,145.30	$0.00	$9,145.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,873.21	$0.00	$1,873.21
Indemnity.....	.....			$168,971.63	$0.00	$168,971.63
Medical.....	.....			$421,892.52	$0.00	$421,892.52
				$592,737.36	$0.00	$592,737.36
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

201 - VCU FMD/PPD/General Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.90	$0.00	$178.90
				$178.90	$0.00	$178.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$445.89	$0.00	$445.89
Medical.....	.....			$1,216.80	$0.00	$1,216.80
				$1,662.69	$0.00	$1,662.69
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5.60	$0.00	$5.60
				$5.60	$0.00	$5.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$118.56	$0.00	$118.56
Medical.....	.....			$0.00	$0.00	$0.00
				$118.56	$0.00	$118.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.68	$0.00	$40.68
				$40.68	$0.00	$40.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$755.21	$0.00	$755.21
Medical.....	.....			$0.00	$0.00	$0.00
				$755.21	$0.00	$755.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,404.63	$0.00	$1,404.63
Medical.....	.....			$19,133.49	$0.00	$19,133.49
				$20,538.12	$0.00	$20,538.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,937.69	$0.00	$5,937.69
Medical.....	.....			$24,992.89	$0.00	$24,992.89
				$30,930.58	$0.00	$30,930.58
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$219.54	$0.00	$219.54
Medical.....	.....			$212.32	$0.00	$212.32
				$431.86	$0.00	$431.86
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$136.00	$0.00	$136.00
				$136.00	$0.00	$136.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$371.00	$0.00	$371.00
				$371.00	$0.00	$371.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$351.07	$0.00	$351.07
Medical.....	.....			$1,557.29	$0.00	$1,557.29
				$1,908.36	$0.00	$1,908.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.15	$0.00	$161.15
				$161.15	$0.00	$161.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$47.50**	**$0.00**	**$47.50**
Indemnity				**$5,537.91**	**$0.00**	**$5,537.91**
Medical				**$6,695.97**	**$0.00**	**$6,695.97**
				$12,281.38	**$0.00**	**$12,281.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,583.54**	**$0.00**	**$2,583.54**
				$2,583.54	**$0.00**	**$2,583.54**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$544.82**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,331.73**	**$5,557.69**	**$16,889.42**
Indemnity				**$223,623.39**	**$145,137.87**	**$368,761.26**
Medical				**$424,071.13**	**$19,925.33**	**$443,996.46**
				$659,026.25	**$170,620.89**	**$829,647.14**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,680.16**	**$0.00**	**$2,680.16**
				$2,680.16	**$0.00**	**$2,680.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$45.40**	**$0.00**	**$45.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.40	**$0.00**	**$45.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,424.63**	**$5,557.69**	**$16,982.32**
Indemnity				**$238,393.89**	**$145,137.87**	**$383,531.76**
Medical				**$484,044.57**	**$19,925.33**	**$503,969.90**
				$733,863.09	**$170,620.89**	**$904,483.98**
# of Claims	**69**					
# Open	**1**	**Recovery Amount:**	**-$544.82**			

202 - VCU FMD/PPD/Lock Shop

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

202 - VCU FMD/PPD/Lock Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$40.97	$0.00	$40.97
Medical.....	.....			$0.00	$0.00	$0.00
				$40.97	$0.00	$40.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,174.17	$0.00	$1,174.17
Medical.....	.....			$1,354.98	$0.00	$1,354.98
				$2,529.15	$0.00	$2,529.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

202 - VCU FMD/PPD/Lock Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,215.14	$0.00	$1,215.14
Medical.....	.....			$1,354.98	$0.00	$1,354.98
				$2,570.12	$0.00	$2,570.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

203 - VCU MASON PLASTERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,938.79**	**$0.00**	**$13,938.79**
Medical				**$2,740.60**	**$0.00**	**$2,740.60**
				$16,679.39	**$0.00**	**$16,679.39**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

203 - VCU MASON PLASTERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$40.78**	**$0.00**	**$40.78**
Medical				**$33.65**	**$0.00**	**$33.65**
				$74.43	**$0.00**	**$74.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,979.57**	**$0.00**	**$13,979.57**
Medical				**$2,774.25**	**$0.00**	**$2,774.25**
				$16,753.82	**$0.00**	**$16,753.82**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

204 - VCU PAINTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$957.82**	**$0.00**	**$957.82**
Medical				**$13,013.21**	**$0.00**	**$13,013.21**
				$13,971.03	**$0.00**	**$13,971.03**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

204 - VCU PAINTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$158.50	$0.00	$158.50
Indemnity.....	.....			$16,452.93	$0.00	$16,452.93
Medical.....	.....			$12,915.54	$0.00	$12,915.54
				$29,526.97	$0.00	$29,526.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$255.50	$0.00	$255.50
				$255.50	$0.00	$255.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,363.16	$0.00	$3,363.16
Medical.....	.....			$2,238.53	$0.00	$2,238.53
				$5,601.69	$0.00	$5,601.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,971.21	$0.00	$1,971.21
Medical.....	.....			$3,248.40	$0.00	$3,248.40
				$5,219.61	$0.00	$5,219.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

204 - VCU PAINTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,363.45**	**$0.00**	**$1,363.45**
				$1,363.45	**$0.00**	**$1,363.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$158.50**	**$0.00**	**$158.50**
Indemnity				**$22,745.12**	**$0.00**	**$22,745.12**
Medical				**$33,034.63**	**$0.00**	**$33,034.63**
				$55,938.25	**$0.00**	**$55,938.25**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$823.58**	**$0.00**	**$823.58**
Medical				**$1,508.69**	**$0.00**	**$1,508.69**
				$2,394.77	**$0.00**	**$2,394.77**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,724.92**	**$0.00**	**$3,724.92**
Medical				**$1,400.73**	**$0.00**	**$1,400.73**
				$5,125.65	**$0.00**	**$5,125.65**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$58,944.95	$0.00	$58,944.95
Medical.....	.....			$46,760.49	$0.00	$46,760.49
				$105,705.44	$0.00	$105,705.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$732.52	$0.00	$732.52
Medical.....	.....			$340.38	$0.00	$340.38
				$1,072.90	$0.00	$1,072.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,143.02	$0.00	$1,143.02
Medical.....	.....			$350.60	$0.00	$350.60
				$1,493.62	$0.00	$1,493.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$590.56	$0.00	$590.56
				$590.56	$0.00	$590.56
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.00	$0.00	$40.00
				$40.00	$0.00	$40.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,633.03	$0.00	$1,633.03
Medical.....	.....			$770.79	$0.00	$770.79
				$2,403.82	$0.00	$2,403.82
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$811.30	$0.00	$811.30
				$811.30	$0.00	$811.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$120.78	$0.00	$120.78
Medical.....	.....			$395.00	$0.00	$395.00
				$515.78	$0.00	$515.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$195.33	$0.00	$195.33
Medical.....	.....			$427.92	$0.00	$427.92
				$623.25	$0.00	$623.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,638.93	$0.00	$1,638.93
Medical.....	.....			$6,404.71	$0.00	$6,404.71
				$8,043.64	$0.00	$8,043.64
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,456.03	$0.00	$2,456.03
				$2,456.03	$0.00	$2,456.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,654.69	$0.00	$1,654.69
				$1,654.69	$0.00	$1,654.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.47	$0.00	$169.47
				$169.47	$0.00	$169.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.60	$0.00	$18.60
				$18.60	$0.00	$18.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$681.70	$0.00	$681.70
				$681.70	$0.00	$681.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$12,770.59	$0.00	$12,770.59
Indemnity.....	.....			$201,183.30	$0.00	$201,183.30
Medical.....	.....			$212,079.16	$0.00	$212,079.16
				$426,033.05	$0.00	$426,033.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.05	$0.00	$183.05
				$183.05	$0.00	$183.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.70	$0.00	$572.70
				$572.70	$0.00	$572.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$27.00	$0.00	$27.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.00	$0.00	$27.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

205 - VCU FMD/PPD/Grounds

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$305.65	$0.00	$305.65
				$305.65	$0.00	$305.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,273.90	$0.00	$2,273.90
				$2,273.90	$0.00	$2,273.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,860.09	$50.00	$12,910.09
Indemnity.....	.....			$270,140.36	$0.00	$270,140.36
Medical.....	.....			$280,196.12	$1,200.00	$281,396.12
				$563,196.57	$1,250.00	$564,446.57
# of Claims	112					
# Open	1	Recovery Amount:	$0.00			

206 - VCU CONSTRUCTION CARPENTERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

206 - VCU CONSTRUCTION CARPENTERS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$654.90**	**$0.00**	**$654.90**
Medical				**$1,252.89**	**$0.00**	**$1,252.89**
				$1,970.29	**$0.00**	**$1,970.29**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$1,650.00**	**$0.00**	**$1,650.00**
Indemnity		**$24,221.34**	**$0.00**	**$24,221.34**
Medical		**$42,294.29**	**$0.00**	**$42,294.29**
		$68,165.63	**$0.00**	**$68,165.63**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$699.60**	**$0.00**	**$699.60**
Indemnity		**$141,147.69**	**$0.00**	**$141,147.69**
Medical		**$18,212.78**	**$0.00**	**$18,212.78**
		$160,060.07	**$0.00**	**$160,060.07**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

206 - VCU CONSTRUCTION CARPENTERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$25.00	$0.00	$25.00
Indemnity.....	.....			$395.60	$0.00	$395.60
Medical.....	.....			$3,251.63	$0.00	$3,251.63
				$3,672.23	$0.00	$3,672.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.23	$0.00	$183.23
				$183.23	$0.00	$183.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,437.10	$0.00	$2,437.10
Indemnity.....	.....			$166,419.53	$0.00	$166,419.53
Medical.....	.....			$65,194.82	$0.00	$65,194.82
				$234,051.45	$0.00	$234,051.45
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

207 - VCU CONSTRUCTION ELECTRICIANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

207 - VCU CONSTRUCTION ELECTRICIANS

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$393.00**	**$0.00**	**$393.00**
			$393.00	**$0.00**	**$393.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$313.45**	**$0.00**	**$313.45**
		$313.45	**$0.00**	**$313.45**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$682.09**	**$0.00**	**$682.09**
		$682.09	**$0.00**	**$682.09**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

207 - VCU CONSTRUCTION ELECTRICIANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,388.54	$0.00	$1,388.54
				$1,388.54	$0.00	$1,388.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

208 - VCU CONST FLOORS & CEILINGS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.73	$0.00	$38.73
				$38.73	$0.00	$38.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$272.55	$0.00	$272.55
Medical.....	.....			$2,024.60	$0.00	$2,024.60
				$2,297.15	$0.00	$2,297.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

208 - VCU CONST FLOORS & CEILINGS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$526.85**	**$0.00**	**$526.85**
				$526.85	**$0.00**	**$526.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$59.54**	**$0.00**	**$59.54**
				$59.54	**$0.00**	**$59.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$672.92**	**$0.00**	**$672.92**
Medical				**$1,330.02**	**$0.00**	**$1,330.02**
				$2,002.94	**$0.00**	**$2,002.94**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$945.47**	**$0.00**	**$945.47**
Medical				**$3,979.74**	**$0.00**	**$3,979.74**
				$4,925.21	**$0.00**	**$4,925.21**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

209 - VCU FMD/Construction Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$315.24	$0.00	$315.24
				$315.24	$0.00	$315.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$322.26	$0.00	$322.26
Medical.....	.....			$2,632.54	$0.00	$2,632.54
				$2,954.80	$0.00	$2,954.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,197.32	$0.00	$3,197.32
				$3,197.32	$0.00	$3,197.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

209 - VCU FMD/Construction Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$168.66	$0.00	$168.66
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,300.23	$0.00	$10,300.23
				$10,468.89	$0.00	$10,468.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

209 - VCU FMD/Construction Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$888.68**	**$0.00**	**$888.68**
				$888.68	**$0.00**	**$888.68**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$168.66**	**$0.00**	**$168.66**
Indemnity				**$322.26**	**$0.00**	**$322.26**
Medical				**$17,334.01**	**$0.00**	**$17,334.01**
				$17,824.93	**$0.00**	**$17,824.93**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

20 - VCU OFFICE ASST VP FOR ADMIN SRV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$521.16**	**$0.00**	**$521.16**
				$521.16	**$0.00**	**$521.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$521.16**	**$0.00**	**$521.16**
				$521.16	**$0.00**	**$521.16**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

210 - VCU Miscellaneous Crafts

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

210 - VCU Miscellaneous Crafts

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$563.65**	**$0.00**	**$563.65**
			$563.65	**$0.00**	**$563.65**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$563.65**	**$0.00**	**$563.65**
			$563.65	**$0.00**	**$563.65**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

211 - VCU CONSTRUCTION SHEET METAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$212.50**	**$0.00**	**$212.50**
Indemnity				**$2,300.91**	**$0.00**	**$2,300.91**
Medical				**$5,422.06**	**$0.00**	**$5,422.06**
				$7,935.47	**$0.00**	**$7,935.47**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,089.96**	**$0.00**	**$2,089.96**
Medical				**$4,271.24**	**$0.00**	**$4,271.24**
				$6,361.20	**$0.00**	**$6,361.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$212.50**	**$0.00**	**$212.50**
Indemnity			**$4,390.87**	**$0.00**	**$4,390.87**
Medical			**$9,693.30**	**$0.00**	**$9,693.30**
			$14,296.67	**$0.00**	**$14,296.67**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

211 - VCU CONSTRUCTION SHEET METAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$212.50**	**$0.00**	**$212.50**
Indemnity				**$2,300.91**	**$0.00**	**$2,300.91**
Medical				**$5,422.06**	**$0.00**	**$5,422.06**
				$7,935.47	**$0.00**	**$7,935.47**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,089.96**	**$0.00**	**$2,089.96**
Medical				**$4,271.24**	**$0.00**	**$4,271.24**
				$6,361.20	**$0.00**	**$6,361.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$212.50**	**$0.00**	**$212.50**
Indemnity				**$4,390.87**	**$0.00**	**$4,390.87**
Medical				**$9,693.30**	**$0.00**	**$9,693.30**
				$14,296.67	**$0.00**	**$14,296.67**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

212 - VCU Construction Miscellaneous

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

212 - VCU Construction Miscellaneous

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$268.50**	**$0.00**	**$268.50**
				$268.50	**$0.00**	**$268.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$286.84**	**$0.00**	**$286.84**
Medical				**$430.73**	**$0.00**	**$430.73**
				$717.57	**$0.00**	**$717.57**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$34.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$286.84**	**$0.00**	**$286.84**
Medical				**$699.23**	**$0.00**	**$699.23**
				$986.07	**$0.00**	**$986.07**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$34.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

213 - VCU PHYSICAL PLANT OPER PLUMBING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$8,978.88	$0.00	$8,978.88
Medical.....	.....			$12,421.11	$0.00	$12,421.11
				$21,783.49	$0.00	$21,783.49
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,366.37	$0.00	$14,366.37
Medical.....	.....			$8,099.73	$0.00	$8,099.73
				$22,466.10	$0.00	$22,466.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,255.44	$0.00	$3,255.44
Medical.....	.....			$8,421.84	$0.00	$8,421.84
				$11,677.28	$0.00	$11,677.28
# of Claims	2					
# Open	0	Recovery Amount:	-$28.80			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

213 - VCU PHYSICAL PLANT OPER PLUMBING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$35.02	$0.00	$35.02
Indemnity.....	.....			$4,087.16	$0.00	$4,087.16
Medical.....	.....			$3,638.76	$0.00	$3,638.76
				$7,760.94	$0.00	$7,760.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$86.86	$0.00	$86.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,510.12	$0.00	$6,510.12
				$6,596.98	$0.00	$6,596.98
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$505.38	$0.00	$505.38
Indemnity.....	.....			$30,687.85	$0.00	$30,687.85
Medical.....	.....			$39,098.86	$0.00	$39,098.86
				$70,292.09	$0.00	$70,292.09
# of Claims	28					
# Open	0	Recovery Amount:	-$28.80			

216 - VCU FMD/PPD/Power Plant-West

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

216 - VCU FMD/PPD/Power Plant-West

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$182.71**	**$0.00**	**$182.71**
Medical				**$0.00**	**$0.00**	**$0.00**
				$182.71	**$0.00**	**$182.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,774.88**	**$0.00**	**$3,774.88**
				$3,782.88	**$0.00**	**$3,782.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$120.45**	**$0.00**	**$120.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$120.45	**$0.00**	**$120.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

216 - VCU FMD/PPD/Power Plant-West

Grand Totals

Expense	**$128.45**	**$0.00**	**$128.45**
Indemnity	**$182.71**	**$0.00**	**$182.71**
Medical	**$3,774.88**	**$0.00**	**$3,774.88**
	$4,086.04	**$0.00**	**$4,086.04**

# of Claims 8

 # Open 0 **Recovery Amount:** $0.00

217 - VCU PREVENTIVE MAINTENANCE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$242.55**	**$0.00**	**$242.55**
		$242.55	**$0.00**	**$242.55**

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$72,019.51**	**$155.40**	**$72,174.91**
Indemnity		**$76,140.12**	**$553.52**	**$76,693.64**
Medical		**$133,841.25**	**$0.00**	**$133,841.25**
		$282,000.88	**$708.92**	**$282,709.80**

# of Claims 3

 # Open 1 **Recovery Amount:** -$51,176.06

Grand Totals

Expense	**$72,019.51**	**$155.40**	**$72,174.91**
Indemnity	**$76,140.12**	**$553.52**	**$76,693.64**
Medical	**$134,083.80**	**$0.00**	**$134,083.80**
	$282,243.43	**$708.92**	**$282,952.35**

# of Claims 7

 # Open 1 **Recovery Amount:** -$51,176.06

219 - VCU JC 81 OPS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

219 - VCU JC 81 OPS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$148.00**	**$0.00**	**$148.00**
				$148.00	**$0.00**	**$148.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$151.00**	**$0.00**	**$151.00**
				$151.00	**$0.00**	**$151.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$224.00**	**$0.00**	**$224.00**
				$224.00	**$0.00**	**$224.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$523.00**	**$0.00**	**$523.00**
				$523.00	**$0.00**	**$523.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

220 - VCU MECHANICAL MAINTENANCE SHOP

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

220 - VCU MECHANICAL MAINTENANCE SHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,628.61	$0.00	$5,628.61
Medical.....	.....			$28,109.02	$0.00	$28,109.02
				$33,737.63	$0.00	$33,737.63
# of Claims	3					
# Open	0	Recovery Amount:	-$240.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$286.52	$0.00	$286.52
				$286.52	$0.00	$286.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,628.61	$0.00	$5,628.61
Medical.....	.....			$28,395.54	$0.00	$28,395.54
				$34,024.15	$0.00	$34,024.15
# of Claims	5					
# Open	0	Recovery Amount:	-$240.25			

222 - VCU Off Bdgtng & Resource Anlys

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

222 - VCU Off Bdgtng & Resource Anlys

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$989.45**	**$0.00**	**$989.45**
				$989.45	**$0.00**	**$989.45**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$989.45**	**$0.00**	**$989.45**
		$989.45	**$0.00**	**$989.45**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

223 - VCU BUDGET OPERATIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

223 - VCU BUDGET OPERATIONS

WC1990	**7/1/1989 - 6/30/1990**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$56.95**	**$0.00**	**$56.95**
			$56.95	**$0.00**	**$56.95**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$56.95**	**$0.00**	**$56.95**
			$56.95	**$0.00**	**$56.95**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

224 - VCU UNIVERSITY PLANNING

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

224 - VCU UNIVERSITY PLANNING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

225 - VCU Off of VP for Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

225 - VCU Off of VP for Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$129.31**	**$0.00**	**$129.31**
				$129.31	**$0.00**	**$129.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$42.00	**$0.00**	**$42.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

225 - VCU Off of VP for Student Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$27.40	$0.00	$27.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.40	$0.00	$27.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$33.30	$0.00	$33.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,663.45	$0.00	$12,663.45
				$12,696.75	$0.00	$12,696.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$102.70	$0.00	$102.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,792.76	$0.00	$12,792.76
				$12,895.46	$0.00	$12,895.46
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$255.87	$0.00	$255.87
				$255.87	$0.00	$255.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$322.65	$0.00	$322.65
				$322.65	$0.00	$322.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,212.53	$0.00	$1,212.53
				$1,212.53	$0.00	$1,212.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.59	$0.00	$186.59
				$186.59	$0.00	$186.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$375.00	$0.00	$375.00
Indemnity.....	.....			$7,309.48	$0.00	$7,309.48
Medical.....	.....			$2,992.54	$0.00	$2,992.54
				$10,677.02	$0.00	$10,677.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$221.01**	**$0.00**	**$221.01**
Medical				**$153.20**	**$0.00**	**$153.20**
				$374.21	**$0.00**	**$374.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.41**	**$0.00**	**$147.41**
				$147.41	**$0.00**	**$147.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$475.59**	**$0.00**	**$475.59**
				$475.59	**$0.00**	**$475.59**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4.07**	**$0.00**	**$4.07**
				$4.07	**$0.00**	**$4.07**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$404.40**	**$0.00**	**$404.40**
Medical				**$844.13**	**$0.00**	**$844.13**
				$1,248.53	**$0.00**	**$1,248.53**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$179.20**	**$0.00**	**$179.20**
Medical				**$145.95**	**$0.00**	**$145.95**
				$325.15	**$0.00**	**$325.15**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,196.85**	**$0.00**	**$1,196.85**
Medical				**$860.08**	**$0.00**	**$860.08**
				$2,056.93	**$0.00**	**$2,056.93**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$268.07**	**$0.00**	**$268.07**
Medical				**$2,266.75**	**$0.00**	**$2,266.75**
				$2,534.82	**$0.00**	**$2,534.82**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,071.73**	**$0.00**	**$3,071.73**
Medical				**$4,939.71**	**$0.00**	**$4,939.71**
				$8,011.44	**$0.00**	**$8,011.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$75.40**	**$0.00**	**$75.40**
Medical				**$5,851.27**	**$0.00**	**$5,851.27**
				$5,926.67	**$0.00**	**$5,926.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,020.25**	**$0.00**	**$1,020.25**
				$1,020.25	**$0.00**	**$1,020.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,750.69**	**$0.00**	**$7,750.69**
Medical				**$3,500.15**	**$0.00**	**$3,500.15**
				$11,250.84	**$0.00**	**$11,250.84**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$503.31**	**$0.00**	**$503.31**
Medical				**$527.00**	**$0.00**	**$527.00**
				$1,030.31	**$0.00**	**$1,030.31**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$102.49**	**$0.00**	**$102.49**
				$102.49	**$0.00**	**$102.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.60**	**$0.00**	**$142.60**
				$142.60	**$0.00**	**$142.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

226 - VCU UNIVERSITY STUDENT COMMONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$375.00**	**$0.00**	**$375.00**
Indemnity				**$20,980.14**	**$0.00**	**$20,980.14**
Medical				**$25,950.83**	**$0.00**	**$25,950.83**
				$47,305.97	**$0.00**	**$47,305.97**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

227 - VCU COUNSELING CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$313.65**	**$0.00**	**$313.65**
Medical				**$457.20**	**$0.00**	**$457.20**
				$833.35	**$0.00**	**$833.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

227 - VCU COUNSELING CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.76	$0.00	$187.76
				$187.76	$0.00	$187.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

236 - VIRGINIA COMMONWEALTH UNIVERSI

227 - VCU COUNSELING CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$136.50	$0.00	$136.50
				$136.50	$0.00	$136.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$382.13	$0.00	$382.13
				$382.13	$0.00	$382.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$313.65	$0.00	$313.65
Medical.....	.....			$1,163.59	$0.00	$1,163.59
				$1,539.74	$0.00	$1,539.74
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

228 - VCU DEAN OF STUDENT AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

228 - VCU DEAN OF STUDENT AFFAIRS

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$215.99**	**$0.00**	**$215.99**
				$215.99	**$0.00**	**$215.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$60.94**	**$0.00**	**$60.94**
		$60.94	**$0.00**	**$60.94**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$320.50**	**$0.00**	**$320.50**
		$320.50	**$0.00**	**$320.50**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$87.43**	**$0.00**	**$87.43**
Medical		**$0.00**	**$0.00**	**$0.00**
		$87.43	**$0.00**	**$87.43**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

228 - VCU DEAN OF STUDENT AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.25	$0.00	$245.25
				$263.75	$0.00	$263.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.89	$0.00	$127.89
				$127.89	$0.00	$127.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$87.43	$0.00	$87.43
Medical.....	.....			$970.57	$0.00	$970.57
				$1,076.50	$0.00	$1,076.50
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$571.80**	**$0.00**	**$571.80**
				$571.80	**$0.00**	**$571.80**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$227.60**	**$0.00**	**$227.60**
		$227.60	**$0.00**	**$227.60**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$6,085.72**	**$0.00**	**$6,085.72**
Medical		**$14,878.59**	**$0.00**	**$14,878.59**
		$20,972.31	**$0.00**	**$20,972.31**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,592.77**	**$0.00**	**$1,592.77**
Medical		**$5,772.49**	**$0.00**	**$5,772.49**
		$7,365.26	**$0.00**	**$7,365.26**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,756.71**	**$0.00**	**$2,756.71**
Medical		**$2,172.89**	**$0.00**	**$2,172.89**
		$4,929.60	**$0.00**	**$4,929.60**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$73.82	$0.00	$73.82
Medical.....	.....			$2,542.83	$0.00	$2,542.83
				$2,616.65	$0.00	$2,616.65
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54.20	$0.00	$54.20
Medical.....	.....			$957.04	$0.00	$957.04
				$1,011.24	$0.00	$1,011.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$155.60	$0.00	$155.60
Medical.....	.....			$2,105.44	$0.00	$2,105.44
				$2,261.04	$0.00	$2,261.04
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$162.00	$0.00	$162.00
				$162.00	$0.00	$162.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$768.22	$0.00	$768.22
Medical.....	.....			$28,242.64	$0.00	$28,242.64
				$29,018.86	$0.00	$29,018.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$111.92	$0.00	$111.92
Medical.....	.....			$1,118.70	$0.00	$1,118.70
				$1,230.62	$0.00	$1,230.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,843.48	$0.00	$1,843.48
				$1,843.48	$0.00	$1,843.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,713.60	$0.00	$18,713.60
Medical.....	.....			$26,104.32	$0.00	$26,104.32
				$44,817.92	$0.00	$44,817.92
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,332.79	$0.00	$2,332.79
Medical.....	.....			$14,272.21	$0.00	$14,272.21
				$16,605.00	$0.00	$16,605.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,341.20	$0.00	$5,341.20
Indemnity.....	.....			$27,117.10	$0.00	$27,117.10
Medical.....	.....			$36,739.89	$0.00	$36,739.89
				$69,198.19	$0.00	$69,198.19
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,992.89	$0.00	$1,992.89
Medical.....	.....			$4,070.57	$0.00	$4,070.57
				$6,063.46	$0.00	$6,063.46
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$4,778.80	$0.00	$4,778.80
Indemnity.....	.....			$25,782.92	$0.00	$25,782.92
Medical.....	.....			$37,182.79	$0.00	$37,182.79
				$67,744.51	$0.00	$67,744.51
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,148.00	$0.00	$1,148.00
Indemnity.....	.....			$6,179.01	$0.00	$6,179.01
Medical.....	.....			$8,387.97	$0.00	$8,387.97
				$15,714.98	$0.00	$15,714.98
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,684.53	$0.00	$1,684.53
Medical.....	.....			$4,409.71	$0.00	$4,409.71
				$6,094.24	$0.00	$6,094.24
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,379.70	$0.00	$3,379.70
				$3,379.70	$0.00	$3,379.70
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$1,559.33	$0.00	$1,559.33
Medical.....	.....			$3,140.07	$0.00	$3,140.07
				$4,765.40	$0.00	$4,765.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,949.55	$0.00	$6,949.55
Medical.....	.....			$14,644.19	$0.00	$14,644.19
				$21,593.74	$0.00	$21,593.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$307.73	$0.00	$307.73
Medical.....	.....			$3,090.64	$0.00	$3,090.64
				$3,454.37	$0.00	$3,454.37
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,905.64	$0.00	$5,905.64
				$5,905.64	$0.00	$5,905.64
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,669.53	$0.00	$1,669.53
				$1,669.53	$0.00	$1,669.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.66	$0.00	$347.66
				$347.66	$0.00	$347.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.56	$0.00	$119.56
				$119.56	$0.00	$119.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$5,692.64	$142.00	$5,834.64
Indemnity.....	.....			$138,293.99	$24,171.31	$162,465.30
Medical.....	.....			$100,937.21	$63,201.59	$164,138.80
				$244,923.84	$87,514.90	$332,438.74
# of Claims	2					
# Open	1	Recovery Amount:	-$135,065.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

229 - VCU UNIVERISTY HOUSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,591.46	$0.00	$1,591.46
				$1,591.46	$0.00	$1,591.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,098.64	$142.00	$17,240.64
Indemnity.....	.....			$242,512.40	$24,171.31	$266,683.71
Medical.....	.....			$326,588.62	$63,201.59	$389,790.21
				$586,199.66	$87,514.90	$673,714.56
# of Claims	203					
# Open	1	Recovery Amount:	-$135,065.80			

22 - VCU COMPUTER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

22 - VCU COMPUTER CENTER

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.25**	**$0.00**	**$7.25**
				$7.25	**$0.00**	**$7.25**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$471.11**	**$0.00**	**$471.11**
		$471.11	**$0.00**	**$471.11**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$475.00**	**$0.00**	**$475.00**
		$475.00	**$0.00**	**$475.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,466.35**	**$0.00**	**$6,466.35**
Medical		**$14,542.61**	**$0.00**	**$14,542.61**
		$21,008.96	**$0.00**	**$21,008.96**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

22 - VCU COMPUTER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$94.30	$0.00	$94.30
Indemnity.....	.....			$243,257.82	$0.00	$243,257.82
Medical.....	.....			$95,499.29	$0.00	$95,499.29
				$338,851.41	$0.00	$338,851.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.00	$0.00	$115.00
				$115.00	$0.00	$115.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.87	$0.00	$367.87
				$367.87	$0.00	$367.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,267.15	$0.00	$2,267.15
				$2,267.15	$0.00	$2,267.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

22 - VCU COMPUTER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.65	$0.00	$137.65
				$137.65	$0.00	$137.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.22	$0.00	$74.22
				$74.22	$0.00	$74.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

22 - VCU COMPUTER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.39	$0.00	$234.39
				$234.39	$0.00	$234.39
# of Claims	1					
# Open	0	Recovery Amount:	-$111.61			
Grand Totals						
Expense.....	.....			$94.30	$0.00	$94.30
Indemnity.....	.....			$249,724.17	$0.00	$249,724.17
Medical.....	.....			$114,191.54	$0.00	$114,191.54
				$364,010.01	$0.00	$364,010.01
# of Claims	29					
# Open	0	Recovery Amount:	-$111.61			

231 - VCU UNIVERSITY CAREER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

231 - VCU UNIVERSITY CAREER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$351.13	$0.00	$351.13
				$351.13	$0.00	$351.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$351.13	$0.00	$351.13
				$351.13	$0.00	$351.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

232 - VCU UNIVERSITY STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

232 - VCU UNIVERSITY STUDENT HEALTH

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$556.79**	**$0.00**	**$556.79**
				$556.79	**$0.00**	**$556.79**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$603.20**	**$0.00**	**$603.20**
Medical		**$4,749.87**	**$0.00**	**$4,749.87**
		$5,353.07	**$0.00**	**$5,353.07**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$603.67**	**$0.00**	**$603.67**
Medical		**$1,401.25**	**$0.00**	**$1,401.25**
		$2,004.92	**$0.00**	**$2,004.92**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$139.32**	**$0.00**	**$139.32**
		$139.32	**$0.00**	**$139.32**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

232 - VCU UNIVERSITY STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.62	$0.00	$310.62
				$310.62	$0.00	$310.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$49.57	$0.00	$49.57
Medical.....	.....			$180.00	$0.00	$180.00
				$229.57	$0.00	$229.57
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

232 - VCU UNIVERSITY STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.90	$0.00	$12.90
				$12.90	$0.00	$12.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$866.93	$0.00	$866.93
				$866.93	$0.00	$866.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$122.58	$0.00	$122.58
Medical.....	.....			$192.45	$0.00	$192.45
				$315.03	$0.00	$315.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

232 - VCU UNIVERSITY STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,446.02**	**$0.00**	**$8,446.02**
				$8,446.02	**$0.00**	**$8,446.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$86.55**	**$0.00**	**$86.55**
				$86.55	**$0.00**	**$86.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

232 - VCU UNIVERSITY STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,379.02	$0.00	$1,379.02
Medical.....	.....			$16,942.70	$0.00	$16,942.70
				$18,321.72	$0.00	$18,321.72
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

235 - VCU VP External Relations

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

235 - VCU VP External Relations

WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$96.56**	**$0.00**	**$96.56**
				$96.56	**$0.00**	**$96.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$96.56**	**$0.00**	**$96.56**
				$96.56	**$0.00**	**$96.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

236 - VCU Summer Studies/Intersession

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$405.35**	**$0.00**	**$405.35**
				$405.35	**$0.00**	**$405.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

236 - VCU Summer Studies/Intersession

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,019.72	$0.00	$1,019.72
Medical.....	.....			$7,397.78	$0.00	$7,397.78
				$8,417.50	$0.00	$8,417.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$306.24	$0.00	$306.24
				$306.24	$0.00	$306.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,019.72	$0.00	$1,019.72
Medical.....	.....			$8,109.37	$0.00	$8,109.37
				$9,129.09	$0.00	$9,129.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

237 - VCU OFF CAMPUS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,050.08**	**$0.00**	**$2,050.08**
Medical				**$9,495.93**	**$0.00**	**$9,495.93**
				$11,546.01	**$0.00**	**$11,546.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,050.08**	**$0.00**	**$2,050.08**
Medical				**$9,495.93**	**$0.00**	**$9,495.93**
				$11,546.01	**$0.00**	**$11,546.01**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

238 - VCU ROTC Military Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

238 - VCU ROTC Military Science

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

239 - VCU Youth Matters

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$191.25**	**$0.00**	**$191.25**
				$191.25	**$0.00**	**$191.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

239 - VCU Youth Matters

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.25	$0.00	$191.25
				$209.75	$0.00	$209.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

240 - VCU Americorps Program

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$890.94	$0.00	$890.94
				$890.94	$0.00	$890.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.74	$0.00	$16.74
				$16.74	$0.00	$16.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

240 - VCU Americorps Program

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.14	$0.00	$201.14
				$201.14	$0.00	$201.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,108.82	$0.00	$1,108.82
				$1,108.82	$0.00	$1,108.82
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

241 - VCU GENEAL COUNSEL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.30	$0.00	$235.30
				$235.30	$0.00	$235.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

241 - VCU GENEAL COUNSEL'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$235.30**	**$0.00**	**$235.30**
				$235.30	**$0.00**	**$235.30**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

242 - VCU ALUMNI ACTIVITIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

243 - VCU DAY CARE CENTER

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

243 - VCU DAY CARE CENTER

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$26.25**	**$0.00**	**$26.25**
				$26.25	**$0.00**	**$26.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$71.08**	**$0.00**	**$71.08**
Medical				**$67.92**	**$0.00**	**$67.92**
				$139.00	**$0.00**	**$139.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

243 - VCU DAY CARE CENTER

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$71.08**	**$0.00**	**$71.08**
Medical			**$94.17**	**$0.00**	**$94.17**
			$165.25	**$0.00**	**$165.25**
# of Claims	**9**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

247 - VCU VP FOR HEALTH SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$405.50**	**$0.00**	**$405.50**
				$405.50	**$0.00**	**$405.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$581.92**	**$0.00**	**$581.92**
Medical				**$356.73**	**$0.00**	**$356.73**
				$938.65	**$0.00**	**$938.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$91.50**	**$0.00**	**$91.50**
				$91.50	**$0.00**	**$91.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

247 - VCU VP FOR HEALTH SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,925.70	$0.00	$2,925.70
				$2,925.70	$0.00	$2,925.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,593.50	$0.00	$2,593.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$250.00	$0.00	$250.00
				$2,843.50	$0.00	$2,843.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

247 - VCU VP FOR HEALTH SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$33.49	$0.00	$33.49
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$33.49	$0.00	$33.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$21.84	$0.00	$21.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.95	$0.00	$22.95
				$44.79	$0.00	$44.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$53.83	$0.00	$53.83
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$53.83	$0.00	$53.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,702.66	$0.00	$2,702.66
Indemnity.....	.....			$581.92	$0.00	$581.92
Medical.....	.....			$4,052.38	$0.00	$4,052.38
				$7,336.96	$0.00	$7,336.96
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$170.00**	**$0.00**	**$170.00**
				$170.00	**$0.00**	**$170.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$75.00**	**$0.00**	**$75.00**
		$75.00	**$0.00**	**$75.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$99.00**	**$0.00**	**$99.00**
		$99.00	**$0.00**	**$99.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$230.53**	**$0.00**	**$230.53**
		$230.53	**$0.00**	**$230.53**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8.58	$0.00	$8.58
				$8.58	$0.00	$8.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5.61	$0.00	$5.61
				$5.61	$0.00	$5.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.75	$0.00	$182.75
				$182.75	$0.00	$182.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58.60	$0.00	$58.60
				$58.60	$0.00	$58.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$296.53	$0.00	$296.53
				$296.53	$0.00	$296.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,498.28	$0.00	$12,498.28
				$12,498.28	$0.00	$12,498.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,107.74	$0.00	$2,107.74
				$2,107.74	$0.00	$2,107.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$56.00	$0.00	$56.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,594.84	$0.00	$18,594.84
				$18,594.84	$0.00	$18,594.84
# of Claims	4					
# Open	0	Recovery Amount:	-$18,594.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$102.77	$0.00	$102.77
Medical.....	.....			$0.00	$0.00	$0.00
				$102.77	$0.00	$102.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,558.73	$0.00	$2,558.73
				$2,558.73	$0.00	$2,558.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,771.17	$0.00	$3,771.17
				$3,771.17	$0.00	$3,771.17
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.07	$0.00	$231.07
				$231.07	$0.00	$231.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,095.65	$0.00	$1,095.65
				$1,095.65	$0.00	$1,095.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$48.85	$0.00	$48.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.98	$0.00	$254.98
				$303.83	$0.00	$303.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

248 - VCU CANCER CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$9.72	$50.00	$59.72
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,982.52	$1,200.00	$3,182.52
				$1,992.24	$1,250.00	$3,242.24
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$114.57	$50.00	$164.57
Indemnity.....	.....			$102.77	$0.00	$102.77
Medical.....	.....			$44,221.58	$1,200.00	$45,421.58
				$44,438.92	$1,250.00	$45,688.92
# of Claims	66					
# Open	1	Recovery Amount:	-$18,594.84			

249 - VCU Recreational Sports MCV Gym

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.15	$0.00	$133.15
				$133.15	$0.00	$133.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

249 - VCU Recreational Sports MCV Gym

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,225.29	$0.00	$6,225.29
				$6,225.29	$0.00	$6,225.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$969.41	$0.00	$969.41
Medical.....	.....			$2,766.75	$0.00	$2,766.75
				$3,736.16	$0.00	$3,736.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,267.54	$0.00	$1,267.54
				$1,267.54	$0.00	$1,267.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

249 - VCU Recreational Sports MCV Gym

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,440.15	$0.00	$4,440.15
Medical.....	.....			$16,448.87	$0.00	$16,448.87
				$20,889.02	$0.00	$20,889.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,001.38	$0.00	$5,001.38
				$5,001.38	$0.00	$5,001.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$27.90	$0.00	$27.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$518.47	$0.00	$518.47
				$546.37	$0.00	$546.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

249 - VCU Recreational Sports MCV Gym

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$250.00	$268.82
Indemnity.....	.....			$362.71	$6,457.29	$6,820.00
Medical.....	.....			$3,892.60	$14,507.40	$18,400.00
				$4,274.13	$21,214.69	$25,488.82
# of Claims	3					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46.72	$250.00	$296.72
Indemnity.....	.....			$5,772.27	$6,457.29	$12,229.56
Medical.....	.....			$36,254.05	$14,507.40	$50,761.45
				$42,073.04	$21,214.69	$63,287.73
# of Claims	20					
# Open	2	Recovery Amount:	$0.00			

24 - VCU Card

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$387.79	$0.00	$387.79
				$387.79	$0.00	$387.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.33	$0.00	$350.33
				$350.33	$0.00	$350.33
# of Claims	1					
# Open	0	Recovery Amount:	-$350.33			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$738.12	$0.00	$738.12
				$738.12	$0.00	$738.12

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

24 - VCU Card

# of Claims 2

 # Open 0 **Recovery Amount:** -$350.33

251 - VCU OCCUPATIONAL THERAPY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$24.00	$0.00	$24.00
			$24.00	$0.00	$24.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$57.16	$0.00	$57.16
Medical.....	.....		$1,250.56	$0.00	$1,250.56
			$1,307.72	$0.00	$1,307.72
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$6,092.85	$0.00	$6,092.85
Medical.....	.....		$30,150.90	$0.00	$30,150.90
			$36,243.75	$0.00	$36,243.75
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

251 - VCU OCCUPATIONAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,624.95	$0.00	$2,624.95
				$2,624.95	$0.00	$2,624.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$54.90	$0.00	$54.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,269.38	$0.00	$8,269.38
				$8,324.28	$0.00	$8,324.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$54.90	$0.00	$54.90
Indemnity.....	.....			$6,150.01	$0.00	$6,150.01
Medical.....	.....			$42,319.79	$0.00	$42,319.79
				$48,524.70	$0.00	$48,524.70
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

252 - VCU ALLIED HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.00	$0.00	$82.00
				$82.00	$0.00	$82.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,118.84	$0.00	$1,118.84
				$1,118.84	$0.00	$1,118.84
# of Claims	1					
# Open	0	Recovery Amount:	-$1,118.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

252 - VCU ALLIED HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,200.84	$0.00	$1,200.84
				$1,200.84	$0.00	$1,200.84
# of Claims	8					
# Open	0	Recovery Amount:	-$1,118.84			

253 - VCU HEALTH ADMINISTRATOR

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

253 - VCU HEALTH ADMINISTRATOR

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$210.75**	**$0.00**	**$210.75**
				$210.75	**$0.00**	**$210.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$64.68**	**$0.00**	**$64.68**
		$64.68	**$0.00**	**$64.68**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$18.36**	**$0.00**	**$18.36**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$18.36	**$0.00**	**$18.36**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$456.75**	**$0.00**	**$456.75**
		$456.75	**$0.00**	**$456.75**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

253 - VCU HEALTH ADMINISTRATOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$49.88	$0.00	$49.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$49.88	$0.00	$49.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$68.24	$0.00	$68.24
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$732.18	$0.00	$732.18
				$800.42	$0.00	$800.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

254 - VCU Clinical Laboratory Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.00	$0.00	$242.00
				$242.00	$0.00	$242.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

254 - VCU Clinical Laboratory Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,909.38	$0.00	$1,909.38
Indemnity.....	.....			$1,282.32	$0.00	$1,282.32
Medical.....	.....			$27,199.32	$0.00	$27,199.32
				$30,391.02	$0.00	$30,391.02
# of Claims	1					
# Open	0	Recovery Amount:	-$16,488.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,844.89	$0.00	$1,844.89
				$1,844.89	$0.00	$1,844.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,909.38	$0.00	$1,909.38
Indemnity.....	.....			$1,282.32	$0.00	$1,282.32
Medical.....	.....			$29,293.86	$0.00	$29,293.86
				$32,485.56	$0.00	$32,485.56
# of Claims	5					
# Open	0	Recovery Amount:	-$16,488.88			

255 - VCU NURSING ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

255 - VCU NURSING ANESTHESIA

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.50**	**$0.00**	**$207.50**
				$207.50	**$0.00**	**$207.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.00**	**$0.00**	**$142.00**
				$142.00	**$0.00**	**$142.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

255 - VCU NURSING ANESTHESIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$132.50**	**$0.00**	**$132.50**
				$132.50	**$0.00**	**$132.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$316.43**	**$0.00**	**$316.43**
				$316.43	**$0.00**	**$316.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$798.43**	**$0.00**	**$798.43**
				$798.43	**$0.00**	**$798.43**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

256 - VCU PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$689.20**	**$0.00**	**$689.20**
				$689.20	**$0.00**	**$689.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

256 - VCU PHYSICAL THERAPY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.31	$0.00	$348.31
				$348.31	$0.00	$348.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$611.74	$0.00	$611.74
Medical.....	.....			$1,616.45	$0.00	$1,616.45
				$2,228.19	$0.00	$2,228.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$611.74	$0.00	$611.74
Medical.....	.....			$2,653.96	$0.00	$2,653.96
				$3,265.70	$0.00	$3,265.70
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

257 - VCU PATIENT COUNSELING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

257 - VCU PATIENT COUNSELING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$77.00	$0.00	$77.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$77.00	$0.00	$77.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$881.96	$0.00	$881.96
				$881.96	$0.00	$881.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

257 - VCU PATIENT COUNSELING

Grand Totals

Expense.....	**$77.00**	**$0.00**	**$77.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$881.96**	**$0.00**	**$881.96**
	$958.96	**$0.00**	**$958.96**

# of Claims 9

 # Open 0 **Recovery Amount:** $0.00

258 - VCU RADIATION SCIENCES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

261 - VCU BASIC HEALTH SCIENCES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

261 - VCU BASIC HEALTH SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$182.49**	**$0.00**	**$182.49**
				$182.49	**$0.00**	**$182.49**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

261 - VCU BASIC HEALTH SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.44	$0.00	$24.44
				$24.44	$0.00	$24.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$206.93	$0.00	$206.93
				$206.93	$0.00	$206.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

WC1991	**7/1/1990 - 6/30/1991**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$8,820.52**	**$0.00**	**$8,820.52**
Medical			**$2,928.25**	**$0.00**	**$2,928.25**
			$11,748.77	**$0.00**	**$11,748.77**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7.65**	**$0.00**	**$7.65**
				$7.65	**$0.00**	**$7.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$584.65**	**$0.00**	**$584.65**
				$584.65	**$0.00**	**$584.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$728.97	$0.00	$728.97
Medical.....	.....			$1,057.35	$0.00	$1,057.35
				$1,786.32	$0.00	$1,786.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.20	$0.00	$64.20
				$64.20	$0.00	$64.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.01	$0.00	$529.01
				$529.01	$0.00	$529.01
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,459.31	$0.00	$1,459.31
				$1,459.31	$0.00	$1,459.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17.62	$0.00	$17.62
				$17.62	$0.00	$17.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.80	$0.00	$132.80
				$132.80	$0.00	$132.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$239.98	$0.00	$239.98
				$239.98	$0.00	$239.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.87	$0.00	$28.87
				$28.87	$0.00	$28.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

262 - VCU Anatomy & Neurobiology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,549.49	$0.00	$9,549.49
Medical.....	.....			$7,049.69	$0.00	$7,049.69
				$16,599.18	$0.00	$16,599.18
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,791.83	$0.00	$5,791.83
Medical.....	.....			$14,333.24	$0.00	$14,333.24
				$20,125.07	$0.00	$20,125.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$565.57	$0.00	$565.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28,286.78	$0.00	$28,286.78
				$28,852.35	$0.00	$28,852.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$344.85	$0.00	$344.85
				$344.85	$0.00	$344.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$255.41	$0.00	$255.41
				$255.41	$0.00	$255.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$146.07	$0.00	$146.07
Indemnity.....	.....			$2,347.12	$0.00	$2,347.12
Medical.....	.....			$130,875.31	$0.00	$130,875.31
				$133,368.50	$0.00	$133,368.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.39	$0.00	$593.39
				$593.39	$0.00	$593.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$46.28	$0.00	$46.28
				$46.28	$0.00	$46.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,204.77	$0.00	$1,204.77
Medical.....	.....			$2,403.16	$0.00	$2,403.16
				$3,607.93	$0.00	$3,607.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$185.14	$0.00	$185.14
				$185.14	$0.00	$185.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

263 - VCU BIOCHEMISTRY & MOLECULAR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$28.86	$0.00	$28.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.86	$0.00	$28.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$740.50	$0.00	$740.50
Indemnity.....	.....			$9,343.72	$0.00	$9,343.72
Medical.....	.....			$177,323.56	$0.00	$177,323.56
				$187,407.78	$0.00	$187,407.78
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

264 - VCU BIOSTATISTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.00**	**$0.00**	**$142.00**
				$142.00	**$0.00**	**$142.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,737.59**	**$0.00**	**$8,737.59**
Medical				**$10,930.12**	**$0.00**	**$10,930.12**
				$19,667.71	**$0.00**	**$19,667.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,737.59**	**$0.00**	**$8,737.59**
Medical				**$11,072.12**	**$0.00**	**$11,072.12**
				$19,809.71	**$0.00**	**$19,809.71**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

264 - VCU BIOSTATISTICS

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$571.44	$0.00	$571.44
Medical.....	.....			$796.30	$0.00	$796.30
				$1,367.74	$0.00	$1,367.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,180.55	$0.00	$4,180.55
				$4,180.55	$0.00	$4,180.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$746.52	$0.00	$746.52
				$746.52	$0.00	$746.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,482.91	$0.00	$1,482.91
Medical.....	.....			$2,220.00	$0.00	$2,220.00
				$3,702.91	$0.00	$3,702.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$528.71	$0.00	$528.71
Medical.....	.....			$14,501.63	$0.00	$14,501.63
				$15,030.34	$0.00	$15,030.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,425.15	$0.00	$1,425.15
				$1,425.15	$0.00	$1,425.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.75	$0.00	$352.75
				$352.75	$0.00	$352.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.75	$0.00	$313.75
				$313.75	$0.00	$313.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$498.42	$0.00	$498.42
				$498.42	$0.00	$498.42
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,738.38	$0.00	$1,738.38
Medical.....	.....			$7,883.23	$0.00	$7,883.23
				$9,621.61	$0.00	$9,621.61
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.84	$0.00	$226.84
				$226.84	$0.00	$226.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,207.92**	**$0.00**	**$1,207.92**
Medical				**$12,678.82**	**$0.00**	**$12,678.82**
				$13,886.74	**$0.00**	**$13,886.74**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$2,343.50**	**$0.00**	**$2,343.50**
Indemnity				**$7,965.00**	**$0.00**	**$7,965.00**
Medical				**$78,705.46**	**$0.00**	**$78,705.46**
				$89,013.96	**$0.00**	**$89,013.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$416.00**	**$0.00**	**$416.00**
				$416.00	**$0.00**	**$416.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$427.50**	**$0.00**	**$427.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,596.72**	**$0.00**	**$17,596.72**
				$18,024.22	**$0.00**	**$18,024.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

265 - VCU HUMAN GENETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$23.67**	**$0.00**	**$23.67**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$23.67	**$0.00**	**$23.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$214.54**	**$0.00**	**$214.54**
				$214.54	**$0.00**	**$214.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,818.67**	**$0.00**	**$2,818.67**
Indemnity				**$13,494.36**	**$0.00**	**$13,494.36**
Medical				**$142,756.68**	**$0.00**	**$142,756.68**
				$159,069.71	**$0.00**	**$159,069.71**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$540.63	$0.00	$540.63
				$540.63	$0.00	$540.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$410.34	$0.00	$410.34
				$410.34	$0.00	$410.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$540.70	$0.00	$540.70
				$540.70	$0.00	$540.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6.25	$0.00	$6.25
				$6.25	$0.00	$6.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$468.77	$0.00	$468.77
				$468.77	$0.00	$468.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,945.93	$0.00	$1,945.93
				$1,945.93	$0.00	$1,945.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$346.09	$0.00	$346.09
Medical.....	.....			$1,029.34	$0.00	$1,029.34
				$1,375.43	$0.00	$1,375.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$377.44	$0.00	$377.44
				$377.44	$0.00	$377.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.64	$0.00	$367.64
				$367.64	$0.00	$367.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.49	$0.00	$116.49
				$116.49	$0.00	$116.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.30	$0.00	$378.30
				$378.30	$0.00	$378.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,138.96	$0.00	$1,138.96
				$1,138.96	$0.00	$1,138.96
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.45	$0.00	$161.45
				$161.45	$0.00	$161.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,201.16	$0.00	$1,201.16
				$1,201.16	$0.00	$1,201.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,162.24	$0.00	$4,162.24
				$4,162.24	$0.00	$4,162.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,956.79	$0.00	$1,956.79
				$1,956.79	$0.00	$1,956.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.53	$0.00	$27.53
				$27.53	$0.00	$27.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

266 - VCU MICROBIOLOGY & IMMUNOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$346.09**	**$0.00**	**$346.09**
Medical				**$14,829.96**	**$0.00**	**$14,829.96**
				$15,176.05	**$0.00**	**$15,176.05**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$101.89**	**$0.00**	**$101.89**
Medical				**$9,018.36**	**$0.00**	**$9,018.36**
				$9,120.25	**$0.00**	**$9,120.25**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.35	$0.00	$320.35
				$320.35	$0.00	$320.35
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$446.79	$0.00	$446.79
				$446.79	$0.00	$446.79
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$181.12	$0.00	$181.12
Medical.....	.....			$738.25	$0.00	$738.25
				$919.37	$0.00	$919.37
# of Claims	14					
# Open	0	Recovery Amount:	-$12.15			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,227.50	$0.00	$1,227.50
Medical.....	.....			$6,118.30	$0.00	$6,118.30
				$7,345.80	$0.00	$7,345.80
# of Claims	13					
# Open	0	Recovery Amount:	-$84.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.20	$0.00	$685.20
				$685.20	$0.00	$685.20
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16.60	$0.00	$16.60
Medical.....	.....			$534.93	$0.00	$534.93
				$551.53	$0.00	$551.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,328.53	$0.00	$3,328.53
Medical.....	.....			$20,214.75	$0.00	$20,214.75
				$23,543.28	$0.00	$23,543.28
# of Claims	14					
# Open	0	Recovery Amount:	-$6,335.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$117.20	$0.00	$117.20
				$117.20	$0.00	$117.20
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,304.01	$0.00	$1,304.01
				$1,304.01	$0.00	$1,304.01
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.29	$0.00	$224.29
				$224.29	$0.00	$224.29
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,748.13	$0.00	$15,748.13
Medical.....	.....			$31,493.83	$0.00	$31,493.83
				$47,241.96	$0.00	$47,241.96
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$489.39	$0.00	$489.39
				$489.39	$0.00	$489.39
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,274.36	$0.00	$1,274.36
				$1,274.36	$0.00	$1,274.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.34	$0.00	$155.34
				$155.34	$0.00	$155.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.20	$0.00	$104.20
				$104.20	$0.00	$104.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$404.80	$0.00	$404.80
				$404.80	$0.00	$404.80
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$16,586.86	$0.00	$16,586.86
Medical.....	.....			$47,360.38	$0.00	$47,360.38
				$63,975.24	$0.00	$63,975.24
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,203.95	$0.00	$5,203.95
Medical.....	.....			$5,208.10	$0.00	$5,208.10
				$10,412.05	$0.00	$10,412.05
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,263.26	$0.00	$1,263.26
				$1,263.26	$0.00	$1,263.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$815.30	$0.00	$815.30
				$815.30	$0.00	$815.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,930.44	$0.00	$8,930.44
Medical.....	.....			$74,223.17	$0.00	$74,223.17
				$83,161.61	$0.00	$83,161.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,557.50	$0.00	$5,557.50
Medical.....	.....			$40,017.54	$0.00	$40,017.54
				$45,583.04	$0.00	$45,583.04
# of Claims	10					
# Open	0	Recovery Amount:	-$29,254.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$39.20	$0.00	$39.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$331.00	$0.00	$331.00
				$370.20	$0.00	$370.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34.74	$0.00	$34.74
				$34.74	$0.00	$34.74
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$33.28	$0.00	$33.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,397.17	$0.00	$1,397.17
				$1,430.45	$0.00	$1,430.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

267 - VCU PHARMACOLOGY & TOXICOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$116.48	$0.00	$116.48
Indemnity.....	.....			$56,882.52	$0.00	$56,882.52
Medical.....	.....			$244,295.01	$0.00	$244,295.01
				$301,294.01	$0.00	$301,294.01
# of Claims	268					
# Open	0	Recovery Amount:	-$35,686.94			

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$163.95	$0.00	$163.95
				$163.95	$0.00	$163.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.27	$0.00	$153.27
				$153.27	$0.00	$153.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.00	$0.00	$102.00
				$102.00	$0.00	$102.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$418.65	$0.00	$418.65
				$418.65	$0.00	$418.65
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$288.62	$0.00	$288.62
				$288.62	$0.00	$288.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$127.53**	**$0.00**	**$127.53**
Medical				**$592.40**	**$0.00**	**$592.40**
				$719.93	**$0.00**	**$719.93**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$508.38**	**$0.00**	**$508.38**
Medical				**$1,683.25**	**$0.00**	**$1,683.25**
				$2,191.63	**$0.00**	**$2,191.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.50	$0.00	$132.50
				$132.50	$0.00	$132.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$372.20	$0.00	$372.20
				$372.20	$0.00	$372.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,081.66**	**$0.00**	**$1,081.66**
Medical				**$16,719.65**	**$0.00**	**$16,719.65**
				$17,801.31	**$0.00**	**$17,801.31**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15.56**	**$0.00**	**$15.56**
				$15.56	**$0.00**	**$15.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

269 - VCU PHYSIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,423.43**	**$0.00**	**$1,423.43**
Medical				**$16,312.26**	**$0.00**	**$16,312.26**
				$17,743.69	**$0.00**	**$17,743.69**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$3,141.00**	**$0.00**	**$3,141.00**
Medical				**$36,954.31**	**$0.00**	**$36,954.31**
				$40,103.31	**$0.00**	**$40,103.31**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

26 - VCU PRESIDENT'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.93**	**$0.00**	**$65.93**
				$65.93	**$0.00**	**$65.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$158.00**	**$0.00**	**$158.00**
				$158.00	**$0.00**	**$158.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

26 - VCU PRESIDENT'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$342.92	$0.00	$342.92
				$342.92	$0.00	$342.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$920.20	$0.00	$920.20
				$920.20	$0.00	$920.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$469.66	$0.00	$469.66
				$469.66	$0.00	$469.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,956.71	$0.00	$1,956.71
				$1,956.71	$0.00	$1,956.71
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

271 - VCU BIOMEDICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,246.25	$0.00	$1,246.25
				$1,246.25	$0.00	$1,246.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

271 - VCU BIOMEDICAL ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$299.80	$0.00	$299.80
				$299.80	$0.00	$299.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$327.40	$0.00	$327.40
				$327.40	$0.00	$327.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$21.48	$0.00	$21.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$623.56	$0.00	$623.56
				$645.04	$0.00	$645.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

271 - VCU BIOMEDICAL ENGINEERING

Grand Totals

Expense.....	**$21.48**	**$0.00**	**$21.48**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$2,497.01**	**$0.00**	**$2,497.01**
	$2,518.49	**$0.00**	**$2,518.49**

# of Claims 12

 # Open 0 **Recovery Amount:** $0.00

272 - VCU DENTISTRY-DEANS OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$4,272.20**	**$0.00**	**$4,272.20**
Medical.....		**$8,515.56**	**$0.00**	**$8,515.56**
		$12,787.76	**$0.00**	**$12,787.76**
# of Claims	2			
# Open	0 **Recovery Amount:** $0.00			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	3			
# Open	0 **Recovery Amount:** $0.00			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$1,513.29**	**$0.00**	**$1,513.29**
		$1,513.29	**$0.00**	**$1,513.29**
# of Claims	4			
# Open	0 **Recovery Amount:** $0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

272 - VCU DENTISTRY-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.73	$0.00	$62.73
				$62.73	$0.00	$62.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.51	$0.00	$82.51
				$82.51	$0.00	$82.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.56	$0.00	$212.56
				$212.56	$0.00	$212.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

272 - VCU DENTISTRY-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$156.24**	**$0.00**	**$156.24**
Medical				**$4,090.12**	**$0.00**	**$4,090.12**
				$4,246.36	**$0.00**	**$4,246.36**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$263.80**	**$0.00**	**$263.80**
				$263.80	**$0.00**	**$263.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,428.44**	**$0.00**	**$4,428.44**
Medical				**$14,740.57**	**$0.00**	**$14,740.57**
				$19,169.01	**$0.00**	**$19,169.01**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

273 - VCU DENISTRY/BUSINESS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$106.35**	**$0.00**	**$106.35**
				$106.35	**$0.00**	**$106.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

273 - VCU DENISTRY/BUSINESS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.35	$0.00	$106.35
				$106.35	$0.00	$106.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI
274 - VCU DENISTRY/RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8.50**	**$0.00**	**$8.50**
				$8.50	**$0.00**	**$8.50**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$126.00**	**$0.00**	**$126.00**
				$126.00	**$0.00**	**$126.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,196.04	$0.00	$2,196.04
Medical.....	.....			$14,145.37	$0.00	$14,145.37
				$16,341.41	$0.00	$16,341.41
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,370.22	$0.00	$1,370.22
				$1,370.22	$0.00	$1,370.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$350.72	$0.00	$350.72
Medical.....	.....			$741.00	$0.00	$741.00
				$1,091.72	$0.00	$1,091.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$770.81	$0.00	$770.81
Medical.....	.....			$1,024.00	$0.00	$1,024.00
				$1,794.81	$0.00	$1,794.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$107.99	$0.00	$107.99
Medical.....	.....			$262.30	$0.00	$262.30
				$370.29	$0.00	$370.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$350.73	$0.00	$350.73
Medical.....	.....			$1,051.93	$0.00	$1,051.93
				$1,402.66	$0.00	$1,402.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$223.06	$0.00	$223.06
				$223.06	$0.00	$223.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$682.99	$0.00	$682.99
Medical.....	.....			$1,854.74	$0.00	$1,854.74
				$2,537.73	$0.00	$2,537.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,142.18	$0.00	$3,142.18
Medical.....	.....			$1,309.45	$0.00	$1,309.45
				$4,451.63	$0.00	$4,451.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,945.70	$0.00	$1,945.70
				$1,945.70	$0.00	$1,945.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

276 - VCU DENTAL CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,588.65	$0.00	$1,588.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$1,588.65	$0.00	$1,588.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$118.17	$0.00	$118.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,420.64	$0.00	$6,420.64
				$6,538.81	$0.00	$6,538.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,706.82	$0.00	$1,706.82
Indemnity.....	.....			$7,601.46	$0.00	$7,601.46
Medical.....	.....			$30,482.91	$0.00	$30,482.91
				$39,791.19	$0.00	$39,791.19
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

278 - VCU DENTAL CLINIC/DEV CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.35	$0.00	$18.35
				$18.35	$0.00	$18.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

278 - VCU DENTAL CLINIC/DEV CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$500.52**	**$0.00**	**$500.52**
				$500.52	**$0.00**	**$500.52**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$518.87**	**$0.00**	**$518.87**
				$518.87	**$0.00**	**$518.87**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

279 - VCU DENTAL CLINIC/XRAY CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,090.86**	**$0.00**	**$9,090.86**
Medical				**$5,893.67**	**$0.00**	**$5,893.67**
				$14,984.53	**$0.00**	**$14,984.53**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

279 - VCU DENTAL CLINIC/XRAY CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.05	$0.00	$385.05
				$385.05	$0.00	$385.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,090.86	$0.00	$9,090.86
Medical.....	.....			$6,278.72	$0.00	$6,278.72
				$15,369.58	$0.00	$15,369.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

280 - VCU DENTAL CLINIC/ORAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$204.73	$0.00	$204.73
Medical.....	.....			$5.80	$0.00	$5.80
				$210.53	$0.00	$210.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,325.70	$0.00	$1,325.70
				$1,325.70	$0.00	$1,325.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$777.00	$0.00	$777.00
Indemnity.....	.....			$29,105.23	$0.00	$29,105.23
Medical.....	.....			$42,876.36	$0.00	$42,876.36
				$72,758.59	$0.00	$72,758.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

280 - VCU DENTAL CLINIC/ORAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,448.00	$0.00	$1,448.00
Indemnity.....	.....			$4,209.62	$0.00	$4,209.62
Medical.....	.....			$11,220.61	$0.00	$11,220.61
				$16,878.23	$0.00	$16,878.23
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$51.47	$0.00	$51.47
Medical.....	.....			$61.50	$0.00	$61.50
				$112.97	$0.00	$112.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$92.16	$0.00	$92.16
Medical.....	.....			$12,048.56	$0.00	$12,048.56
				$12,140.72	$0.00	$12,140.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,225.00	$0.00	$2,225.00
Indemnity.....	.....			$33,663.21	$0.00	$33,663.21
Medical.....	.....			$67,538.53	$0.00	$67,538.53
				$103,426.74	$0.00	$103,426.74
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

281 - VCU DENTAL CLINIC/SERVICE LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$205.85**	**$0.00**	**$205.85**
				$205.85	**$0.00**	**$205.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$115.00**	**$0.00**	**$115.00**
				$115.00	**$0.00**	**$115.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$140.89**	**$0.00**	**$140.89**
				$140.89	**$0.00**	**$140.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$466.44**	**$0.00**	**$466.44**
				$466.44	**$0.00**	**$466.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$79.66**	**$0.00**	**$79.66**
				$79.66	**$0.00**	**$79.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,007.84**	**$0.00**	**$1,007.84**
			$1,007.84	**$0.00**	**$1,007.84**
# of Claims	**17**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

282 - VCU ENDODONTICS

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.30**	**$0.00**	**$130.30**
				$130.30	**$0.00**	**$130.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$62.73**	**$0.00**	**$62.73**
				$62.73	**$0.00**	**$62.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

282 - VCU ENDODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,049.83	$0.00	$1,049.83
				$1,049.83	$0.00	$1,049.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$743.59	$0.00	$743.59
				$743.59	$0.00	$743.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,986.45	$0.00	$1,986.45
				$1,986.45	$0.00	$1,986.45
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

284 - VCU ORAL PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

284 - VCU ORAL PATHOLOGY

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,147.00**	**$0.00**	**$2,147.00**
			$2,147.00	**$0.00**	**$2,147.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$181.28**	**$0.00**	**$181.28**
Medical		**$5.12**	**$0.00**	**$5.12**
		$186.40	**$0.00**	**$186.40**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

284 - VCU ORAL PATHOLOGY

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$181.28**	**$0.00**	**$181.28**
Medical	**$2,152.12**	**$0.00**	**$2,152.12**
	$2,333.40	**$0.00**	**$2,333.40**

# of Claims 6

 # Open 0 **Recovery Amount:** $0.00

285 - VCU ORAL & MAXILLOFACIAL SURGERY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$5.80**	**$0.00**	**$5.80**
		$5.80	**$0.00**	**$5.80**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$33.00**	**$0.00**	**$33.00**
		$33.00	**$0.00**	**$33.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

285 - VCU ORAL & MAXILLOFACIAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$148.60**	**$0.00**	**$148.60**
				$148.60	**$0.00**	**$148.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

285 - VCU ORAL & MAXILLOFACIAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,556.64	$0.00	$3,556.64
Medical.....	.....			$5,313.78	$0.00	$5,313.78
				$8,870.42	$0.00	$8,870.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24.72	$0.00	$24.72
Medical.....	.....			$1,352.76	$0.00	$1,352.76
				$1,377.48	$0.00	$1,377.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

285 - VCU ORAL & MAXILLOFACIAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,363.82	$0.00	$2,363.82
				$2,363.82	$0.00	$2,363.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

285 - VCU ORAL & MAXILLOFACIAL SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,581.36	$0.00	$3,581.36
Medical.....	.....			$9,217.76	$0.00	$9,217.76
				$12,799.12	$0.00	$12,799.12
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

286 - VCU ORTHODONITICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

286 - VCU ORTHODONITICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$561.13	$0.00	$561.13
				$561.13	$0.00	$561.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

286 - VCU ORTHODONITICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$205.58	$0.00	$205.58
				$205.58	$0.00	$205.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

286 - VCU ORTHODONITICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.35	$0.00	$60.35
				$60.35	$0.00	$60.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,618.84	$0.00	$7,618.84
				$7,618.84	$0.00	$7,618.84
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,912.94	$0.00	$1,912.94
				$1,912.94	$0.00	$1,912.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,528.84	$0.00	$10,528.84
				$10,528.84	$0.00	$10,528.84
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

287 - VCU PEDIATRIC DENISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$71.00**	**$0.00**	**$71.00**
				$71.00	**$0.00**	**$71.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$33.00**	**$0.00**	**$33.00**
				$33.00	**$0.00**	**$33.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$113.60**	**$0.00**	**$113.60**
				$113.60	**$0.00**	**$113.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

287 - VCU PEDIATRIC DENISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.00	$0.00	$276.00
				$276.00	$0.00	$276.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

287 - VCU PEDIATRIC DENISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$493.60**	**$0.00**	**$493.60**
				$493.60	**$0.00**	**$493.60**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

288 - VCU PERIODONTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

288 - VCU PERIODONTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.00	$0.00	$54.00
				$54.00	$0.00	$54.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

288 - VCU PERIODONTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

288 - VCU PERIODONTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$441.68	$0.00	$441.68
Medical.....	.....			$798.00	$0.00	$798.00
				$1,239.68	$0.00	$1,239.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$68.52	$0.00	$68.52
Medical.....	.....			$45.00	$0.00	$45.00
				$113.52	$0.00	$113.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,843.20	$0.00	$5,843.20
Indemnity.....	.....			$165,858.35	$0.00	$165,858.35
Medical.....	.....			$757,820.39	$0.00	$757,820.39
				$929,521.94	$0.00	$929,521.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

288 - VCU PERIODONTIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$5,843.20**	**$0.00**	**$5,843.20**
Indemnity				**$166,368.55**	**$0.00**	**$166,368.55**
Medical				**$758,717.39**	**$0.00**	**$758,717.39**
				$930,929.14	**$0.00**	**$930,929.14**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

289 - VCU PROSTHODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

289 - VCU PROSTHODONTICS

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$163.00**	**$0.00**	**$163.00**
		$163.00	**$0.00**	**$163.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

289 - VCU PROSTHODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.00	$0.00	$220.00
				$220.00	$0.00	$220.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

289 - VCU PROSTHODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,220.58	$0.00	$2,220.58
Medical.....	.....			$5,202.51	$0.00	$5,202.51
				$7,423.09	$0.00	$7,423.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

289 - VCU PROSTHODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$262.19	$0.00	$262.19
Medical.....	.....			$4,122.91	$0.00	$4,122.91
				$4,393.10	$0.00	$4,393.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

289 - VCU PROSTHODONTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,734.99	$0.00	$1,734.99
				$1,734.99	$0.00	$1,734.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,482.77	$0.00	$2,482.77
Medical.....	.....			$11,443.41	$0.00	$11,443.41
				$13,934.18	$0.00	$13,934.18
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.00	$0.00	$80.00
				$80.00	$0.00	$80.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$756.20	$0.00	$756.20
				$756.20	$0.00	$756.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$341.03	$0.00	$341.03
Medical.....	.....			$584.71	$0.00	$584.71
				$925.74	$0.00	$925.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$826.15	$0.00	$826.15
				$826.15	$0.00	$826.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$52.00	$0.00	$52.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,393.05	$0.00	$2,393.05
				$2,401.05	$0.00	$2,401.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$43.41	$0.00	$43.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,941.60	$0.00	$1,941.60
				$1,985.01	$0.00	$1,985.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$39.70	$0.00	$39.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$747.80	$0.00	$747.80
				$787.50	$0.00	$787.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

290 - VCU GENERAL PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$143.11**	**$0.00**	**$143.11**
Indemnity				**$341.03**	**$0.00**	**$341.03**
Medical				**$7,329.51**	**$0.00**	**$7,329.51**
				$7,813.65	**$0.00**	**$7,813.65**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

291 - VCU DENTAL HYGIENE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

291 - VCU DENTAL HYGIENE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

292 - VCU CONTINUING EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

292 - VCU CONTINUING EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.85	$0.00	$219.85
				$219.85	$0.00	$219.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.85	$0.00	$219.85
				$219.85	$0.00	$219.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

293 - VCU FACULTY PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

293 - VCU FACULTY PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$49.00	$0.00	$49.00
				$49.00	$0.00	$49.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

293 - VCU FACULTY PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$49.00**	**$0.00**	**$49.00**
				$49.00	**$0.00**	**$49.00**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

294 - VCU DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,602.95**	**$0.00**	**$1,602.95**
				$1,602.95	**$0.00**	**$1,602.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

294 - VCU DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$134.34	$0.00	$134.34
Medical.....	.....			$1,268.75	$0.00	$1,268.75
				$1,403.09	$0.00	$1,403.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

294 - VCU DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$900.16	$0.00	$900.16
				$900.16	$0.00	$900.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19.20	$0.00	$19.20
				$19.20	$0.00	$19.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.13	$0.00	$345.13
				$345.13	$0.00	$345.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

294 - VCU DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,732.17**	**$0.00**	**$8,732.17**
Medical				**$17,435.57**	**$0.00**	**$17,435.57**
				$26,167.74	**$0.00**	**$26,167.74**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$747.96**	**$0.00**	**$747.96**
				$747.96	**$0.00**	**$747.96**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

294 - VCU DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,458.05	$0.00	$3,458.05
				$3,458.05	$0.00	$3,458.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,866.51	$0.00	$8,866.51
Medical.....	.....			$25,777.77	$0.00	$25,777.77
				$34,644.28	$0.00	$34,644.28
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

295 - VCU ASSOCIATED PHYSICIANS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$764.75	$0.00	$764.75
Indemnity.....	.....			$19,670.44	$0.00	$19,670.44
Medical.....	.....			$180,328.38	$0.00	$180,328.38
				$200,763.57	$0.00	$200,763.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$42.00	$0.00	$42.00
				$42.00	$0.00	$42.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$764.75	$0.00	$764.75
Indemnity.....	.....			$19,670.44	$0.00	$19,670.44
Medical.....	.....			$180,370.38	$0.00	$180,370.38
				$200,805.57	$0.00	$200,805.57
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

296 - VCU MEDICINE-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

296 - VCU MEDICINE-DEANS OFFICE

WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$33.00**	**$0.00**	**$33.00**
				$33.00	**$0.00**	**$33.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$2,065.00**	**$0.00**	**$2,065.00**
Indemnity				**$3,071.92**	**$0.00**	**$3,071.92**
Medical				**$83,333.86**	**$0.00**	**$83,333.86**
				$88,470.78	**$0.00**	**$88,470.78**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

296 - VCU MEDICINE-DEANS OFFICE

Grand Totals

Expense.....	**$2,065.00**	**$0.00**	**$2,065.00**
Indemnity.....	**$3,071.92**	**$0.00**	**$3,071.92**
Medical.....	**$83,366.86**	**$0.00**	**$83,366.86**
	$88,503.78	**$0.00**	**$88,503.78**

# of Claims **7**

 # Open **0** **Recovery Amount:** **$0.00**

297 - VCU ANESTHESIOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **3**

 # Open **0** **Recovery Amount:** **$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

297 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$144.75	$0.00	$144.75
				$144.75	$0.00	$144.75
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,298.11	$0.00	$3,298.11
				$3,298.11	$0.00	$3,298.11
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$452.99	$0.00	$452.99
				$452.99	$0.00	$452.99
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

297 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$336.00	$0.00	$336.00
				$336.00	$0.00	$336.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

297 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,231.85	$0.00	$4,231.85
				$4,231.85	$0.00	$4,231.85
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

298 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

298 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$16.00**	**$0.00**	**$16.00**
				$16.00	**$0.00**	**$16.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$32.00**	**$0.00**	**$32.00**
				$32.00	**$0.00**	**$32.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$344.00**	**$0.00**	**$344.00**
				$344.00	**$0.00**	**$344.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$40,431.46**	**$0.00**	**$40,431.46**
Medical				**$46,851.06**	**$0.00**	**$46,851.06**
				$87,282.52	**$0.00**	**$87,282.52**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$42,768.43**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

298 - VCU ANESTHESIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$41.45	$0.00	$41.45
				$41.45	$0.00	$41.45
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.40	$0.00	$529.40
				$529.40	$0.00	$529.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$40,431.46	$0.00	$40,431.46
Medical.....	.....			$47,813.91	$0.00	$47,813.91
				$88,245.37	$0.00	$88,245.37
# of Claims	23					
# Open	0	Recovery Amount:	-$42,768.43			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

299 - VCU DERMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,352.62	$0.00	$2,352.62
				$2,352.62	$0.00	$2,352.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,352.62	$0.00	$2,352.62
				$2,352.62	$0.00	$2,352.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

29 - VCU UNIVERSITY ADVANCEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

29 - VCU UNIVERSITY ADVANCEMENT

WC2004	**7/1/2003 - 6/30/2004**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$243.46**	**$0.00**	**$243.46**
			$243.46	**$0.00**	**$243.46**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$410.23**	**$0.00**	**$410.23**
			$410.23	**$0.00**	**$410.23**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$653.69**	**$0.00**	**$653.69**
			$653.69	**$0.00**	**$653.69**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

302 - VCU INTERNAL MEDICINE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$125.00**	**$0.00**	**$125.00**
			$125.00	**$0.00**	**$125.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.35	$0.00	$195.35
				$195.35	$0.00	$195.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$618.00	$0.00	$618.00
				$618.00	$0.00	$618.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$417.91	$0.00	$417.91
				$417.91	$0.00	$417.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$363.20	$0.00	$363.20
				$363.20	$0.00	$363.20
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.00	$0.00	$154.00
				$154.00	$0.00	$154.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$98.00	$0.00	$98.00
				$98.00	$0.00	$98.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$443.52	$0.00	$443.52
				$443.52	$0.00	$443.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,823.86	$0.00	$2,823.86
Medical.....	.....			$19,609.99	$0.00	$19,609.99
				$22,433.85	$0.00	$22,433.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,367.71	$0.00	$1,367.71
				$1,395.71	$0.00	$1,395.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9.99	$0.00	$9.99
				$9.99	$0.00	$9.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$33.99	$0.00	$33.99
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,545.70	$0.00	$7,545.70
				$7,579.69	$0.00	$7,579.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$37.13	$0.00	$37.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,814.73	$0.00	$11,814.73
				$11,851.86	$0.00	$11,851.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$133.20	$0.00	$133.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$828.39	$0.00	$828.39
				$961.59	$0.00	$961.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

302 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$232.32**	**$0.00**	**$232.32**
Indemnity				**$2,823.86**	**$0.00**	**$2,823.86**
Medical				**$43,591.49**	**$0.00**	**$43,591.49**
				$46,647.67	**$0.00**	**$46,647.67**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

303 - VCU INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

303 - VCU INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

303 - VCU INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,793.30	$0.00	$1,793.30
				$1,793.30	$0.00	$1,793.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,175.40	$0.00	$2,175.40
				$2,175.40	$0.00	$2,175.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

303 - VCU INFECTIOUS DISEASES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,968.70	$0.00	$3,968.70
				$3,968.70	$0.00	$3,968.70
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

304 - VCU NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$804.00	$0.00	$804.00
				$866.50	$0.00	$866.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

304 - VCU NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

304 - VCU NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.00**	**$0.00**	**$10.00**
				$10.00	**$0.00**	**$10.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

304 - VCU NEPHROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$814.00**	**$0.00**	**$814.00**
				$876.50	**$0.00**	**$876.50**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

305 - VCU PULMONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

305 - VCU PULMONARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

306 - VCU Internal Medicine Admin

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

306 - VCU Internal Medicine Admin

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$357.24**	**$0.00**	**$357.24**
Medical				**$0.00**	**$0.00**	**$0.00**
				$357.24	**$0.00**	**$357.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$608.38**	**$0.00**	**$608.38**
		$608.38	**$0.00**	**$608.38**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$23.70**	**$0.00**	**$23.70**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$804.81**	**$0.00**	**$804.81**
		$828.51	**$0.00**	**$828.51**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

306 - VCU Internal Medicine Admin

Grand Totals

Expense.....	**$23.70**	**$0.00**	**$23.70**
Indemnity.....	**$357.24**	**$0.00**	**$357.24**
Medical.....	**$1,413.19**	**$0.00**	**$1,413.19**
	$1,794.13	**$0.00**	**$1,794.13**

# of Claims **5**

 # Open **0** **Recovery Amount:** **$0.00**

307 - VCU MEDICINE CLINIC

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$2,606.58**	**$0.00**	**$2,606.58**
Medical.....		**$9,377.53**	**$0.00**	**$9,377.53**
		$11,984.11	**$0.00**	**$11,984.11**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **2**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

307 - VCU MEDICINE CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,606.58	$0.00	$2,606.58
Medical.....	.....			$9,377.53	$0.00	$9,377.53
				$11,984.11	$0.00	$11,984.11
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

308 - VCU Internal Med-Gen Med & Prim Cr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.34	$0.00	$12.34
				$12.34	$0.00	$12.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

308 - VCU Internal Med-Gen Med & Prim Cr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$204.16	$0.00	$204.16
				$204.16	$0.00	$204.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,318.08	$0.00	$2,318.08
				$2,318.08	$0.00	$2,318.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

308 - VCU Internal Med-Gen Med & Prim Cr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,542.23	$0.00	$2,542.23
				$2,542.23	$0.00	$2,542.23
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

30 - VCU UNIV ADVANCEMENT SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.08	$0.00	$266.08
				$266.08	$0.00	$266.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

30 - VCU UNIV ADVANCEMENT SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.34	$0.00	$216.34
				$216.34	$0.00	$216.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$482.42	$0.00	$482.42
				$482.42	$0.00	$482.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

311 - VCU CARDIOLOGY/CATH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

311 - VCU CARDIOLOGY/CATH

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$209.50**	**$0.00**	**$209.50**
				$209.50	**$0.00**	**$209.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$11.35**	**$0.00**	**$11.35**
		$11.35	**$0.00**	**$11.35**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$242.20**	**$0.00**	**$242.20**
		$242.20	**$0.00**	**$242.20**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8.35**	**$0.00**	**$8.35**
		$8.35	**$0.00**	**$8.35**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$141.76**	**$0.00**	**$141.76**
Medical		**$24.00**	**$0.00**	**$24.00**
		$165.76	**$0.00**	**$165.76**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

311 - VCU CARDIOLOGY/CATH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141.76	$0.00	$141.76
Medical.....	.....			$495.40	$0.00	$495.40
				$637.16	$0.00	$637.16
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

312 - VCU CARDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

312 - VCU CARDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.20	$0.00	$31.20
				$31.20	$0.00	$31.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$474.00	$0.00	$474.00
				$474.00	$0.00	$474.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

312 - VCU CARDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$603.30	$0.00	$603.30
				$603.30	$0.00	$603.30
# of Claims	1					
# Open	0	Recovery Amount:	-$557.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

312 - VCU CARDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,218.50	$0.00	$1,218.50
				$1,218.50	$0.00	$1,218.50
# of Claims	11					
# Open	0	Recovery Amount:	-$557.38			

313 - VCU Internal Med-Card/V.A.(111-J)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

313 - VCU Internal Med-Card/V.A.(111-J)

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

314 - VCU CLINICAL PHARNACOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$121.51**	**$0.00**	**$121.51**
		$121.51	**$0.00**	**$121.51**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$57.00**	**$0.00**	**$57.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$57.00	**$0.00**	**$57.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$57.00**	**$0.00**	**$57.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$121.51**	**$0.00**	**$121.51**
	$178.51	**$0.00**	**$178.51**
# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

315 - VCU Internal Med-Card/Heart Sta

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

315 - VCU Internal Med-Card/Heart Sta

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$263.34**	**$0.00**	**$263.34**
Medical				**$882.00**	**$0.00**	**$882.00**
				$1,145.34	**$0.00**	**$1,145.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$112.00**	**$0.00**	**$112.00**
				$112.00	**$0.00**	**$112.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

315 - VCU Internal Med-Card/Heart Sta

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,127.42	$0.00	$2,127.42
				$2,127.42	$0.00	$2,127.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$694.73	$0.00	$694.73
				$694.73	$0.00	$694.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$263.34	$0.00	$263.34
Medical.....	.....			$3,816.15	$0.00	$3,816.15
				$4,079.49	$0.00	$4,079.49
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

316 - VCU CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

316 - VCU CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13.96	$0.00	$13.96
Medical.....	.....			$382.72	$0.00	$382.72
				$396.68	$0.00	$396.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

316 - VCU CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.40	$0.00	$95.40
				$95.40	$0.00	$95.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

316 - VCU CLINICAL RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13.96	$0.00	$13.96
Medical.....	.....			$478.12	$0.00	$478.12
				$492.08	$0.00	$492.08
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

317 - VCU CARDIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,066.97	$0.00	$1,066.97
Medical.....	.....			$1,270.04	$0.00	$1,270.04
				$2,337.01	$0.00	$2,337.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,066.97	$0.00	$1,066.97
Medical.....	.....			$1,270.04	$0.00	$1,270.04
				$2,337.01	$0.00	$2,337.01

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

317 - VCU CARDIOLOGY

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

318 - VCU CLINICAL TOXICOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$91.75	$0.00	$91.75
			$91.75	$0.00	$91.75
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$91.75	$0.00	$91.75
			$91.75	$0.00	$91.75
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

319 - VCU ENDOCRINOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$21.00	$0.00	$21.00
			$21.00	$0.00	$21.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

319 - VCU ENDOCRINOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21.00	$0.00	$21.00
				$21.00	$0.00	$21.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

320 - VCU GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

320 - VCU GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$36.25	$0.00	$36.25
				$36.25	$0.00	$36.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

320 - VCU GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

320 - VCU GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.79	$0.00	$38.79
				$38.79	$0.00	$38.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.20	$0.00	$78.20
				$78.20	$0.00	$78.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$15.06	$0.00	$15.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$15.06	$0.00	$15.06
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

320 - VCU GASTROENTEROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$28.50	$0.00	$28.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.50	$0.00	$28.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$43.56	$0.00	$43.56
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.24	$0.00	$153.24
				$196.80	$0.00	$196.80
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

321 - VCU HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

321 - VCU HEMATOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,654.41	$0.00	$3,654.41
				$3,654.41	$0.00	$3,654.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,654.41	$0.00	$3,654.41
				$3,654.41	$0.00	$3,654.41
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

322 - VCU Internal Medicine Rheumatology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$499.30	$0.00	$499.30
				$499.30	$0.00	$499.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$257.85**	**$0.00**	**$257.85**
				$257.85	**$0.00**	**$257.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$79.58**	**$0.00**	**$79.58**
				$79.58	**$0.00**	**$79.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$48.00	**$0.00**	**$48.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$28.00	**$0.00**	**$28.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$76.00**	**$0.00**	**$76.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$934.03**	**$0.00**	**$934.03**
				$1,010.03	**$0.00**	**$1,010.03**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

323 - VCU NEUROLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8.00**	**$0.00**	**$8.00**
		$8.00	**$0.00**	**$8.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$410.60**	**$0.00**	**$410.60**
Medical		**$775.67**	**$0.00**	**$775.67**
		$1,186.27	**$0.00**	**$1,186.27**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$66.00**	**$0.00**	**$66.00**
				$66.00	**$0.00**	**$66.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$688.89**	**$0.00**	**$688.89**
Medical				**$6,135.17**	**$0.00**	**$6,135.17**
				$6,824.06	**$0.00**	**$6,824.06**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,689.08**	**$0.00**	**$3,689.08**
Medical				**$3,095.37**	**$0.00**	**$3,095.37**
				$6,784.45	**$0.00**	**$6,784.45**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.28**	**$0.00**	**$135.28**
				$135.28	**$0.00**	**$135.28**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$685.22**	**$0.00**	**$685.22**
				$685.22	**$0.00**	**$685.22**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$29.70**	**$0.00**	**$29.70**
				$29.70	**$0.00**	**$29.70**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,035.27**	**$0.00**	**$1,035.27**
				$1,035.27	**$0.00**	**$1,035.27**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$275.51**	**$0.00**	**$275.51**
				$275.51	**$0.00**	**$275.51**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$983.22**	**$0.00**	**$983.22**
Medical				**$27,690.33**	**$0.00**	**$27,690.33**
				$28,673.55	**$0.00**	**$28,673.55**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$312.12**	**$0.00**	**$312.12**
				$312.12	**$0.00**	**$312.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$796.59**	**$0.00**	**$796.59**
Medical				**$1,836.96**	**$0.00**	**$1,836.96**
				$2,633.55	**$0.00**	**$2,633.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,459.55**	**$0.00**	**$1,459.55**
Medical				**$1,038.04**	**$0.00**	**$1,038.04**
				$2,497.59	**$0.00**	**$2,497.59**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,004.84	$0.00	$2,004.84
				$2,004.84	$0.00	$2,004.84
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$35.99	$0.00	$35.99
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,153.88	$0.00	$2,153.88
				$2,189.87	$0.00	$2,189.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$521.80	$0.00	$521.80
				$521.80	$0.00	$521.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

323 - VCU NEUROLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$43.99	$0.00	$43.99
Indemnity.....	.....			$8,027.93	$0.00	$8,027.93
Medical.....	.....			$47,799.16	$0.00	$47,799.16
				$55,871.08	$0.00	$55,871.08
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$459.55	$0.00	$459.55
				$459.55	$0.00	$459.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$131.26**	**$0.00**	**$131.26**
Medical				**$1,346.00**	**$0.00**	**$1,346.00**
				$1,477.26	**$0.00**	**$1,477.26**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$665.75**	**$0.00**	**$665.75**
				$665.75	**$0.00**	**$665.75**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,113.74**	**$0.00**	**$1,113.74**
Medical				**$534.55**	**$0.00**	**$534.55**
				$1,648.29	**$0.00**	**$1,648.29**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$507.30**	**$0.00**	**$507.30**
				$507.30	**$0.00**	**$507.30**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$76.00**	**$0.00**	**$76.00**
Medical				**$639.00**	**$0.00**	**$639.00**
				$715.00	**$0.00**	**$715.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

324 - VCU OB/GYN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,321.00	$0.00	$1,321.00
Medical.....	.....			$4,152.15	$0.00	$4,152.15
				$5,473.15	$0.00	$5,473.15
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

325 - VCU OPHTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$162.80	$0.00	$162.80
				$162.80	$0.00	$162.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

325 - VCU OPHTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$91.85	$0.00	$91.85
				$91.85	$0.00	$91.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

325 - VCU OPHTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$67.14	$0.00	$67.14
Medical.....	.....			$0.00	$0.00	$0.00
				$67.14	$0.00	$67.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$782.45	$0.00	$782.45
				$782.45	$0.00	$782.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

325 - VCU OPHTHALMOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,145.09**	**$0.00**	**$5,145.09**
				$5,145.09	**$0.00**	**$5,145.09**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$67.14**	**$0.00**	**$67.14**
Medical				**$6,182.19**	**$0.00**	**$6,182.19**
				$6,249.33	**$0.00**	**$6,249.33**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

326 - VCU OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

326 - VCU OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

326 - VCU OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

326 - VCU OTOLARYNGOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$719.83	$0.00	$719.83
				$719.83	$0.00	$719.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.95	$0.00	$129.95
				$129.95	$0.00	$129.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$849.78	$0.00	$849.78
				$849.78	$0.00	$849.78
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$299.00**	**$0.00**	**$299.00**
			$299.00	**$0.00**	**$299.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$366.67**	**$0.00**	**$366.67**
Medical		**$1,165.97**	**$0.00**	**$1,165.97**
		$1,532.64	**$0.00**	**$1,532.64**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$170.35**	**$0.00**	**$170.35**
		$170.35	**$0.00**	**$170.35**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$109.85**	**$0.00**	**$109.85**
Medical				**$2,302.81**	**$0.00**	**$2,302.81**
				$2,412.66	**$0.00**	**$2,412.66**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,327.95**	**$0.00**	**$1,327.95**
				$1,327.95	**$0.00**	**$1,327.95**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$695.38	$0.00	$695.38
				$695.38	$0.00	$695.38
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$377.76	$0.00	$377.76
				$377.76	$0.00	$377.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9.72	$0.00	$9.72
				$9.72	$0.00	$9.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,823.81	$0.00	$1,823.81
				$1,823.81	$0.00	$1,823.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$773.93	$0.00	$773.93
				$773.93	$0.00	$773.93
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$442.51	$0.00	$442.51
Medical.....	.....			$1,690.00	$0.00	$1,690.00
				$2,132.51	$0.00	$2,132.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$75.06	$0.00	$75.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$75.06	$0.00	$75.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,843.82	$0.00	$17,843.82
				$17,843.82	$0.00	$17,843.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$635.94	$0.00	$635.94
				$635.94	$0.00	$635.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

327 - VCU PEDIATRICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$944.93	$0.00	$944.93
				$952.93	$0.00	$952.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,421.09	$0.00	$1,421.09
				$1,421.09	$0.00	$1,421.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$83.06	$0.00	$83.06
Indemnity.....	.....			$919.03	$0.00	$919.03
Medical.....	.....			$31,482.46	$0.00	$31,482.46
				$32,484.55	$0.00	$32,484.55
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

328 - VCU PREVENTIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

328 - VCU PREVENTIVE MEDICINE

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$909.63**	**$0.00**	**$909.63**
		$909.63	**$0.00**	**$909.63**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$110.91**	**$0.00**	**$110.91**
Medical		**$566.92**	**$0.00**	**$566.92**
		$677.83	**$0.00**	**$677.83**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$226.83**	**$0.00**	**$226.83**
		$226.83	**$0.00**	**$226.83**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

328 - VCU PREVENTIVE MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,066.20	$0.00	$4,066.20
				$4,066.20	$0.00	$4,066.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.38	$0.00	$245.38
				$245.38	$0.00	$245.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$110.91	$0.00	$110.91
Medical.....	.....			$6,014.96	$0.00	$6,014.96
				$6,125.87	$0.00	$6,125.87
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.00	$0.00	$54.00
				$54.00	$0.00	$54.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$240.42	$0.00	$240.42
Medical.....	.....			$1,327.77	$0.00	$1,327.77
				$1,568.19	$0.00	$1,568.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$575.79	$0.00	$575.79
				$575.79	$0.00	$575.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$961.73	$0.00	$961.73
Medical.....	.....			$1,597.47	$0.00	$1,597.47
				$2,559.20	$0.00	$2,559.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$976.75**	**$0.00**	**$976.75**
				$976.75	**$0.00**	**$976.75**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$92.15**	**$0.00**	**$92.15**
				$92.15	**$0.00**	**$92.15**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$130.42**	**$0.00**	**$130.42**
Medical				**$981.16**	**$0.00**	**$981.16**
				$1,111.58	**$0.00**	**$1,111.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$377.60**	**$0.00**	**$377.60**
Medical				**$1,898.90**	**$0.00**	**$1,898.90**
				$2,276.50	**$0.00**	**$2,276.50**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$496.04	$0.00	$496.04
Medical.....	.....			$2,374.24	$0.00	$2,374.24
				$2,870.28	$0.00	$2,870.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.00	$0.00	$215.00
				$215.00	$0.00	$215.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.90	$0.00	$298.90
				$298.90	$0.00	$298.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,011.51**	**$0.00**	**$1,011.51**
				$1,011.51	**$0.00**	**$1,011.51**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,271.58**	**$0.00**	**$3,271.58**
				$3,271.58	**$0.00**	**$3,271.58**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,863.90**	**$0.00**	**$1,863.90**
Medical				**$19,975.44**	**$0.00**	**$19,975.44**
				$21,839.34	**$0.00**	**$21,839.34**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,276.77**	**$0.00**	**$11,276.77**
				$11,276.77	**$0.00**	**$11,276.77**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$17,321.04	$0.00	$17,321.04
Indemnity.....	.....			$148,055.25	$0.00	$148,055.25
Medical.....	.....			$166,907.23	$0.00	$166,907.23
				$332,283.52	$0.00	$332,283.52
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,828.54	$0.00	$6,828.54
Medical.....	.....			$43,141.74	$0.00	$43,141.74
				$49,970.28	$0.00	$49,970.28
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$28.73	$0.00	$28.73
Indemnity.....	.....			$7,458.85	$0.00	$7,458.85
Medical.....	.....			$37,406.06	$0.00	$37,406.06
				$44,893.64	$0.00	$44,893.64
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,690.15	$0.00	$1,690.15
Medical.....	.....			$22,949.23	$0.00	$22,949.23
				$24,639.38	$0.00	$24,639.38
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$281.74	$0.00	$281.74
Medical.....	.....			$18,688.61	$0.00	$18,688.61
				$18,970.35	$0.00	$18,970.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$414.00	$0.00	$414.00
				$450.00	$0.00	$450.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

329 - VCU PSYCHIATRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$23.63	$0.00	$23.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.63	$0.00	$23.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,417.40	$0.00	$17,417.40
Indemnity.....	.....			$168,384.64	$0.00	$168,384.64
Medical.....	.....			$335,434.30	$0.00	$335,434.30
				$521,236.34	$0.00	$521,236.34
# of Claims	300					
# Open	0	Recovery Amount:	$0.00			

32 - VCU ALUMNI ACTIVITIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

32 - VCU ALUMNI ACTIVITIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$13,187.92	$0.00	$13,187.92
Medical.....	.....			$10,653.01	$0.00	$10,653.01
				$23,848.93	$0.00	$23,848.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$13,187.92	$0.00	$13,187.92
Medical.....	.....			$10,653.01	$0.00	$10,653.01
				$23,848.93	$0.00	$23,848.93
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.20	$0.00	$31.20
				$31.20	$0.00	$31.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$119.43**	**$0.00**	**$119.43**
Medical				**$5,072.84**	**$0.00**	**$5,072.84**
				$5,192.27	**$0.00**	**$5,192.27**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.15**	**$0.00**	**$147.15**
				$147.15	**$0.00**	**$147.15**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$123.49**	**$0.00**	**$123.49**
				$123.49	**$0.00**	**$123.49**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$81.45	$0.00	$81.45
Medical.....	.....			$181.34	$0.00	$181.34
				$262.79	$0.00	$262.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$682.09	$0.00	$682.09
				$682.09	$0.00	$682.09
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$975.80**	**$0.00**	**$975.80**
				$975.80	**$0.00**	**$975.80**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$377.30	$0.00	$377.30
				$377.30	$0.00	$377.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$190.63	$0.00	$190.63
Indemnity.....	.....			$15,149.75	$0.00	$15,149.75
Medical.....	.....			$110,293.13	$0.00	$110,293.13
				$125,633.51	$0.00	$125,633.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

330 - VCU RADIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$451.38	$0.00	$451.38
				$451.38	$0.00	$451.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$190.63	$0.00	$190.63
Indemnity.....	.....			$15,350.63	$0.00	$15,350.63
Medical.....	.....			$118,335.72	$0.00	$118,335.72
				$133,876.98	$0.00	$133,876.98
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

331 - VCU REHABILITATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$194.36	$0.00	$194.36
				$194.36	$0.00	$194.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

331 - VCU REHABILITATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$52.88**	**$0.00**	**$52.88**
				$52.88	**$0.00**	**$52.88**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$441.68**	**$0.00**	**$441.68**
				$441.68	**$0.00**	**$441.68**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

331 - VCU REHABILITATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.70	$0.00	$248.70
				$248.70	$0.00	$248.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25,129.09	$0.00	$25,129.09
				$25,129.09	$0.00	$25,129.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

331 - VCU REHABILITATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,272.64**	**$0.00**	**$2,272.64**
				$2,272.64	**$0.00**	**$2,272.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

331 - VCU REHABILITATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,175.00	$0.00	$1,175.00
				$1,175.00	$0.00	$1,175.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$599.60	$0.00	$599.60
				$599.60	$0.00	$599.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30,113.95	$0.00	$30,113.95
				$30,113.95	$0.00	$30,113.95
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

332 - VCU SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$494.33	$0.00	$494.33
				$494.33	$0.00	$494.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

332 - VCU SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,700.48	$0.00	$7,700.48
Medical.....	.....			$12,551.89	$0.00	$12,551.89
				$20,252.37	$0.00	$20,252.37
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$452.10	$0.00	$452.10
Medical.....	.....			$6,867.37	$0.00	$6,867.37
				$7,319.47	$0.00	$7,319.47
# of Claims	6					
# Open	0	Recovery Amount:	-$68.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

332 - VCU SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$217.80	$0.00	$217.80
Medical.....	.....			$2,775.52	$0.00	$2,775.52
				$2,993.32	$0.00	$2,993.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.00	$0.00	$310.00
				$310.00	$0.00	$310.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

332 - VCU SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,800.55	$0.00	$1,800.55
				$1,800.55	$0.00	$1,800.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,592.08	$0.00	$1,592.08
				$1,592.08	$0.00	$1,592.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

332 - VCU SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$183.42	$0.00	$183.42
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$183.42	$0.00	$183.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$183.42	$0.00	$183.42
Indemnity.....	.....			$8,370.38	$0.00	$8,370.38
Medical.....	.....			$26,391.74	$0.00	$26,391.74
				$34,945.54	$0.00	$34,945.54
# of Claims	42					
# Open	0	Recovery Amount:	-$68.00			

333 - VCU Surgery-Faculty

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

333 - VCU Surgery-Faculty

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.00	$0.00	$321.00
				$321.00	$0.00	$321.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.00	$0.00	$321.00
				$321.00	$0.00	$321.00
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$160.64**	**$0.00**	**$160.64**
				$160.64	**$0.00**	**$160.64**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$300.00**	**$0.00**	**$300.00**
Indemnity				**$7,346.28**	**$0.00**	**$7,346.28**
Medical				**$11,136.58**	**$0.00**	**$11,136.58**
				$18,782.86	**$0.00**	**$18,782.86**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.20**	**$0.00**	**$9.20**
				$9.20	**$0.00**	**$9.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.52	$0.00	$73.52
				$73.52	$0.00	$73.52
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$98.68	$0.00	$98.68
Medical.....	.....			$0.00	$0.00	$0.00
				$98.68	$0.00	$98.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$413.90	$0.00	$413.90
Medical.....	.....			$17,829.55	$0.00	$17,829.55
				$18,243.45	$0.00	$18,243.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$375.14	$0.00	$375.14
Medical.....	.....			$356.81	$0.00	$356.81
				$731.95	$0.00	$731.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,371.26	$0.00	$1,371.26
				$1,371.26	$0.00	$1,371.26
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$307.98	$0.00	$307.98
Medical.....	.....			$1,296.51	$0.00	$1,296.51
				$1,604.49	$0.00	$1,604.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,611.50	$0.00	$1,611.50
				$1,611.50	$0.00	$1,611.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,546.12**	**$0.00**	**$6,546.12**
				$6,546.12	**$0.00**	**$6,546.12**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.68**	**$0.00**	**$10.68**
				$10.68	**$0.00**	**$10.68**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

335 - VCU PATHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$300.00**	**$0.00**	**$300.00**
Indemnity				**$8,541.98**	**$0.00**	**$8,541.98**
Medical				**$40,402.37**	**$0.00**	**$40,402.37**
				$49,244.35	**$0.00**	**$49,244.35**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

33 - VCU DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$315.87**	**$0.00**	**$315.87**
				$315.87	**$0.00**	**$315.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

33 - VCU DEVELOPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$633.60	$0.00	$633.60
				$633.60	$0.00	$633.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,191.32	$0.00	$4,191.32
				$4,191.32	$0.00	$4,191.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,140.79	$0.00	$5,140.79
				$5,140.79	$0.00	$5,140.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

341 - VCU FAMILY PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

341 - VCU FAMILY PRACTICE

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.62**	**$0.00**	**$114.62**
				$114.62	**$0.00**	**$114.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

341 - VCU FAMILY PRACTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,876.50**	**$0.00**	**$13,876.50**
Medical				**$35,040.03**	**$0.00**	**$35,040.03**
				$48,916.53	**$0.00**	**$48,916.53**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,876.50**	**$0.00**	**$13,876.50**
Medical				**$35,154.65**	**$0.00**	**$35,154.65**
				$49,031.15	**$0.00**	**$49,031.15**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

343 - VCU MEDICINE EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.00**	**$0.00**	**$27.00**
				$27.00	**$0.00**	**$27.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

343 - VCU MEDICINE EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,416.35	$0.00	$1,416.35
Medical.....	.....			$7,768.68	$0.00	$7,768.68
				$9,185.03	$0.00	$9,185.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$276.00	$0.00	$276.00
				$276.00	$0.00	$276.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$2,201.96	$0.00	$2,201.96
Medical.....	.....			$7,294.17	$0.00	$7,294.17
				$9,512.13	$0.00	$9,512.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

343 - VCU MEDICINE EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$3,618.31**	**$0.00**	**$3,618.31**
Medical				**$15,365.85**	**$0.00**	**$15,365.85**
				$19,008.16	**$0.00**	**$19,008.16**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

346 - VCU NURSING-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.65**	**$0.00**	**$5.65**
				$5.65	**$0.00**	**$5.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11.15**	**$0.00**	**$11.15**
				$11.15	**$0.00**	**$11.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

346 - VCU NURSING-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

346 - VCU NURSING-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$636.55	$0.00	$636.55
				$636.55	$0.00	$636.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

346 - VCU NURSING-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,626.09	$0.00	$1,626.09
				$1,626.09	$0.00	$1,626.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,381.30	$0.00	$10,381.30
				$10,389.30	$0.00	$10,389.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,684.74	$0.00	$12,684.74
				$12,692.74	$0.00	$12,692.74
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

347 - VCU COMM/PSYCHIATRIC NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

347 - VCU COMM/PSYCHIATRIC NURSING

WC1991	**7/1/1990 - 6/30/1991**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

348 - VCU MATERNAL CHILD NURSING

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

348 - VCU MATERNAL CHILD NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.65	$0.00	$31.65
				$31.65	$0.00	$31.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

348 - VCU MATERNAL CHILD NURSING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.65	$0.00	$106.65
				$106.65	$0.00	$106.65
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

349 - VCU Adult Health Nursing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.65	$0.00	$54.65
				$54.65	$0.00	$54.65
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

349 - VCU Adult Health Nursing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$292.39	$0.00	$292.39
				$292.39	$0.00	$292.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.62	$0.00	$148.62
				$148.62	$0.00	$148.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$406.35	$0.00	$406.35
Medical.....	.....			$135.00	$0.00	$135.00
				$541.35	$0.00	$541.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

349 - VCU Adult Health Nursing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,626.03**	**$0.00**	**$1,626.03**
				$1,626.03	**$0.00**	**$1,626.03**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$252.72**	**$0.00**	**$252.72**
Medical				**$5,028.41**	**$0.00**	**$5,028.41**
				$5,281.13	**$0.00**	**$5,281.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

349 - VCU Adult Health Nursing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$74.95**	**$0.00**	**$74.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$74.95	**$0.00**	**$74.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$74.95**	**$0.00**	**$74.95**
Indemnity				**$659.07**	**$0.00**	**$659.07**
Medical				**$7,285.10**	**$0.00**	**$7,285.10**
				$8,019.12	**$0.00**	**$8,019.12**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

34 - VCU UNIVERSITY RELATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$198.00**	**$0.00**	**$198.00**
				$581.50	**$0.00**	**$581.50**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

34 - VCU UNIVERSITY RELATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,246.90	$0.00	$6,246.90
Medical.....	.....			$5,513.78	$0.00	$5,513.78
				$11,760.68	$0.00	$11,760.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$249.67	$0.00	$249.67
				$285.67	$0.00	$285.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$407.31	$0.00	$407.31
				$407.31	$0.00	$407.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$419.50	$0.00	$419.50
Indemnity.....	.....			$6,246.90	$0.00	$6,246.90
Medical.....	.....			$6,368.76	$0.00	$6,368.76
				$13,035.16	$0.00	$13,035.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

351 - VCU NURSING-CONTINUING EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

352 - VCU PHARMACY-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$224.00**	**$0.00**	**$224.00**
				$224.00	**$0.00**	**$224.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$296.00**	**$0.00**	**$296.00**
				$296.00	**$0.00**	**$296.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

352 - VCU PHARMACY-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.35**	**$0.00**	**$18.35**
				$18.35	**$0.00**	**$18.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$328.14**	**$0.00**	**$328.14**
				$328.14	**$0.00**	**$328.14**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.70**	**$0.00**	**$27.70**
				$27.70	**$0.00**	**$27.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$497.11**	**$0.00**	**$497.11**
				$497.11	**$0.00**	**$497.11**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

352 - VCU PHARMACY-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.89	$0.00	$225.89
				$225.89	$0.00	$225.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$385.01	$0.00	$385.01
				$385.01	$0.00	$385.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

352 - VCU PHARMACY-DEAN'S OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,922.56	$0.00	$3,922.56
Medical.....	.....			$66,874.55	$0.00	$66,874.55
				$70,805.11	$0.00	$70,805.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,922.56	$0.00	$3,922.56
Medical.....	.....			$68,876.75	$0.00	$68,876.75
				$72,807.31	$0.00	$72,807.31
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

353 - VCU MEDICINAL CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.60	$0.00	$35.60
				$35.60	$0.00	$35.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

353 - VCU MEDICINAL CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$165.00	$0.00	$165.00
				$165.00	$0.00	$165.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.75	$0.00	$102.75
				$102.75	$0.00	$102.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$149.21	$0.00	$149.21
Medical.....	.....			$321.31	$0.00	$321.31
				$470.52	$0.00	$470.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,105.55	$0.00	$13,105.55
				$13,105.55	$0.00	$13,105.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

353 - VCU MEDICINAL CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,736.97**	**$0.00**	**$1,736.97**
				$1,736.97	**$0.00**	**$1,736.97**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$1,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$736.59**	**$0.00**	**$736.59**
Medical				**$171.66**	**$0.00**	**$171.66**
				$908.25	**$0.00**	**$908.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

353 - VCU MEDICINAL CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$33.80	$0.00	$33.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$804.81	$0.00	$804.81
				$838.61	$0.00	$838.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$33.80	$0.00	$33.80
Indemnity.....	.....			$885.80	$0.00	$885.80
Medical.....	.....			$16,443.65	$0.00	$16,443.65
				$17,363.25	$0.00	$17,363.25
# of Claims	17					
# Open	0	Recovery Amount:	-$1,000.00			

354 - VCU PHARMACEUTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

354 - VCU PHARMACEUTICS

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$260.75**	**$0.00**	**$260.75**
				$260.75	**$0.00**	**$260.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$255.08**	**$0.00**	**$255.08**
		$255.08	**$0.00**	**$255.08**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$496.61**	**$0.00**	**$496.61**
Medical		**$732.91**	**$0.00**	**$732.91**
		$1,229.52	**$0.00**	**$1,229.52**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$417.54**	**$0.00**	**$417.54**
Medical		**$0.00**	**$0.00**	**$0.00**
		$417.54	**$0.00**	**$417.54**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

354 - VCU PHARMACEUTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$216.27	$0.00	$216.27
				$216.27	$0.00	$216.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$979.14	$0.00	$979.14
Medical.....	.....			$6,838.98	$0.00	$6,838.98
				$7,818.12	$0.00	$7,818.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.00	$0.00	$356.00
				$356.00	$0.00	$356.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

354 - VCU PHARMACEUTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

354 - VCU PHARMACEUTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

354 - VCU PHARMACEUTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.09	$0.00	$341.09
				$341.09	$0.00	$341.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,893.29	$0.00	$1,893.29
Medical.....	.....			$9,001.08	$0.00	$9,001.08
				$10,894.37	$0.00	$10,894.37
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

356 - VCU PARKING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$2,138.29	$0.00	$2,138.29
Medical.....	.....			$2,950.54	$0.00	$2,950.54
				$5,151.33	$0.00	$5,151.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

356 - VCU PARKING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$110.18	$0.00	$110.18
Medical.....	.....			$641.07	$0.00	$641.07
				$751.25	$0.00	$751.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.90	$0.00	$263.90
				$263.90	$0.00	$263.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$419.16	$0.00	$419.16
				$419.16	$0.00	$419.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

356 - VCU PARKING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$397.79	$0.00	$397.79
				$397.79	$0.00	$397.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$731.24	$0.00	$731.24
				$731.24	$0.00	$731.24
# of Claims	6					
# Open	0	Recovery Amount:	-$24.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

356 - VCU PARKING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.10	$0.00	$139.10
				$139.10	$0.00	$139.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,123.59	$0.00	$1,123.59
Medical.....	.....			$3,500.98	$0.00	$3,500.98
				$4,624.57	$0.00	$4,624.57
# of Claims	2					
# Open	0	Recovery Amount:	-$2,772.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,984.49	$0.00	$2,984.49
				$2,984.49	$0.00	$2,984.49
# of Claims	5					
# Open	1	Recovery Amount:	-$1,183.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.15	$0.00	$35.15
				$35.15	$0.00	$35.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

356 - VCU PARKING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24,212.77	$0.00	$24,212.77
Indemnity.....	.....			$203,553.21	$0.00	$203,553.21
Medical.....	.....			$208,860.03	$126,009.53	$334,869.56
				$436,626.01	$126,009.53	$562,635.54
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,806.42	$0.00	$4,806.42
				$4,806.42	$0.00	$4,806.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24,275.27	$0.00	$24,275.27
Indemnity.....	.....			$206,925.27	$0.00	$206,925.27
Medical.....	.....			$225,729.87	$126,009.53	$351,739.40
				$456,930.41	$126,009.53	$582,939.94
# of Claims	43					
# Open	2	Recovery Amount:	-$3,979.06			

357 - VCU PRINT SHOP

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

357 - VCU PRINT SHOP

WC1992	**7/1/1991 - 6/30/1992**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$270.00**	**$0.00**	**$270.00**
			$270.00	**$0.00**	**$270.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$91.00**	**$0.00**	**$91.00**
		$91.00	**$0.00**	**$91.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,749.77**	**$0.00**	**$1,749.77**
		$1,749.77	**$0.00**	**$1,749.77**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,110.77**	**$0.00**	**$2,110.77**
		$2,110.77	**$0.00**	**$2,110.77**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

358 - VCU UNIVERSITY MAIL SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

358 - VCU UNIVERSITY MAIL SERVICES

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$256.10**	**$0.00**	**$256.10**
				$256.10	**$0.00**	**$256.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$133.50**	**$0.00**	**$133.50**
		$133.50	**$0.00**	**$133.50**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$500.64**	**$0.00**	**$500.64**
Medical		**$7.30**	**$0.00**	**$7.30**
		$507.94	**$0.00**	**$507.94**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$7.65**	**$0.00**	**$7.65**
		$7.65	**$0.00**	**$7.65**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

358 - VCU UNIVERSITY MAIL SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$487.08	$0.00	$487.08
Medical.....	.....			$5,752.94	$0.00	$5,752.94
				$6,240.02	$0.00	$6,240.02
# of Claims	2					
# Open	0	Recovery Amount:	-$113.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33.97	$0.00	$33.97
Medical.....	.....			$2,297.50	$0.00	$2,297.50
				$2,331.47	$0.00	$2,331.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$687.50	$0.00	$687.50
Indemnity.....	.....			$3,844.80	$0.00	$3,844.80
Medical.....	.....			$121,767.51	$0.00	$121,767.51
				$126,299.81	$0.00	$126,299.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$687.50	$0.00	$687.50
Indemnity.....	.....			$4,866.49	$0.00	$4,866.49
Medical.....	.....			$130,222.50	$0.00	$130,222.50
				$135,776.49	$0.00	$135,776.49
# of Claims	16					
# Open	0	Recovery Amount:	-$113.00			

360 - VCU MCV Campus Bookstore

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

360 - VCU MCV Campus Bookstore

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,015.44**	**$0.00**	**$8,015.44**
				$8,015.44	**$0.00**	**$8,015.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,015.44**	**$0.00**	**$8,015.44**
				$8,015.44	**$0.00**	**$8,015.44**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

361 - VCU DENTAL STORE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

361 - VCU DENTAL STORE

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.40**	**$0.00**	**$9.40**
				$9.40	**$0.00**	**$9.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$459.50**	**$0.00**	**$459.50**
		$459.50	**$0.00**	**$459.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$82.67**	**$0.00**	**$82.67**
Medical		**$13.50**	**$0.00**	**$13.50**
		$96.17	**$0.00**	**$96.17**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

361 - VCU DENTAL STORE

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$82.67**	**$0.00**	**$82.67**
Medical	**$482.40**	**$0.00**	**$482.40**
	$565.07	**$0.00**	**$565.07**

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

362 - VCU Human Resource Div (East)

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$11.30**	**$0.00**	**$11.30**
		$11.30	**$0.00**	**$11.30**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

362 - VCU Human Resource Div (East)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.30	$0.00	$11.30
				$11.30	$0.00	$11.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

363 - VCU Human Resource Div Empl Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.00	$0.00	$77.00
				$77.00	$0.00	$77.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$362.11	$0.00	$362.11
Medical.....	.....			$1,992.10	$0.00	$1,992.10
				$2,354.21	$0.00	$2,354.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

363 - VCU Human Resource Div Empl Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$134.10	$0.00	$134.10
				$134.10	$0.00	$134.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

363 - VCU Human Resource Div Empl Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$628.48	$0.00	$628.48
				$628.48	$0.00	$628.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$375.70	$0.00	$375.70
				$375.70	$0.00	$375.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

363 - VCU Human Resource Div Empl Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.80	$0.00	$220.80
				$220.80	$0.00	$220.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

363 - VCU Human Resource Div Empl Health

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$362.11	$0.00	$362.11
Medical.....	.....			$3,428.18	$0.00	$3,428.18
				$3,790.29	$0.00	$3,790.29
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

364 - VCU MCV Campus Stdnt Act Sup Serv

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

364 - VCU MCV Campus Stdnt Act Sup Serv

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.54**	**$0.00**	**$9.54**
				$9.54	**$0.00**	**$9.54**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$53.81**	**$0.00**	**$53.81**
				$53.81	**$0.00**	**$53.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$63.35**	**$0.00**	**$63.35**
				$63.35	**$0.00**	**$63.35**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

365 - VCU Univ Comp Serv-MCV Campus

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$268.00**	**$0.00**	**$268.00**
				$268.00	**$0.00**	**$268.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

365 - VCU Univ Comp Serv-MCV Campus

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$268.00	$0.00	$268.00
				$268.00	$0.00	$268.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

366 - VCU HOUSEKEEPING-EAST

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

366 - VCU HOUSEKEEPING-EAST

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$4,659.57**	**$0.00**	**$4,659.57**
Medical		**$8,820.38**	**$0.00**	**$8,820.38**
		$13,863.45	**$0.00**	**$13,863.45**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$473.20**	**$0.00**	**$473.20**
Medical		**$826.86**	**$0.00**	**$826.86**
		$1,300.06	**$0.00**	**$1,300.06**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,153.37**	**$0.00**	**$2,153.37**
Medical		**$4,020.11**	**$0.00**	**$4,020.11**
		$6,173.48	**$0.00**	**$6,173.48**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$575.67**	**$0.00**	**$575.67**
Medical		**$552.43**	**$0.00**	**$552.43**
		$1,128.10	**$0.00**	**$1,128.10**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

366 - VCU HOUSEKEEPING-EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$211.36	$0.00	$211.36
Medical.....	.....			$613.87	$0.00	$613.87
				$825.23	$0.00	$825.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,154.38	$0.00	$10,154.38
Medical.....	.....			$22,214.09	$0.00	$22,214.09
				$32,368.47	$0.00	$32,368.47
# of Claims	11					
# Open	0	Recovery Amount:	-$210.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,199.08	$0.00	$2,199.08
Medical.....	.....			$5,246.30	$0.00	$5,246.30
				$7,445.38	$0.00	$7,445.38
# of Claims	12					
# Open	0	Recovery Amount:	-$374.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11.82	$0.00	$11.82
Medical.....	.....			$481.92	$0.00	$481.92
				$493.74	$0.00	$493.74
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

366 - VCU HOUSEKEEPING-EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,083.10	$0.00	$7,083.10
Medical.....	.....			$10,686.81	$0.00	$10,686.81
				$17,769.91	$0.00	$17,769.91
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,197.23	$0.00	$3,197.23
Medical.....	.....			$8,916.61	$0.00	$8,916.61
				$12,113.84	$0.00	$12,113.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,086.00	$0.00	$1,086.00
Indemnity.....	.....			$70,856.31	$0.00	$70,856.31
Medical.....	.....			$17,509.20	$0.00	$17,509.20
				$89,451.51	$0.00	$89,451.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$841.39	$0.00	$841.39
Medical.....	.....			$578.45	$0.00	$578.45
				$1,419.84	$0.00	$1,419.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

366 - VCU HOUSEKEEPING-EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$4,208.59	$0.00	$4,208.59
Indemnity.....	.....			$1,416.64	$0.00	$1,416.64
Medical.....	.....			$9,104.71	$0.00	$9,104.71
				$14,729.94	$0.00	$14,729.94
# of Claims	4					
# Open	0	Recovery Amount:	-$1,487.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$918.50	$0.00	$918.50
Indemnity.....	.....			$5,410.05	$0.00	$5,410.05
Medical.....	.....			$4,143.80	$0.00	$4,143.80
				$10,472.35	$0.00	$10,472.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,596.59	$0.00	$6,596.59
Indemnity.....	.....			$109,243.17	$0.00	$109,243.17
Medical.....	.....			$93,715.54	$0.00	$93,715.54
				$209,555.30	$0.00	$209,555.30
# of Claims	123					
# Open	0	Recovery Amount:	-$2,071.11			

368 - VCU LARRICK STUDENT CENTERS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

368 - VCU LARRICK STUDENT CENTERS

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$39.17**	**$0.00**	**$39.17**
				$39.17	**$0.00**	**$39.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$173.00**	**$0.00**	**$173.00**
				$173.00	**$0.00**	**$173.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,333.79**	**$0.00**	**$2,333.79**
				$2,333.79	**$0.00**	**$2,333.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$174.57**	**$0.00**	**$174.57**
				$174.57	**$0.00**	**$174.57**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

368 - VCU LARRICK STUDENT CENTERS

Grand Totals

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$2,720.53**	**$0.00**	**$2,720.53**
	$2,720.53	**$0.00**	**$2,720.53**

# of Claims **5**

 # Open **0** **Recovery Amount:** **$0.00**

36 - VCU DIRECTOR OF ATHLETICS

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$278.69**	**$0.00**	**$278.69**
		$278.69	**$0.00**	**$278.69**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$222.25**	**$0.00**	**$222.25**
		$222.25	**$0.00**	**$222.25**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$570.96**	**$0.00**	**$570.96**
		$570.96	**$0.00**	**$570.96**

# of Claims **2**

 # Open **0** **Recovery Amount:** **$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

36 - VCU DIRECTOR OF ATHLETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$755.21	$0.00	$755.21
				$755.21	$0.00	$755.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,186.84	$0.00	$9,186.84
Medical.....	.....			$7,640.55	$0.00	$7,640.55
				$16,827.39	$0.00	$16,827.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.80	$0.00	$237.80
				$237.80	$0.00	$237.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

36 - VCU DIRECTOR OF ATHLETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$681.00	$0.00	$681.00
Medical.....	.....			$8,746.87	$0.00	$8,746.87
				$9,427.87	$0.00	$9,427.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,029.12	$0.00	$3,029.12
Medical.....	.....			$6,771.42	$0.00	$6,771.42
				$9,800.54	$0.00	$9,800.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$888.62	$0.00	$888.62
				$888.62	$0.00	$888.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.50	$0.00	$333.50
				$333.50	$0.00	$333.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

36 - VCU DIRECTOR OF ATHLETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$32.40**	**$0.00**	**$32.40**
Indemnity				**$9,250.33**	**$0.00**	**$9,250.33**
Medical				**$79,397.94**	**$0.00**	**$79,397.94**
				$88,680.67	**$0.00**	**$88,680.67**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$476.90**	**$0.00**	**$476.90**
				$476.90	**$0.00**	**$476.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$15.25**	**$0.00**	**$15.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$12,706.93**	**$0.00**	**$12,706.93**
				$12,722.18	**$0.00**	**$12,722.18**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

36 - VCU DIRECTOR OF ATHLETICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$40.20	$0.00	$40.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,977.95	$0.00	$4,977.95
				$5,018.15	$0.00	$5,018.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$87.85	$0.00	$87.85
Indemnity.....	.....			$22,147.29	$0.00	$22,147.29
Medical.....	.....			$124,005.59	$0.00	$124,005.59
				$146,240.73	$0.00	$146,240.73
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

370 - VCU DIRECTOR OF STUDENT HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

370 - VCU DIRECTOR OF STUDENT HEALTH

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

372 - VP for VCU Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11.25**	**$0.00**	**$11.25**
				$11.25	**$0.00**	**$11.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

372 - VP for VCU Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$250.59**	**$0.00**	**$250.59**
Medical				**$1,713.52**	**$0.00**	**$1,713.52**
				$1,964.11	**$0.00**	**$1,964.11**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,084.34**	**$0.00**	**$1,084.34**
				$1,084.34	**$0.00**	**$1,084.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

372 - VP for VCU Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$368.10	$0.00	$368.10
				$368.10	$0.00	$368.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.44	$0.00	$154.44
				$154.44	$0.00	$154.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

372 - VP for VCU Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$219.85**	**$0.00**	**$219.85**
				$219.85	**$0.00**	**$219.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$135.38**	**$0.00**	**$135.38**
Medical				**$523.94**	**$0.00**	**$523.94**
				$675.32	**$0.00**	**$675.32**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

372 - VP for VCU Research

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$16.00	$50.00	$66.00
Indemnity.....	.....			$385.97	$0.00	$385.97
Medical.....	.....			$4,075.44	$1,200.00	$5,275.44
				$4,477.41	$1,250.00	$5,727.41
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

374 - VCU GERNONTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.65	$0.00	$7.65
				$7.65	$0.00	$7.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.93	$0.00	$593.93
				$593.93	$0.00	$593.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

374 - VCU GERNONTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$259.72	$0.00	$259.72
Medical.....	.....			$1,822.88	$0.00	$1,822.88
				$2,082.60	$0.00	$2,082.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,359.81	$0.00	$3,359.81
Medical.....	.....			$4,011.68	$0.00	$4,011.68
				$7,371.49	$0.00	$7,371.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

374 - VCU GERNONTOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,619.53**	**$0.00**	**$3,619.53**
Medical				**$6,436.14**	**$0.00**	**$6,436.14**
				$10,055.67	**$0.00**	**$10,055.67**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

375 - VCU VIRGINIA CENTER ON AGING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$67.25**	**$0.00**	**$67.25**
				$67.25	**$0.00**	**$67.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.40**	**$0.00**	**$5.40**
				$5.40	**$0.00**	**$5.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

375 - VCU VIRGINIA CENTER ON AGING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,238.23	$0.00	$1,238.23
Medical.....	.....			$9,217.36	$0.00	$9,217.36
				$10,455.59	$0.00	$10,455.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,306.74	$0.00	$2,306.74
Medical.....	.....			$4,936.69	$0.00	$4,936.69
				$7,243.43	$0.00	$7,243.43
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,854.27	$0.00	$4,854.27
Medical.....	.....			$10,193.12	$0.00	$10,193.12
				$15,047.39	$0.00	$15,047.39
# of Claims	1					
# Open	0	Recovery Amount:	-$10,031.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

375 - VCU VIRGINIA CENTER ON AGING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$335.26**	**$0.00**	**$335.26**
				$335.26	**$0.00**	**$335.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,399.24**	**$0.00**	**$8,399.24**
Medical				**$24,755.08**	**$0.00**	**$24,755.08**
				$33,154.32	**$0.00**	**$33,154.32**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$10,031.59**			

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$845.75**	**$0.00**	**$845.75**
Indemnity				**$1,402.66**	**$0.00**	**$1,402.66**
Medical				**$1,973.71**	**$0.00**	**$1,973.71**
				$4,222.12	**$0.00**	**$4,222.12**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,506.05	$0.00	$1,506.05
Indemnity.....	.....			$7,132.96	$0.00	$7,132.96
Medical.....	.....			$5,675.09	$0.00	$5,675.09
				$14,314.10	$0.00	$14,314.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$888.84	$0.00	$888.84
				$888.84	$0.00	$888.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15.55	$0.00	$15.55
				$15.55	$0.00	$15.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,520.60	$0.00	$8,520.60
Medical.....	.....			$13,564.22	$0.00	$13,564.22
				$22,084.82	$0.00	$22,084.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.70	$0.00	$225.70
				$225.70	$0.00	$225.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$474.30	$0.00	$474.30
				$474.30	$0.00	$474.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$423.54	$0.00	$423.54
Medical.....	.....			$2,086.57	$0.00	$2,086.57
				$2,510.11	$0.00	$2,510.11
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,101.15	$0.00	$2,101.15
Medical.....	.....			$1,144.69	$0.00	$1,144.69
				$3,245.84	$0.00	$3,245.84
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$375.99	$0.00	$375.99
Medical.....	.....			$8,888.46	$0.00	$8,888.46
				$9,264.45	$0.00	$9,264.45
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8,208.32	$16.00	$8,224.32
Indemnity.....	.....			$122,685.89	$0.00	$122,685.89
Medical.....	.....			$97,901.35	$30,647.45	$128,548.80
				$228,795.56	$30,663.45	$259,459.01
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$918.92	$0.00	$918.92
				$918.92	$0.00	$918.92
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$314.30	$0.00	$314.30
				$314.30	$0.00	$314.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,196.86	$0.00	$1,196.86
				$1,196.86	$0.00	$1,196.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$767.33	$0.00	$767.33
Medical.....	.....			$1,515.55	$0.00	$1,515.55
				$2,282.88	$0.00	$2,282.88
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.21	$0.00	$137.21
				$137.21	$0.00	$137.21
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$919.90	$0.00	$919.90
Indemnity.....	.....			$18,844.65	$0.00	$18,844.65
Medical.....	.....			$20,013.39	$0.00	$20,013.39
				$39,777.94	$0.00	$39,777.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$96.88	$0.00	$96.88
Indemnity.....	.....			$23,245.60	$0.00	$23,245.60
Medical.....	.....			$23,447.54	$0.00	$23,447.54
				$46,790.02	$0.00	$46,790.02
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.65	$0.00	$562.65
				$562.65	$0.00	$562.65
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$932.46	$0.00	$932.46
Medical.....	.....			$8,750.68	$0.00	$8,750.68
				$9,691.14	$0.00	$9,691.14
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$5,935.36	$0.00	$5,935.36
Medical.....	.....			$9,551.07	$0.00	$9,551.07
				$15,502.43	$0.00	$15,502.43
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$492.50	$0.00	$492.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,901.91	$0.00	$3,901.91
				$4,394.41	$0.00	$4,394.41
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,119.27	$0.00	$3,119.27
				$3,119.27	$0.00	$3,119.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$143.10	$0.00	$143.10
Indemnity.....	.....			$2,589.45	$0.00	$2,589.45
Medical.....	.....			$3,724.26	$0.00	$3,724.26
				$6,456.81	$0.00	$6,456.81
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

377 - VCU ANIMAL RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28.22	$0.00	$28.22
				$28.22	$0.00	$28.22
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$38.00	$0.00	$38.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$633.56	$0.00	$633.56
				$671.56	$0.00	$671.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,274.50	$16.00	$12,290.50
Indemnity.....	.....			$194,957.64	$0.00	$194,957.64
Medical.....	.....			$210,677.87	$30,647.45	$241,325.32
				$417,910.01	$30,663.45	$448,573.46
# of Claims	210					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

378 - VCU ENVIRONMENTAL HLTH & SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.65**	**$0.00**	**$121.65**
				$121.65	**$0.00**	**$121.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,373.64**	**$0.00**	**$4,373.64**
Medical				**$3,177.67**	**$0.00**	**$3,177.67**
				$7,551.31	**$0.00**	**$7,551.31**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

378 - VCU ENVIRONMENTAL HLTH & SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.04	$0.00	$150.04
				$150.04	$0.00	$150.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

378 - VCU ENVIRONMENTAL HLTH & SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.36	$0.00	$529.36
				$529.36	$0.00	$529.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

378 - VCU ENVIRONMENTAL HLTH & SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,606.80	$0.00	$1,606.80
				$1,606.80	$0.00	$1,606.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.24	$0.00	$30.24
				$30.24	$0.00	$30.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.00	$0.00	$32.00
				$32.00	$0.00	$32.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

378 - VCU ENVIRONMENTAL HLTH & SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,373.64**	**$0.00**	**$4,373.64**
Medical				**$5,647.76**	**$0.00**	**$5,647.76**
				$10,021.40	**$0.00**	**$10,021.40**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

379 - VCU FIRE SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$120.00**	**$0.00**	**$120.00**
				$120.00	**$0.00**	**$120.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

379 - VCU FIRE SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.00	$0.00	$102.00
				$102.00	$0.00	$102.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$757.63	$0.00	$757.63
				$757.63	$0.00	$757.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.50	$0.00	$13.50
				$13.50	$0.00	$13.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.69	$0.00	$169.69
				$169.69	$0.00	$169.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

379 - VCU FIRE SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$171.77**	**$0.00**	**$171.77**
				$171.77	**$0.00**	**$171.77**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$24.00**	**$0.00**	**$24.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

379 - VCU FIRE SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,361.00**	**$0.00**	**$1,361.00**
Indemnity				**$2,790.60**	**$0.00**	**$2,790.60**
Medical				**$19,557.79**	**$0.00**	**$19,557.79**
				$23,709.39	**$0.00**	**$23,709.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,022.63**	**$0.00**	**$1,022.63**
Medical				**$455.57**	**$0.00**	**$455.57**
				$1,478.20	**$0.00**	**$1,478.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$52,742.91**	**$0.00**	**$52,742.91**
				$52,742.91	**$0.00**	**$52,742.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,361.00**	**$0.00**	**$1,361.00**
Indemnity				**$3,813.23**	**$0.00**	**$3,813.23**
Medical				**$74,114.86**	**$0.00**	**$74,114.86**
				$79,289.09	**$0.00**	**$79,289.09**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

37 - VCU Provost & VP Academic Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$30.00**	**$0.00**	**$30.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$30.00	**$0.00**	**$30.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,576.29**	**$0.00**	**$3,576.29**
				$3,576.29	**$0.00**	**$3,576.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,530.24**	**$0.00**	**$1,530.24**
				$1,530.24	**$0.00**	**$1,530.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

37 - VCU Provost & VP Academic Affairs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$62.55**	**$0.00**	**$62.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$64.30**	**$0.00**	**$64.30**
				$126.85	**$0.00**	**$126.85**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$57.16**	**$0.00**	**$57.16**
				$57.16	**$0.00**	**$57.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$92.55**	**$50.00**	**$142.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,227.99**	**$1,200.00**	**$6,427.99**
				$5,320.54	**$1,250.00**	**$6,570.54**
# of Claims	**13**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

383 - VCU SURVEY RESEARCH

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

383 - VCU SURVEY RESEARCH

WC1998	**7/1/1997 - 6/30/1998**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$169.50**	**$0.00**	**$169.50**
			$169.50	**$0.00**	**$169.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,504.57**	**$0.00**	**$1,504.57**
Medical		**$2,597.94**	**$0.00**	**$2,597.94**
		$4,102.51	**$0.00**	**$4,102.51**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$272.00**	**$0.00**	**$272.00**
		$272.00	**$0.00**	**$272.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$548.52**	**$0.00**	**$548.52**
		$548.52	**$0.00**	**$548.52**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

383 - VCU SURVEY RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,504.57	$0.00	$1,504.57
Medical.....	.....			$3,587.96	$0.00	$3,587.96
				$5,092.53	$0.00	$5,092.53
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

384 - VCU -Lib Information Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

384 - VCU -Lib Information Systems

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$514.97**	**$0.00**	**$514.97**
				$514.97	**$0.00**	**$514.97**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$135.24**	**$0.00**	**$135.24**
		$135.24	**$0.00**	**$135.24**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

384 - VCU -Lib Information Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$171.20	$0.00	$171.20
Indemnity.....	.....			$1,671.64	$0.00	$1,671.64
Medical.....	.....			$43,569.13	$0.00	$43,569.13
				$45,411.97	$0.00	$45,411.97
# of Claims	2					
# Open	0	Recovery Amount:	-$22,500.00			

Grand Totals						
Expense.....	.....			$171.20	$0.00	$171.20
Indemnity.....	.....			$1,671.64	$0.00	$1,671.64
Medical.....	.....			$44,219.34	$0.00	$44,219.34
				$46,062.18	$0.00	$46,062.18
# of Claims	7					
# Open	0	Recovery Amount:	-$22,500.00			

385 - VCU Director's Office.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.16	$0.00	$140.16
				$140.16	$0.00	$140.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.16	$0.00	$140.16
				$140.16	$0.00	$140.16

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

385 - VCU Director's Office.

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

387 - VCU Prtnrshp for People w/Disab

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 26

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$124.20	$0.00	$124.20
		$124.20	$0.00	$124.20

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009			
Expense.....	.....	$32.00	$0.00	$32.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$32.00	$0.00	$32.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

387 - VCU Prtnrshp for People w/Disab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,931.41	$0.00	$2,931.41
				$2,931.41	$0.00	$2,931.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.09	$0.00	$319.09
				$319.09	$0.00	$319.09
# of Claims	3					
# Open	0	Recovery Amount:	-$319.09			

Grand Totals						
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,374.70	$0.00	$3,374.70
				$3,406.70	$0.00	$3,406.70
# of Claims	35					
# Open	0	Recovery Amount:	-$319.09			

388 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

388 - VCU INTERNAL MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$81.74**	**$0.00**	**$81.74**
Medical				**$0.00**	**$0.00**	**$0.00**
				$81.74	**$0.00**	**$81.74**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$81.74**	**$0.00**	**$81.74**
Medical				**$0.00**	**$0.00**	**$0.00**
				$81.74	**$0.00**	**$81.74**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

38 - VCU EDUCATION DEV & FACULTY RES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$230.97**	**$0.00**	**$230.97**
				$230.97	**$0.00**	**$230.97**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.05**	**$0.00**	**$134.05**
				$134.05	**$0.00**	**$134.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$365.02**	**$0.00**	**$365.02**
				$365.02	**$0.00**	**$365.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

390 - VCU EEO/AA SERVICES OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5.60**	**$0.00**	**$5.60**
				$5.60	**$0.00**	**$5.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

390 - VCU EEO/AA SERVICES OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$401.17	$0.00	$401.17
				$401.17	$0.00	$401.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.77	$0.00	$406.77
				$406.77	$0.00	$406.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

391 - VCU University News Svcs-MCV

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.44	$0.00	$284.44
				$284.44	$0.00	$284.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$284.44	$0.00	$284.44
				$284.44	$0.00	$284.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

395 - VCU CHEMICAL SAFETY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

395 - VCU CHEMICAL SAFETY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$118.75**	**$0.00**	**$118.75**
			$118.75	**$0.00**	**$118.75**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,344.15**	**$0.00**	**$1,344.15**
		$1,344.15	**$0.00**	**$1,344.15**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$180.11**	**$0.00**	**$180.11**
		$180.11	**$0.00**	**$180.11**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

395 - VCU CHEMICAL SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.50	$0.00	$257.50
				$257.50	$0.00	$257.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

395 - VCU CHEMICAL SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

395 - VCU CHEMICAL SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,239.62	$0.00	$1,239.62
				$1,239.62	$0.00	$1,239.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,140.13	$0.00	$3,140.13
				$3,140.13	$0.00	$3,140.13
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

396 - VCU REHAB RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

396 - VCU REHAB RESEARCH

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,866.00**	**$0.00**	**$4,866.00**
Medical				**$23,385.81**	**$0.00**	**$23,385.81**
				$28,251.81	**$0.00**	**$28,251.81**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$140.44**	**$0.00**	**$140.44**
				$140.44	**$0.00**	**$140.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

396 - VCU REHAB RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$73.66	$0.00	$73.66
Medical.....	.....			$1,633.36	$0.00	$1,633.36
				$1,707.02	$0.00	$1,707.02
# of Claims	4					
# Open	0	Recovery Amount:	-$133.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$420.00	$0.00	$420.00
Indemnity.....	.....			$5,606.78	$0.00	$5,606.78
Medical.....	.....			$31,208.80	$0.00	$31,208.80
				$37,235.58	$0.00	$37,235.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

396 - VCU REHAB RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$420.00	$0.00	$420.00
Indemnity.....	.....			$10,546.44	$0.00	$10,546.44
Medical.....	.....			$56,368.41	$0.00	$56,368.41
				$67,334.85	$0.00	$67,334.85
# of Claims	17					
# Open	0	Recovery Amount:	-$133.50			

399 - VCU DIRECTOR OF ATHLECTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$259.98	$0.00	$259.98
				$259.98	$0.00	$259.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

399 - VCU DIRECTOR OF ATHLECTICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,379.58	$0.00	$1,379.58
				$1,379.58	$0.00	$1,379.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$789.50	$0.00	$789.50
Indemnity.....	.....			$700.97	$0.00	$700.97
Medical.....	.....			$34,418.94	$0.00	$34,418.94
				$35,909.41	$0.00	$35,909.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$33.30	$0.00	$33.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,116.54	$0.00	$10,116.54
				$10,149.84	$0.00	$10,149.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$822.80	$0.00	$822.80
Indemnity.....	.....			$700.97	$0.00	$700.97
Medical.....	.....			$46,175.04	$0.00	$46,175.04
				$47,698.81	$0.00	$47,698.81
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

400 - VCU ARCHEOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$781.00	$0.00	$781.00
				$781.00	$0.00	$781.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.00	$0.00	$149.00
				$149.00	$0.00	$149.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,076.11	$0.00	$1,076.11
				$1,076.11	$0.00	$1,076.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

400 - VCU ARCHEOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.75**	**$0.00**	**$207.75**
				$207.75	**$0.00**	**$207.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$230.92**	**$0.00**	**$230.92**
				$230.92	**$0.00**	**$230.92**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,444.78**	**$0.00**	**$2,444.78**
				$2,444.78	**$0.00**	**$2,444.78**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

402 - VCU HONORS PROGRAM (HUM & SCI)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

402 - VCU HONORS PROGRAM (HUM & SCI)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

404 - VCU Office of International Educ

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$124.38	$0.00	$124.38
Medical.....	.....			$737.92	$0.00	$737.92
				$862.30	$0.00	$862.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

404 - VCU Office of International Educ

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$130.15	$0.00	$130.15
Medical.....	.....			$112.80	$0.00	$112.80
				$242.95	$0.00	$242.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$254.53	$0.00	$254.53
Medical.....	.....			$850.72	$0.00	$850.72
				$1,105.25	$0.00	$1,105.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

405 - VCU PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

405 - VCU PURCHASING

WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

406 - VCU WAREHOUSE PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$178.00**	**$0.00**	**$178.00**
				$178.00	**$0.00**	**$178.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$93.74**	**$0.00**	**$93.74**
Medical				**$66.11**	**$0.00**	**$66.11**
				$159.85	**$0.00**	**$159.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

406 - VCU WAREHOUSE PURCHASING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$650.01	$0.00	$650.01
				$650.01	$0.00	$650.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.74	$0.00	$93.74
Medical.....	.....			$894.12	$0.00	$894.12
				$987.86	$0.00	$987.86
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

407 - VCU RADIATION ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

407 - VCU RADIATION ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.64	$0.00	$62.64
				$62.64	$0.00	$62.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$811.44	$0.00	$811.44
				$811.44	$0.00	$811.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

407 - VCU RADIATION ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,542.24	$0.00	$2,542.24
				$2,542.24	$0.00	$2,542.24
# of Claims	3					
# Open	0	Recovery Amount:	-$476.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,020.57	$0.00	$1,020.57
				$1,020.57	$0.00	$1,020.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

407 - VCU RADIATION ONOCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29.08	$0.00	$29.08
Medical.....	.....			$3,066.33	$0.00	$3,066.33
				$3,095.41	$0.00	$3,095.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,264.51	$0.00	$1,264.51
				$1,264.51	$0.00	$1,264.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29.08	$0.00	$29.08
Medical.....	.....			$8,767.73	$0.00	$8,767.73
				$8,796.81	$0.00	$8,796.81
# of Claims	23					
# Open	0	Recovery Amount:	-$476.80			

409 - VCU NURSING-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

409 - VCU NURSING-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

40 - VCU ARTS-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$652.82	$0.00	$652.82
				$652.82	$0.00	$652.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

40 - VCU ARTS-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$69.20	$0.00	$69.20
				$69.20	$0.00	$69.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$836.20	$0.00	$836.20
				$836.20	$0.00	$836.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,643.18	$0.00	$2,643.18
Medical.....	.....			$7,233.99	$0.00	$7,233.99
				$9,877.17	$0.00	$9,877.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,391.63	$0.00	$1,391.63
				$1,391.63	$0.00	$1,391.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

40 - VCU ARTS-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.47	$0.00	$406.47
				$406.47	$0.00	$406.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$45.99	$0.00	$45.99
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,653.75	$0.00	$5,653.75
				$5,699.74	$0.00	$5,699.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

40 - VCU ARTS-DEANS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$871.81	$0.00	$871.81
				$871.81	$0.00	$871.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$45.99	$0.00	$45.99
Indemnity.....	.....			$2,643.18	$0.00	$2,643.18
Medical.....	.....			$17,115.87	$0.00	$17,115.87
				$19,805.04	$0.00	$19,805.04
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

410 - VCU PARKING/TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$698.49	$0.00	$698.49
				$698.49	$0.00	$698.49
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

410 - VCU PARKING/TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$311.72	$0.00	$311.72
				$311.72	$0.00	$311.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.60	$0.00	$16.60
				$16.60	$0.00	$16.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$5,156.00	$0.00	$5,156.00
Indemnity.....	.....			$274.69	$0.00	$274.69
Medical.....	.....			$86,359.19	$0.00	$86,359.19
				$91,789.88	$0.00	$91,789.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

410 - VCU PARKING/TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$156.00	$0.00	$156.00
Indemnity.....	.....			$1,671.35	$0.00	$1,671.35
Medical.....	.....			$36,760.06	$0.00	$36,760.06
				$38,587.41	$0.00	$38,587.41
# of Claims	3					
# Open	0	Recovery Amount:	-$698.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$286.50	$0.00	$286.50
Indemnity.....	.....			$3,833.49	$0.00	$3,833.49
Medical.....	.....			$58,805.60	$0.00	$58,805.60
				$62,925.59	$0.00	$62,925.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,081.95	$0.00	$2,081.95
Indemnity.....	.....			$7,499.89	$0.00	$7,499.89
Medical.....	.....			$75,785.92	$0.00	$75,785.92
				$85,367.76	$0.00	$85,367.76
# of Claims	5					
# Open	0	Recovery Amount:	-$11.75			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

410 - VCU PARKING/TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.37	$0.00	$22.37
				$22.37	$0.00	$22.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$9,908.59	$4,706.78	$14,615.37
Indemnity.....	.....			$125,502.93	$0.00	$125,502.93
Medical.....	.....			$96,946.53	$62,354.37	$159,300.90
				$232,358.05	$67,061.15	$299,419.20
# of Claims	1					
# Open	1	Recovery Amount:	-$16,232.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.41	$0.00	$52.41
Indemnity.....	.....			$1,482.19	$0.00	$1,482.19
Medical.....	.....			$3,510.99	$0.00	$3,510.99
				$5,045.59	$0.00	$5,045.59
# of Claims	6					
# Open	0	Recovery Amount:	-$3,167.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,687.13	$0.00	$1,687.13
				$1,687.13	$0.00	$1,687.13
# of Claims	1					
# Open	0	Recovery Amount:	-$1,687.13			

236 - VIRGINIA COMMONWEALTH UNIVERSI

410 - VCU PARKING/TRANSPORTATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$302.21	$0.00	$302.21
Medical.....	.....			$123.63	$0.00	$123.63
				$433.84	$0.00	$433.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,292.52	$0.00	$2,292.52
				$2,292.52	$0.00	$2,292.52
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,649.45	$4,706.78	$22,356.23
Indemnity.....	.....			$140,566.75	$0.00	$140,566.75
Medical.....	.....			$363,320.75	$62,354.37	$425,675.12
				$521,536.95	$67,061.15	$588,598.10
# of Claims	35					
# Open	2	Recovery Amount:	-$21,797.79			

411 - VCU PARKING DIRECTOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.40	$0.00	$78.40
				$78.40	$0.00	$78.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.40	$0.00	$78.40
				$78.40	$0.00	$78.40

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

411 - VCU PARKING DIRECTOR

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

414 - VCU OFFICE OF 150TH ANNIVERSARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$647.27**	**$0.00**	**$647.27**
				$647.27	**$0.00**	**$647.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$647.27**	**$0.00**	**$647.27**
				$647.27	**$0.00**	**$647.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

415 - VCU TREASURERS OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$667.77**	**$0.00**	**$667.77**
				$667.77	**$0.00**	**$667.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$667.77**	**$0.00**	**$667.77**
				$667.77	**$0.00**	**$667.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

416 - VCU Rec Sports Cary St Complex

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

416 - VCU Rec Sports Cary St Complex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$364.00**	**$0.00**	**$364.00**
				$364.00	**$0.00**	**$364.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$394.63**	**$0.00**	**$394.63**
Medical				**$812.14**	**$0.00**	**$812.14**
				$1,206.77	**$0.00**	**$1,206.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$369.67**	**$0.00**	**$369.67**
				$369.67	**$0.00**	**$369.67**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$97.00**	**$0.00**	**$97.00**
				$97.00	**$0.00**	**$97.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

416 - VCU Rec Sports Cary St Complex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.15	$0.00	$62.15
				$62.15	$0.00	$62.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,220.96	$0.00	$1,220.96
				$1,220.96	$0.00	$1,220.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,029.86	$0.00	$1,029.86
				$1,029.86	$0.00	$1,029.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

416 - VCU Rec Sports Cary St Complex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.72	$0.00	$242.72
				$242.72	$0.00	$242.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$1,300.00	$0.00	$1,300.00
Medical.....	.....			$2,744.08	$0.00	$2,744.08
				$4,112.08	$0.00	$4,112.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,053.75	$0.00	$8,053.75
				$8,061.75	$0.00	$8,061.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

416 - VCU Rec Sports Cary St Complex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,030.05	$0.00	$1,030.05
				$1,030.05	$0.00	$1,030.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,901.94	$0.00	$1,901.94
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$683.05	$0.00	$683.05
				$2,584.99	$0.00	$2,584.99
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$106.02	$0.00	$106.02
Indemnity.....	.....			$1,519.72	$0.00	$1,519.72
Medical.....	.....			$11,133.30	$0.00	$11,133.30
				$12,759.04	$0.00	$12,759.04
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8,656.43	$0.00	$8,656.43
Indemnity.....	.....			$34,840.89	$0.00	$34,840.89
Medical.....	.....			$10,898.51	$0.00	$10,898.51
				$54,395.83	$0.00	$54,395.83
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

416 - VCU Rec Sports Cary St Complex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$359.53	$0.00	$359.53
				$359.53	$0.00	$359.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10,740.39	$0.00	$10,740.39
Indemnity.....	.....			$38,055.24	$0.00	$38,055.24
Medical.....	.....			$39,100.77	$0.00	$39,100.77
				$87,896.40	$0.00	$87,896.40
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

417 - VCU SCHOOL ED PROJECT TRAIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,168.00	$0.00	$1,168.00
Indemnity.....	.....			$27,325.55	$0.00	$27,325.55
Medical.....	.....			$16,568.70	$0.00	$16,568.70
				$45,062.25	$0.00	$45,062.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,168.00	$0.00	$1,168.00
Indemnity.....	.....			$27,325.55	$0.00	$27,325.55
Medical.....	.....			$16,568.70	$0.00	$16,568.70
				$45,062.25	$0.00	$45,062.25

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

417 - VCU SCHOOL ED PROJECT TRAIN

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

418 - VCU WOMEN'S STUDIES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

419 - VCUNET - Network Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			
Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC1997	7/1/1996 - 6/30/1997				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount: $0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

419 - VCUNET - Network Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.00	$0.00	$210.00
				$210.00	$0.00	$210.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.47	$0.00	$7.47
				$7.47	$0.00	$7.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$176.11	$0.00	$176.11
Medical.....	.....			$446.33	$0.00	$446.33
				$622.44	$0.00	$622.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

419 - VCUNET - Network Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$441.64	$0.00	$441.64
				$441.64	$0.00	$441.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$417.48	$0.00	$417.48
Medical.....	.....			$914.27	$0.00	$914.27
				$1,331.75	$0.00	$1,331.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$593.59	$0.00	$593.59
Medical.....	.....			$2,019.71	$0.00	$2,019.71
				$2,613.30	$0.00	$2,613.30
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

420 - VCU BUSINESS SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

420 - VCU BUSINESS SERVICES

WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$682.13**	**$0.00**	**$682.13**
		$682.13	**$0.00**	**$682.13**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$700.00**	**$0.00**	**$700.00**
		$700.00	**$0.00**	**$700.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,540.88**	**$0.00**	**$2,540.88**
Medical		**$9,705.24**	**$0.00**	**$9,705.24**
		$12,246.12	**$0.00**	**$12,246.12**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,540.88**	**$0.00**	**$2,540.88**
Medical				**$11,087.37**	**$0.00**	**$11,087.37**
				$13,628.25	**$0.00**	**$13,628.25**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

424 - VCU FRESH PRODUCT CONTROL UNIT

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

424 - VCU FRESH PRODUCT CONTROL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.16**	**$0.00**	**$207.16**
				$207.16	**$0.00**	**$207.16**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.16**	**$0.00**	**$207.16**
				$207.16	**$0.00**	**$207.16**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

424 - VCU FRESH PRODUCT CONTROL UNIT

426 - VCU SURGERY-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.00	$0.00	$135.00
				$135.00	$0.00	$135.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$501.79	$0.00	$501.79
Indemnity.....	.....			$1,324.51	$0.00	$1,324.51
Medical.....	.....			$9,817.22	$0.00	$9,817.22
				$11,643.52	$0.00	$11,643.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

426 - VCU SURGERY-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.69	$0.00	$39.69
				$39.69	$0.00	$39.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$200.56	$0.00	$200.56
				$200.56	$0.00	$200.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,237.81	$0.00	$3,237.81
Medical.....	.....			$6,913.71	$0.00	$6,913.71
				$10,151.52	$0.00	$10,151.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

426 - VCU SURGERY-ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$826.72	$0.00	$826.72
				$826.72	$0.00	$826.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$501.79	$0.00	$501.79
Indemnity.....	.....			$4,562.32	$0.00	$4,562.32
Medical.....	.....			$17,932.90	$0.00	$17,932.90
				$22,997.01	$0.00	$22,997.01
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

427 - VCU CARDIAC & THORACIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

427 - VCU CARDIAC & THORACIC

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,375.92**	**$0.00**	**$1,375.92**
Medical				**$350.60**	**$0.00**	**$350.60**
				$1,726.52	**$0.00**	**$1,726.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$780.35**	**$0.00**	**$780.35**
				$780.35	**$0.00**	**$780.35**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$142.35**	**$0.00**	**$142.35**
				$142.35	**$0.00**	**$142.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

427 - VCU CARDIAC & THORACIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,391.49	$0.00	$1,391.49
				$1,391.49	$0.00	$1,391.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$829.50	$0.00	$829.50
				$829.50	$0.00	$829.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.25	$0.00	$243.25
				$243.25	$0.00	$243.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$884.83	$0.00	$884.83
				$884.83	$0.00	$884.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,375.92	$0.00	$1,375.92
Medical.....	.....			$4,622.37	$0.00	$4,622.37
				$5,998.29	$0.00	$5,998.29
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

428 - VCU GENERAL & TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.00	$0.00	$153.00
				$153.00	$0.00	$153.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4.65	$0.00	$4.65
				$4.65	$0.00	$4.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

428 - VCU GENERAL & TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$697.06	$0.00	$697.06
Medical.....	.....			$79.30	$0.00	$79.30
				$776.36	$0.00	$776.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

428 - VCU GENERAL & TRAUMA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$69.37	$0.00	$69.37
				$69.37	$0.00	$69.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$697.06	$0.00	$697.06
Medical.....	.....			$306.32	$0.00	$306.32
				$1,003.38	$0.00	$1,003.38
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

429 - VCU NEURO SURGERY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

429 - VCU NEURO SURGERY

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$9.50**	**$0.00**	**$9.50**
			$9.50	**$0.00**	**$9.50**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$24.00**	**$0.00**	**$24.00**
		$24.00	**$0.00**	**$24.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,813.30**	**$0.00**	**$1,813.30**
		$1,813.30	**$0.00**	**$1,813.30**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$301.18**	**$0.00**	**$301.18**
Medical		**$2,166.31**	**$0.00**	**$2,166.31**
		$2,467.49	**$0.00**	**$2,467.49**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$637.14**	**$0.00**	**$637.14**
Medical		**$3,927.32**	**$0.00**	**$3,927.32**
		$4,564.46	**$0.00**	**$4,564.46**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

429 - VCU NEURO SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

429 - VCU NEURO SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,543.67	$0.00	$1,543.67
				$1,543.67	$0.00	$1,543.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

429 - VCU NEURO SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$733.01	$0.00	$733.01
				$733.01	$0.00	$733.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$166.25	$0.00	$166.25
Indemnity.....	.....			$20,821.90	$0.00	$20,821.90
Medical.....	.....			$30,415.22	$0.00	$30,415.22
				$51,403.37	$0.00	$51,403.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$166.25	$0.00	$166.25
Indemnity.....	.....			$21,760.22	$0.00	$21,760.22
Medical.....	.....			$40,632.33	$0.00	$40,632.33
				$62,558.80	$0.00	$62,558.80
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

430 - VCU ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.50	$0.00	$214.50
				$214.50	$0.00	$214.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.50	$0.00	$103.50
				$103.50	$0.00	$103.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

430 - VCU ONCOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$318.00	$0.00	$318.00
				$318.00	$0.00	$318.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

431 - VCU Surgery-Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

431 - VCU Surgery-Transplant

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$179.25**	**$0.00**	**$179.25**
				$179.25	**$0.00**	**$179.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

431 - VCU Surgery-Transplant

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$179.25**	**$0.00**	**$179.25**
				$179.25	**$0.00**	**$179.25**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

432 - VCU PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$54.00**	**$0.00**	**$54.00**
				$54.00	**$0.00**	**$54.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

432 - VCU PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.43	$0.00	$101.43
				$101.43	$0.00	$101.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

432 - VCU PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$527.24**	**$0.00**	**$527.24**
Medical				**$2,896.90**	**$0.00**	**$2,896.90**
				$3,424.14	**$0.00**	**$3,424.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

432 - VCU PEDIATRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$78.32	$0.00	$78.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$78.32	$0.00	$78.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$78.32	$0.00	$78.32
Indemnity.....	.....			$527.24	$0.00	$527.24
Medical.....	.....			$3,052.33	$0.00	$3,052.33
				$3,657.89	$0.00	$3,657.89
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

433 - VCU PLASTIC SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.00	$0.00	$33.00
				$33.00	$0.00	$33.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

433 - VCU PLASTIC SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.00	$0.00	$95.00
				$95.00	$0.00	$95.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

433 - VCU PLASTIC SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.01	$0.00	$224.01
				$224.01	$0.00	$224.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.01	$0.00	$352.01
				$352.01	$0.00	$352.01
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

434 - VCU UROLOGY SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$642.29	$0.00	$642.29
Medical.....	.....			$131.00	$0.00	$131.00
				$773.29	$0.00	$773.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.30	$0.00	$7.30
				$7.30	$0.00	$7.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

434 - VCU UROLOGY SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.00	$0.00	$89.00
				$89.00	$0.00	$89.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$642.29	$0.00	$642.29
Medical.....	.....			$227.30	$0.00	$227.30
				$869.59	$0.00	$869.59
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

435 - VCU VASCULAR SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

435 - VCU VASCULAR SURGERY

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$165.75**	**$0.00**	**$165.75**
				$165.75	**$0.00**	**$165.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$165.75**	**$0.00**	**$165.75**
				$165.75	**$0.00**	**$165.75**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

436 - VCU HAND MANAGEMENT

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

436 - VCU HAND MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

437 - VCU SURGERY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$308.75**	**$0.00**	**$308.75**
				$308.75	**$0.00**	**$308.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$255.46**	**$0.00**	**$255.46**
Medical				**$0.00**	**$0.00**	**$0.00**
				$255.46	**$0.00**	**$255.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

437 - VCU SURGERY LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$255.46	$0.00	$255.46
Medical.....	.....			$308.75	$0.00	$308.75
				$564.21	$0.00	$564.21
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

438 - VCU PRIVATE CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

438 - VCU PRIVATE CLINIC

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$18.20**	**$0.00**	**$18.20**
				$18.20	**$0.00**	**$18.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

438 - VCU PRIVATE CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,246.66	$0.00	$26,246.66
Medical.....	.....			$40,940.57	$0.00	$40,940.57
				$67,187.23	$0.00	$67,187.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

438 - VCU PRIVATE CLINIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$271.46	$0.00	$271.46
				$271.46	$0.00	$271.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,246.66	$0.00	$26,246.66
Medical.....	.....			$41,230.23	$0.00	$41,230.23
				$67,476.89	$0.00	$67,476.89
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.30	$0.00	$181.30
				$181.30	$0.00	$181.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$473.19	$0.00	$473.19
				$473.19	$0.00	$473.19
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$314.58	$0.00	$314.58
				$314.58	$0.00	$314.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.42	$0.00	$171.42
				$171.42	$0.00	$171.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.00	$0.00	$361.00
				$361.00	$0.00	$361.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$714.30	$0.00	$714.30
Medical.....	.....			$5,243.79	$0.00	$5,243.79
				$5,958.09	$0.00	$5,958.09
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$205.19	$0.00	$205.19
				$205.19	$0.00	$205.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,201.08	$0.00	$3,201.08
				$3,201.08	$0.00	$3,201.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$506.50	$0.00	$506.50
				$506.50	$0.00	$506.50
# of Claims	2					
# Open	0	Recovery Amount:	-$506.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$179.45	$0.00	$179.45
Medical.....	.....			$0.00	$0.00	$0.00
				$187.45	$0.00	$187.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.46	$0.00	$201.46
				$201.46	$0.00	$201.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

439 - VCU HUMAN RESOURCE DIVISION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,170.96	$0.00	$3,170.96
				$3,170.96	$0.00	$3,170.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$893.75	$0.00	$893.75
Medical.....	.....			$14,030.47	$0.00	$14,030.47
				$14,932.22	$0.00	$14,932.22
# of Claims	40					
# Open	0	Recovery Amount:	-$506.50			

43 - VCU ART EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.57	$0.00	$260.57
				$260.57	$0.00	$260.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.57	$0.00	$260.57
				$260.57	$0.00	$260.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

440 - VCU DENTAL CLINIC/STERILIZATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

440 - VCU DENTAL CLINIC/STERILIZATION

WC1993	**7/1/1992 - 6/30/1993**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$845.44**	**$0.00**	**$845.44**
Medical		**$7,506.45**	**$0.00**	**$7,506.45**
		$8,351.89	**$0.00**	**$8,351.89**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,348.78**	**$0.00**	**$5,348.78**
Medical		**$9,029.08**	**$0.00**	**$9,029.08**
		$14,377.86	**$0.00**	**$14,377.86**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

440 - VCU DENTAL CLINIC/STERILIZATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$909.90	$0.00	$909.90
				$909.90	$0.00	$909.90
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.00	$0.00	$252.00
				$252.00	$0.00	$252.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

440 - VCU DENTAL CLINIC/STERILIZATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,263.47	$0.00	$1,263.47
Medical.....	.....			$2,413.80	$0.00	$2,413.80
				$3,677.27	$0.00	$3,677.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

440 - VCU DENTAL CLINIC/STERILIZATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,362.00	$0.00	$1,362.00
				$1,362.00	$0.00	$1,362.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,457.69	$0.00	$7,457.69
Medical.....	.....			$21,473.23	$0.00	$21,473.23
				$28,930.92	$0.00	$28,930.92
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

442 - VCU MEDICINE OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

442 - VCU MEDICINE OFFICE

WC1994	**7/1/1993 - 6/30/1994**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$136.64**	**$0.00**	**$136.64**
			$136.64	**$0.00**	**$136.64**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$680.62**	**$0.00**	**$680.62**
		$680.62	**$0.00**	**$680.62**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,748.02**	**$0.00**	**$1,748.02**
		$1,748.02	**$0.00**	**$1,748.02**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$2,565.28**	**$0.00**	**$2,565.28**
	$2,565.28	**$0.00**	**$2,565.28**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:** **$0.00**	

443 - VCU Office of Tech Transfer

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

443 - VCU Office of Tech Transfer

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$941.63**	**$597.37**	**$1,539.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$115,685.22**	**$227,749.60**	**$343,434.82**
				$116,626.85	**$228,346.97**	**$344,973.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$941.63**	**$597.37**	**$1,539.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$115,685.22**	**$227,749.60**	**$343,434.82**
				$116,626.85	**$228,346.97**	**$344,973.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

444 - VCU GERIATRIC MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$299.00**	**$0.00**	**$299.00**
				$299.00	**$0.00**	**$299.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$386.41**	**$0.00**	**$386.41**
				$386.41	**$0.00**	**$386.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

444 - VCU GERIATRIC MEDICINE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,284.38	$0.00	$1,284.38
				$1,284.38	$0.00	$1,284.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,969.79	$0.00	$1,969.79
				$1,969.79	$0.00	$1,969.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

445 - VCU INTRNL MEDICINE-SBSTNCE ABUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.75	$0.00	$248.75
				$248.75	$0.00	$248.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

445 - VCU INTRNL MEDICINE-SBSTNCE ABUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$631.35	$0.00	$631.35
				$631.35	$0.00	$631.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$724.12	$0.00	$724.12
Medical.....	.....			$2,313.07	$0.00	$2,313.07
				$3,037.19	$0.00	$3,037.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

445 - VCU INTRNL MEDICINE-SBSTNCE ABUS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.40	$0.00	$54.40
				$54.40	$0.00	$54.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$724.12	$0.00	$724.12
Medical.....	.....			$3,247.57	$0.00	$3,247.57
				$3,971.69	$0.00	$3,971.69
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

446 - VCU Human Resource Division

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28.72**	**$0.00**	**$28.72**
				$28.72	**$0.00**	**$28.72**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28.72**	**$0.00**	**$28.72**
				$28.72	**$0.00**	**$28.72**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

447 - VCU Human Resources Division

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

447 - VCU Human Resources Division

WC2008	**7/1/2007 - 6/30/2008**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$36.74**	**$0.00**	**$36.74**
			$36.74	**$0.00**	**$36.74**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$36.74**	**$0.00**	**$36.74**
			$36.74	**$0.00**	**$36.74**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

44 - VCU ART HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$534.55**	**$0.00**	**$534.55**
			$534.55	**$0.00**	**$534.55**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

44 - VCU ART HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.54	$0.00	$63.54
Medical.....	.....			$230.58	$0.00	$230.58
				$294.12	$0.00	$294.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.54	$0.00	$63.54
Medical.....	.....			$765.13	$0.00	$765.13
				$828.67	$0.00	$828.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

452 - VCU OEHS-Fire & Occup Sfty-Acad

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

452 - VCU OEHS-Fire & Occup Sfty-Acad

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

45 - VCU COMMUN ARTS & DESIGN

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Grand Totals					
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

46 - VCU CRAFTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$119.44	$0.00	$119.44
			$119.44	$0.00	$119.44
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		
Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2001	7/1/2000 - 6/30/2001				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,168.18	$0.00	$6,168.18
			$6,168.18	$0.00	$6,168.18
# of Claims	2				
# Open	0	Recovery Amount:	$0.00		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

46 - VCU CRAFTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,727.00	$0.00	$1,727.00
				$1,727.00	$0.00	$1,727.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$10,412.24	$0.00	$10,412.24
Indemnity.....	.....			$233,403.60	$0.00	$233,403.60
Medical.....	.....			$32,382.79	$50,317.21	$82,700.00
				$276,198.63	$50,317.21	$326,515.84
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,605.79	$0.00	$2,605.79
				$2,605.79	$0.00	$2,605.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,005.00	$0.00	$1,005.00
				$1,005.00	$0.00	$1,005.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

46 - VCU CRAFTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$627.41	$0.00	$627.41
				$627.41	$0.00	$627.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$10,412.24	$0.00	$10,412.24
Indemnity.....	.....			$233,403.60	$0.00	$233,403.60
Medical.....	.....			$44,635.61	$50,317.21	$94,952.82
				$288,451.45	$50,317.21	$338,768.66
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

47 - VCU FASHION DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.60	$0.00	$64.60
				$64.60	$0.00	$64.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

47 - VCU FASHION DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.60	$0.00	$64.60
				$64.60	$0.00	$64.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

48 - VCU ART FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

48 - VCU ART FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$656.79**	**$0.00**	**$656.79**
				$656.79	**$0.00**	**$656.79**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$403.90**	**$0.00**	**$403.90**
				$403.90	**$0.00**	**$403.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

48 - VCU ART FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,060.69	$0.00	$1,060.69
				$1,060.69	$0.00	$1,060.69
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

50 - VCU INTERIOR DESIGN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

50 - VCU INTERIOR DESIGN

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

51 - VCU MUSIC

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$143.40**	**$0.00**	**$143.40**
		$143.40	**$0.00**	**$143.40**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$143.40**	**$0.00**	**$143.40**
	$143.40	**$0.00**	**$143.40**

# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

52 - VCU PAINTING AND PRINTMAKING

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

52 - VCU PAINTING AND PRINTMAKING

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$177.00**	**$0.00**	**$177.00**
			$177.00	**$0.00**	**$177.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,054.92**	**$0.00**	**$1,054.92**
			$1,054.92	**$0.00**	**$1,054.92**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,231.92**	**$0.00**	**$1,231.92**
			$1,231.92	**$0.00**	**$1,231.92**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

53 - VCU PHOTOGRAPHY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

53 - VCU PHOTOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

54 - VCU SCULPTURE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,357.50**	**$0.00**	**$1,357.50**
Medical				**$12,073.01**	**$0.00**	**$12,073.01**
				$13,430.51	**$0.00**	**$13,430.51**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$371.83**	**$0.00**	**$371.83**
				$371.83	**$0.00**	**$371.83**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

54 - VCU SCULPTURE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$983.29	$0.00	$983.29
Medical.....	.....			$3,892.80	$0.00	$3,892.80
				$4,876.09	$0.00	$4,876.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.93	$0.00	$253.93
				$253.93	$0.00	$253.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$456.21	$0.00	$456.21
				$456.21	$0.00	$456.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

54 - VCU SCULPTURE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.08	$0.00	$310.08
				$310.08	$0.00	$310.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$459.60	$0.00	$459.60
				$459.60	$0.00	$459.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,340.79	$0.00	$2,340.79
Medical.....	.....			$17,892.46	$0.00	$17,892.46
				$20,233.25	$0.00	$20,233.25
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

55 - VCU THEATRE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

55 - VCU THEATRE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$620.69	$0.00	$620.69
				$620.69	$0.00	$620.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$256.70	$0.00	$256.70
				$256.70	$0.00	$256.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,399.98	$0.00	$1,399.98
				$1,399.98	$0.00	$1,399.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,330.00	$0.00	$1,330.00
				$1,330.00	$0.00	$1,330.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

55 - VCU THEATRE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$427.56	$0.00	$427.56
Medical.....	.....			$29,086.34	$0.00	$29,086.34
				$29,513.90	$0.00	$29,513.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$394.58	$0.00	$394.58
				$394.58	$0.00	$394.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,104.68	$0.00	$2,104.68
				$2,104.68	$0.00	$2,104.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

55 - VCU THEATRE DEPARTMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$504.08	$0.00	$504.08
				$514.78	$0.00	$514.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$737.87	$0.00	$737.87
				$737.87	$0.00	$737.87
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$427.56	$0.00	$427.56
Medical.....	.....			$36,434.92	$0.00	$36,434.92
				$36,873.18	$0.00	$36,873.18
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

560 - VCU FMD/PPD/Asbestos Abatement

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

560 - VCU FMD/PPD/Asbestos Abatement

WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.58**	**$0.00**	**$27.58**
				$27.58	**$0.00**	**$27.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.58**	**$0.00**	**$27.58**
				$27.58	**$0.00**	**$27.58**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

562 - VCU Dentistry/Admissions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$462.27**	**$0.00**	**$462.27**
				$462.27	**$0.00**	**$462.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$462.27**	**$0.00**	**$462.27**
				$462.27	**$0.00**	**$462.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

563 - VCU Dental Clinic/Regtstration

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

563 - VCU Dental Clinic/Regtstration

WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$547.36**	**$0.00**	**$547.36**
			$547.36	**$0.00**	**$547.36**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$69.05**	**$0.00**	**$69.05**
		$69.05	**$0.00**	**$69.05**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$616.41**	**$0.00**	**$616.41**
	$616.41	**$0.00**	**$616.41**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

564 - VCU PPD Project Management

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,412.51**	**$0.00**	**$2,412.51**
Medical		**$1,927.12**	**$0.00**	**$1,927.12**
		$4,339.63	**$0.00**	**$4,339.63**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

564 - VCU PPD Project Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$17.77	$0.00	$17.77
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$654.69	$0.00	$654.69
				$672.46	$0.00	$672.46
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,313.99	$0.00	$2,313.99
Medical.....	.....			$3,538.47	$0.00	$3,538.47
				$5,852.46	$0.00	$5,852.46
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,637.38	$0.00	$9,637.38
Medical.....	.....			$26,022.48	$0.00	$26,022.48
				$35,659.86	$0.00	$35,659.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

564 - VCU PPD Project Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,124.20	$0.00	$1,124.20
Medical.....	.....			$120.08	$0.00	$120.08
				$1,244.28	$0.00	$1,244.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$983.42	$0.00	$983.42
Medical.....	.....			$79.90	$0.00	$79.90
				$1,063.32	$0.00	$1,063.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$13,886.95	$0.00	$13,886.95
Medical.....	.....			$91,538.00	$0.00	$91,538.00
				$105,774.95	$0.00	$105,774.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

564 - VCU PPD Project Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$430.67	$0.00	$430.67
				$430.67	$0.00	$430.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$367.77	$0.00	$367.77
Indemnity.....	.....			$30,358.45	$0.00	$30,358.45
Medical.....	.....			$124,311.41	$0.00	$124,311.41
				$155,037.63	$0.00	$155,037.63
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

565 - VCU-HONORS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

565 - VCU-HONORS PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$175.51	$0.00	$175.51
				$175.51	$0.00	$175.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,314.16	$0.00	$1,314.16
				$1,314.16	$0.00	$1,314.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,489.67	$0.00	$1,489.67
				$1,489.67	$0.00	$1,489.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

566 - VCU-ACADEMIC COUNSELING OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

566 - VCU-ACADEMIC COUNSELING OFFICE

WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$71.50**	**$0.00**	**$71.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,128.06**	**$0.00**	**$2,128.06**
				$2,199.56	**$0.00**	**$2,199.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$71.50**	**$0.00**	**$71.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,128.06**	**$0.00**	**$2,128.06**
			$2,199.56	**$0.00**	**$2,199.56**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

567 - VCU FMD/Planning & Design/Design

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$485.89**	**$0.00**	**$485.89**
				$485.89	**$0.00**	**$485.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

567 - VCU FMD/Planning & Design/Design

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$509.89	$0.00	$509.89
				$509.89	$0.00	$509.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

568 - VCU-ENGINEERING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

568 - VCU-ENGINEERING SERVICES

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$346.50**	**$0.00**	**$346.50**
				$346.50	**$0.00**	**$346.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$174.40**	**$0.00**	**$174.40**
		$174.40	**$0.00**	**$174.40**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$520.90**	**$0.00**	**$520.90**
		$520.90	**$0.00**	**$520.90**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

569 - VCU FMD/Planning & Design/Planning

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

569 - VCU FMD/Planning & Design/Planning

WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

56 - VCU DANCE CHOREOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,358.00**	**$0.00**	**$2,358.00**
Medical				**$2,798.40**	**$0.00**	**$2,798.40**
				$5,156.40	**$0.00**	**$5,156.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$214.98**	**$0.00**	**$214.98**
Medical				**$11,443.53**	**$0.00**	**$11,443.53**
				$11,658.51	**$0.00**	**$11,658.51**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

56 - VCU DANCE CHOREOGRAPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$511.50	$0.00	$511.50
				$511.50	$0.00	$511.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,572.98	$0.00	$2,572.98
Medical.....	.....			$14,753.43	$0.00	$14,753.43
				$17,326.41	$0.00	$17,326.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

572 - VCU-HUMAN RESOURCES DIV TRAINING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

572 - VCU-HUMAN RESOURCES DIV TRAINING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.00	$0.00	$197.00
				$197.00	$0.00	$197.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$793.05	$0.00	$793.05
				$793.05	$0.00	$793.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$990.05	$0.00	$990.05
				$990.05	$0.00	$990.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

573 - VCU-CHLD CRE CNT & KNDRGRTN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

573 - VCU-CHLD CRE CNT & KNDRGRTN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.75	$0.00	$11.75
				$11.75	$0.00	$11.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.12	$0.00	$219.12
				$219.12	$0.00	$219.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,112.58	$0.00	$1,112.58
Medical.....	.....			$2,921.82	$0.00	$2,921.82
				$4,034.40	$0.00	$4,034.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

573 - VCU-CHLD CRE CNT & KNDRGRTN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$213.38	$0.00	$213.38
Medical.....	.....			$1,486.95	$0.00	$1,486.95
				$1,700.33	$0.00	$1,700.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,325.96	$0.00	$1,325.96
Medical.....	.....			$4,639.64	$0.00	$4,639.64
				$5,965.60	$0.00	$5,965.60
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

574 - VCU-SAFETY & RISK ADMIN PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

574 - VCU-SAFETY & RISK ADMIN PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

575 - VCU-DENTISTRY-CLINICAL AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$97.38	$0.00	$97.38
Indemnity.....	.....			$283.44	$0.00	$283.44
Medical.....	.....			$35,010.97	$0.00	$35,010.97
				$35,391.79	$0.00	$35,391.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4.32	$0.00	$4.32
				$4.32	$0.00	$4.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

575 - VCU-DENTISTRY-CLINICAL AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$784.16	$0.00	$784.16
Medical.....	.....			$739.61	$0.00	$739.61
				$1,523.77	$0.00	$1,523.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.00	$0.00	$24.00
				$24.00	$0.00	$24.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,525.24	$0.00	$2,525.24
				$2,525.24	$0.00	$2,525.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

575 - VCU-DENTISTRY-CLINICAL AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$97.38	$0.00	$97.38
Indemnity.....	.....			$1,067.60	$0.00	$1,067.60
Medical.....	.....			$38,304.14	$0.00	$38,304.14
				$39,469.12	$0.00	$39,469.12
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

576 - VCU-DENTISTRY-INFORMATION SYS

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

576 - VCU-DENTISTRY-INFORMATION SYS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

577 - VCU-COLL OF HUMAN & SCI ADJ INST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

578 - VCU-DEPT OF ORTHOPAEDIC SURGERY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

578 - VCU-DEPT OF ORTHOPAEDIC SURGERY

WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$24.39**	**$0.00**	**$24.39**
		$24.39	**$0.00**	**$24.39**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

578 - VCU-DEPT OF ORTHOPAEDIC SURGERY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$239.36	$0.00	$239.36
				$239.36	$0.00	$239.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.50	$0.00	$337.50
				$356.00	$0.00	$356.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.70	$0.00	$10.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29.20	$0.00	$29.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$601.25	$0.00	$601.25
				$630.45	$0.00	$630.45
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

579 - VCU-HLTH CAREERS OPPORT PRGM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$400.40**	**$0.00**	**$400.40**
				$400.40	**$0.00**	**$400.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$400.40**	**$0.00**	**$400.40**
				$400.40	**$0.00**	**$400.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

57 - VCU MUSEUM OF THE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$630.28**	**$0.00**	**$630.28**
				$630.28	**$0.00**	**$630.28**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

57 - VCU MUSEUM OF THE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,506.14	$0.00	$1,506.14
				$1,506.14	$0.00	$1,506.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,136.42	$0.00	$2,136.42
				$2,136.42	$0.00	$2,136.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

580 - VCU-CNTR / DRUG & ALCOHOL STDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

580 - VCU-CNTR / DRUG & ALCOHOL STDIES

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$769.29**	**$0.00**	**$769.29**
Medical			**$17.00**	**$0.00**	**$17.00**
			$786.29	**$0.00**	**$786.29**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$769.29**	**$0.00**	**$769.29**
Medical			**$17.00**	**$0.00**	**$17.00**
			$786.29	**$0.00**	**$786.29**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

581 - VCU-BUSINESS AFFAIRS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$563.27**	**$0.00**	**$563.27**
Medical				**$520.06**	**$0.00**	**$520.06**
				$1,083.33	**$0.00**	**$1,083.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$563.27**	**$0.00**	**$563.27**
Medical			**$520.06**	**$0.00**	**$520.06**
			$1,083.33	**$0.00**	**$1,083.33**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

582 - VCU-A/R/COLLECTNS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

582 - VCU-A/R/COLLECTNS

WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

583 - VCU-CASHIER OPERATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$130.50**	**$0.00**	**$130.50**
				$130.50	**$0.00**	**$130.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

583 - VCU-CASHIER OPERATIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.50	$0.00	$130.50
				$130.50	$0.00	$130.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

584 - VCU-GRADUATE STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27.45	$0.00	$27.45
				$27.45	$0.00	$27.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$204.40	$0.00	$204.40
				$204.40	$0.00	$204.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.85	$0.00	$231.85
				$231.85	$0.00	$231.85

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

584 - VCU-GRADUATE STUDIES

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

585 - VCU-CONTRACT ADMINISTRATION DEPT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$40.30	$0.00	$40.30
			$40.30	$0.00	$40.30

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$318.73	$0.00	$318.73
			$318.73	$0.00	$318.73

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

585 - VCU-CONTRACT ADMINISTRATION DEPT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$359.03	$0.00	$359.03
				$359.03	$0.00	$359.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

587 - VCU-COMPUTER BASED INSTRUCT LAB

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,037.80	$0.00	$2,037.80
				$2,037.80	$0.00	$2,037.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,037.80	$0.00	$2,037.80
				$2,037.80	$0.00	$2,037.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

588 - VCU Office Univ Fin Aide-hrly

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

588 - VCU Office Univ Fin Aide-hrly

WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$359.14**	**$0.00**	**$359.14**
			$359.14	**$0.00**	**$359.14**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$20.84**	**$0.00**	**$20.84**
		$20.84	**$0.00**	**$20.84**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$379.98**	**$0.00**	**$379.98**
	$379.98	**$0.00**	**$379.98**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

589 - VCU Student Service Centers

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$58.29**	**$0.00**	**$58.29**
Medical		**$1,570.11**	**$0.00**	**$1,570.11**
		$1,628.40	**$0.00**	**$1,628.40**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

589 - VCU Student Service Centers

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$543.00	$0.00	$543.00
				$543.00	$0.00	$543.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$7,887.20	$0.00	$7,887.20
Indemnity.....	.....			$123,541.23	$0.00	$123,541.23
Medical.....	.....			$82,712.87	$0.00	$82,712.87
				$214,141.30	$0.00	$214,141.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

589 - VCU Student Service Centers

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$67.82**	**$0.00**	**$67.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$67.82	**$0.00**	**$67.82**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$37.55**	**$0.00**	**$37.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,990.67**	**$0.00**	**$1,990.67**
				$2,028.22	**$0.00**	**$2,028.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

589 - VCU Student Service Centers

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$359.13	$0.00	$359.13
				$359.13	$0.00	$359.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,992.57	$0.00	$7,992.57
Indemnity.....	.....			$123,599.52	$0.00	$123,599.52
Medical.....	.....			$87,175.78	$0.00	$87,175.78
				$218,767.87	$0.00	$218,767.87
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

590 - VCU-POWER PLANT EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

590 - VCU-POWER PLANT EAST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.34**	**$0.00**	**$247.34**
				$247.34	**$0.00**	**$247.34**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.34**	**$0.00**	**$247.34**
				$247.34	**$0.00**	**$247.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

593 - VCU-CENTER FOR PUBLIC POLICY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$455.80**	**$0.00**	**$455.80**
				$455.80	**$0.00**	**$455.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$455.80**	**$0.00**	**$455.80**
				$455.80	**$0.00**	**$455.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

594 - VCU-SCH OF ENGINEERING DN'S OFF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

594 - VCU-SCH OF ENGINEERING DN'S OFF

WC1999	**7/1/1998 - 6/30/1999**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$233.94**	**$0.00**	**$233.94**
Medical			**$880.24**	**$0.00**	**$880.24**
			$1,114.18	**$0.00**	**$1,114.18**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$406.85**	**$0.00**	**$406.85**
		$406.85	**$0.00**	**$406.85**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$253.00**	**$0.00**	**$253.00**
		$253.00	**$0.00**	**$253.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$23.20**	**$0.00**	**$23.20**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$23.20	**$0.00**	**$23.20**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

236 - VIRGINIA COMMONWEALTH UNIVERSI

594 - VCU-SCH OF ENGINEERING DN'S OFF

Grand Totals

Expense	**$23.20**	**$0.00**	**$23.20**
Indemnity	**$233.94**	**$0.00**	**$233.94**
Medical	**$1,540.09**	**$0.00**	**$1,540.09**
	$1,797.23	**$0.00**	**$1,797.23**

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

595 - VCU-PLUMBING PROJECT MANAGEMENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$55.85**	**$0.00**	**$55.85**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$55.85	**$0.00**	**$55.85**
# of Claims	1			
# Open	0 **Recovery Amount:** $0.00			

Grand Totals

Expense	**$55.85**	**$0.00**	**$55.85**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$55.85	**$0.00**	**$55.85**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

596 - VCU-STUDENT ACTIVITIES OFFICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	1			
# Open	0 **Recovery Amount:** $0.00			

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

596 - VCU-STUDENT ACTIVITIES OFFICE

				$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	$0.00		

597 - VCU Academic Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.95	$0.00	$169.95
				$169.95	$0.00	$169.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.50	$0.00	$123.50
				$123.50	$0.00	$123.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

597 - VCU Academic Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,174.54	$0.00	$1,174.54
				$1,174.54	$0.00	$1,174.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$757.46	$0.00	$757.46
				$757.46	$0.00	$757.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,225.45	$0.00	$2,225.45
				$2,225.45	$0.00	$2,225.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

598 - VCU FMD/PPD/Franklin Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$428.02	$0.00	$428.02
Medical.....	.....			$2,301.16	$0.00	$2,301.16
				$2,729.18	$0.00	$2,729.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$302.65	$0.00	$302.65
Medical.....	.....			$290.00	$0.00	$290.00
				$592.65	$0.00	$592.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$206.18	$0.00	$206.18
Medical.....	.....			$275.79	$0.00	$275.79
				$481.97	$0.00	$481.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$439.16	$0.00	$439.16
Medical.....	.....			$1,098.03	$0.00	$1,098.03
				$1,537.19	$0.00	$1,537.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

598 - VCU FMD/PPD/Franklin Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.86	$0.00	$312.86
				$312.86	$0.00	$312.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,733.67	$0.00	$2,733.67
Medical.....	.....			$3,878.77	$0.00	$3,878.77
				$6,612.44	$0.00	$6,612.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$140.35	$0.00	$140.35
Medical.....	.....			$323.44	$0.00	$323.44
				$463.79	$0.00	$463.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

598 - VCU FMD/PPD/Franklin Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,029.01	$0.00	$1,029.01
Medical.....	.....			$0.00	$0.00	$0.00
				$1,029.01	$0.00	$1,029.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$112.94	$0.00	$112.94
Medical.....	.....			$0.00	$0.00	$0.00
				$112.94	$0.00	$112.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

598 - VCU FMD/PPD/Franklin Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$832.79	$0.00	$832.79
Indemnity.....	.....			$22,293.86	$0.00	$22,293.86
Medical.....	.....			$6,432.74	$0.00	$6,432.74
				$29,559.39	$0.00	$29,559.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,586.20	$0.00	$6,586.20
Medical.....	.....			$45,408.39	$0.00	$45,408.39
				$52,002.59	$0.00	$52,002.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

598 - VCU FMD/PPD/Franklin Street Zone

Grand Totals

Expense			**$840.79**	**$0.00**	**$840.79**
Indemnity			**$34,272.04**	**$0.00**	**$34,272.04**
Medical			**$60,321.18**	**$0.00**	**$60,321.18**
			$95,434.01	**$0.00**	**$95,434.01**
# of Claims	**41**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,269.52**	**$0.00**	**$1,269.52**
Medical				**$5,008.13**	**$0.00**	**$5,008.13**
				$6,277.65	**$0.00**	**$6,277.65**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,154.88**	**$0.00**	**$6,154.88**
Medical				**$7,460.64**	**$0.00**	**$7,460.64**
				$13,615.52	**$0.00**	**$13,615.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$177.58**	**$0.00**	**$177.58**
				$177.58	**$0.00**	**$177.58**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.00	$0.00	$84.00
				$84.00	$0.00	$84.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$591.47	$0.00	$591.47
Medical.....	.....			$3,313.76	$0.00	$3,313.76
				$3,905.23	$0.00	$3,905.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,735.10	$0.00	$2,735.10
Medical.....	.....			$6,594.94	$0.00	$6,594.94
				$9,330.04	$0.00	$9,330.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$373.74	$0.00	$373.74
Medical.....	.....			$5,176.05	$0.00	$5,176.05
				$5,549.79	$0.00	$5,549.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.40	$0.00	$125.40
				$125.40	$0.00	$125.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.90	$0.00	$181.90
				$181.90	$0.00	$181.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,743.34	$0.00	$7,743.34
				$7,743.34	$0.00	$7,743.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,030.99	$0.00	$7,030.99
Medical.....	.....			$3,767.96	$0.00	$3,767.96
				$10,798.95	$0.00	$10,798.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,406.39	$0.00	$11,406.39
Medical.....	.....			$33,439.20	$0.00	$33,439.20
				$44,845.59	$0.00	$44,845.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,183.41	$0.00	$1,183.41
				$1,183.41	$0.00	$1,183.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$192.22	$0.00	$192.22
Medical.....	.....			$1,316.00	$0.00	$1,316.00
				$1,528.22	$0.00	$1,528.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,741.24	$0.00	$1,741.24
				$1,741.24	$0.00	$1,741.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$631.58	$0.00	$631.58
Medical.....	.....			$0.00	$0.00	$0.00
				$639.58	$0.00	$639.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8,482.28	$3,292.00	$11,774.28
Indemnity.....	.....			$213,492.13	$0.00	$213,492.13
Medical.....	.....			$125,941.46	$110,000.62	$235,942.08
				$347,915.87	$113,292.62	$461,208.49
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,058.54	$0.00	$4,058.54
				$4,058.54	$0.00	$4,058.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

599 - VCU FMD/PPD/Floyd/Main Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,669.04	$0.00	$10,669.04
Medical.....	.....			$30,818.16	$0.00	$30,818.16
				$41,495.20	$0.00	$41,495.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$47.70	$0.00	$47.70
Indemnity.....	.....			$3,787.46	$0.00	$3,787.46
Medical.....	.....			$1,081.45	$0.00	$1,081.45
				$4,916.61	$0.00	$4,916.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,565.98	$3,292.00	$11,857.98
Indemnity.....	.....			$258,334.52	$0.00	$258,334.52
Medical.....	.....			$239,213.16	$110,000.62	$349,213.78
				$506,113.66	$113,292.62	$619,406.28
# of Claims	52					
# Open	1	Recovery Amount:	$0.00			

59 - VCU COMMUNITY SERVICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

59 - VCU COMMUNITY SERVICE

WC2016	**7/1/2015 - 6/30/2016**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,635.92**	**$0.00**	**$5,635.92**
			$5,635.92	**$0.00**	**$5,635.92**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,635.92**	**$0.00**	**$5,635.92**
			$5,635.92	**$0.00**	**$5,635.92**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

600 - VCU FMD/PPD/Clay/LeighStreet Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,744.62**	**$0.00**	**$13,744.62**
Medical				**$47,782.45**	**$0.00**	**$47,782.45**
				$61,527.07	**$0.00**	**$61,527.07**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$269.47**	**$0.00**	**$269.47**
Medical				**$1,258.18**	**$0.00**	**$1,258.18**
				$1,527.65	**$0.00**	**$1,527.65**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

600 - VCU FMD/PPD/Clay/LeighStreet Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$301.65	$0.00	$301.65
				$301.65	$0.00	$301.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.40	$0.00	$40.40
				$40.40	$0.00	$40.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

600 - VCU FMD/PPD/Clay/LeighStreet Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$440.86	$0.00	$440.86
				$440.86	$0.00	$440.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,014.09	$0.00	$14,014.09
Medical.....	.....			$49,823.54	$0.00	$49,823.54
				$63,837.63	$0.00	$63,837.63
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

601 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$955.36	$0.00	$955.36
Medical.....	.....			$223.00	$0.00	$223.00
				$1,178.36	$0.00	$1,178.36
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,771.95	$0.00	$19,771.95
Medical.....	.....			$7,935.27	$0.00	$7,935.27
				$27,707.22	$0.00	$27,707.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$935.39	$0.00	$935.39
				$935.39	$0.00	$935.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

601 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.00	$0.00	$60.00
				$60.00	$0.00	$60.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$558.90	$0.00	$558.90
				$558.90	$0.00	$558.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,095.24	$0.00	$1,095.24
Medical.....	.....			$3,906.99	$0.00	$3,906.99
				$5,002.23	$0.00	$5,002.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$99.04	$0.00	$99.04
Medical.....	.....			$1,230.40	$0.00	$1,230.40
				$1,329.44	$0.00	$1,329.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,733.33	$0.00	$2,733.33
Medical.....	.....			$1,352.31	$0.00	$1,352.31
				$4,085.64	$0.00	$4,085.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

601 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,736.59	$0.00	$15,736.59
				$15,744.59	$0.00	$15,744.59
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$342.31	$0.00	$342.31
				$342.31	$0.00	$342.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,126.99	$0.00	$1,126.99
				$1,126.99	$0.00	$1,126.99
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,402.71	$0.00	$2,402.71
Medical.....	.....			$22,928.09	$0.00	$22,928.09
				$25,338.80	$0.00	$25,338.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$732.50	$0.00	$732.50
				$740.50	$0.00	$740.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

601 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$31.07**	**$0.00**	**$31.07**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$31.07	**$0.00**	**$31.07**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$952.56**	**$0.00**	**$952.56**
				$952.56	**$0.00**	**$952.56**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$55.07**	**$0.00**	**$55.07**
Indemnity				**$27,057.63**	**$0.00**	**$27,057.63**
Medical				**$58,021.30**	**$0.00**	**$58,021.30**
				$85,134.00	**$0.00**	**$85,134.00**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

602 - VCU-CENTRAL MECHANIC/ELECTRIC

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

602 - VCU-CENTRAL MECHANIC/ELECTRIC

WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,011.51**	**$0.00**	**$1,011.51**
				$1,011.51	**$0.00**	**$1,011.51**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$612.06**	**$0.00**	**$612.06**
Medical		**$9,519.30**	**$0.00**	**$9,519.30**
		$10,131.36	**$0.00**	**$10,131.36**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$135.00**	**$0.00**	**$135.00**
		$135.00	**$0.00**	**$135.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,601.30**	**$0.00**	**$1,601.30**
Medical		**$1,630.93**	**$0.00**	**$1,630.93**
		$3,232.23	**$0.00**	**$3,232.23**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,738.89**	**$0.00**	**$1,738.89**
		$1,738.89	**$0.00**	**$1,738.89**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

602 - VCU-CENTRAL MECHANIC/ELECTRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.29	$0.00	$169.29
				$169.29	$0.00	$169.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$739.30	$0.00	$739.30
				$739.30	$0.00	$739.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.20	$0.00	$83.20
				$83.20	$0.00	$83.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.09	$0.00	$236.09
				$236.09	$0.00	$236.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

602 - VCU-CENTRAL MECHANIC/ELECTRIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$868.54	$0.00	$868.54
				$868.54	$0.00	$868.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,213.36	$0.00	$2,213.36
Medical.....	.....			$16,132.05	$0.00	$16,132.05
				$18,345.41	$0.00	$18,345.41
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

603 - VCU Dentistry/Facilities Mgnt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$136,618.98	$0.00	$136,618.98
Medical.....	.....			$32,735.52	$0.00	$32,735.52
				$169,354.50	$0.00	$169,354.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

603 - VCU Dentistry/Facilities Mgnt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,160.00	$0.00	$1,160.00
Indemnity.....	.....			$1,488.68	$0.00	$1,488.68
Medical.....	.....			$1,220.60	$0.00	$1,220.60
				$3,869.28	$0.00	$3,869.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.14	$0.00	$538.14
				$538.14	$0.00	$538.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,160.00	$0.00	$1,160.00
Indemnity.....	.....			$138,107.66	$0.00	$138,107.66
Medical.....	.....			$34,494.26	$0.00	$34,494.26
				$173,761.92	$0.00	$173,761.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

604 - VCU FMD/PPD/Roofing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,219.90	$0.00	$1,219.90
Medical.....	.....			$1,154.65	$0.00	$1,154.65
				$2,374.55	$0.00	$2,374.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

604 - VCU FMD/PPD/Roofing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,661.01	$0.00	$1,661.01
Medical.....	.....			$2,115.40	$0.00	$2,115.40
				$3,776.41	$0.00	$3,776.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$325.60	$0.00	$325.60
				$325.60	$0.00	$325.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.60	$0.00	$187.60
				$187.60	$0.00	$187.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

604 - VCU FMD/PPD/Roofing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,986.94**	**$0.00**	**$1,986.94**
Medical				**$5,726.95**	**$0.00**	**$5,726.95**
				$7,721.89	**$0.00**	**$7,721.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21,749.75**	**$0.00**	**$21,749.75**
				$21,757.75	**$0.00**	**$21,757.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$11,392.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$4,867.85**	**$0.00**	**$4,867.85**
Medical				**$31,259.95**	**$0.00**	**$31,259.95**
				$36,143.80	**$0.00**	**$36,143.80**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$11,392.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

605 - VCU AIT Assitant Vice President

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$360.40**	**$0.00**	**$360.40**
				$360.40	**$0.00**	**$360.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$360.40**	**$0.00**	**$360.40**
				$360.40	**$0.00**	**$360.40**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

605 - VCU AIT Assitant Vice President

606 - VCU-INFORMATION TECHNOLOGY TRG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,603.38	$0.00	$7,603.38
				$7,603.38	$0.00	$7,603.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,222.91	$0.00	$1,222.91
				$1,222.91	$0.00	$1,222.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,826.29	$0.00	$8,826.29
				$8,826.29	$0.00	$8,826.29
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

607 - VCU-COMPUTING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

607 - VCU-COMPUTING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20.90**	**$0.00**	**$20.90**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20.90	**$0.00**	**$20.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

607 - VCU-COMPUTING SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,340.02	$0.00	$2,340.02
				$2,340.02	$0.00	$2,340.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$437.31	$0.00	$437.31
				$437.31	$0.00	$437.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20.90	$0.00	$20.90
Medical.....	.....			$2,777.33	$0.00	$2,777.33
				$2,798.23	$0.00	$2,798.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

608 - VCU-MULTIMEDIA DEV CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

608 - VCU-MULTIMEDIA DEV CENTER

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$502.44**	**$0.00**	**$502.44**
				$502.44	**$0.00**	**$502.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$322.35**	**$0.00**	**$322.35**
		$322.35	**$0.00**	**$322.35**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$824.79**	**$0.00**	**$824.79**
		$824.79	**$0.00**	**$824.79**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

609 - VCU-REAL ESTATE SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

609 - VCU-REAL ESTATE SERVICES

WC2019	**7/1/2018 - 6/30/2019**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$366.20**	**$0.00**	**$366.20**
			$366.20	**$0.00**	**$366.20**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$366.20**	**$0.00**	**$366.20**
			$366.20	**$0.00**	**$366.20**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

612 - VCU VP Academic Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$71.70**	**$0.00**	**$71.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,352.96**	**$0.00**	**$1,352.96**
				$1,424.66	**$0.00**	**$1,424.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$71.70**	**$0.00**	**$71.70**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,352.96**	**$0.00**	**$1,352.96**
			$1,424.66	**$0.00**	**$1,424.66**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

612 - VCU VP Academic Technology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$71.70**	**$0.00**	**$71.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,352.96**	**$0.00**	**$1,352.96**
				$1,424.66	**$0.00**	**$1,424.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$71.70**	**$0.00**	**$71.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,352.96**	**$0.00**	**$1,352.96**
				$1,424.66	**$0.00**	**$1,424.66**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

616 - VCU-HUMAN & SCI OFF STDNT ADVSG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.00**	**$0.00**	**$21.00**
				$21.00	**$0.00**	**$21.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$21.00**	**$0.00**	**$21.00**
				$21.00	**$0.00**	**$21.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

616 - VCU-HUMAN & SCI OFF STDNT ADVSG

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

617 - VCU-COMMUNITY PROGRAM DCIP

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$337.54	$0.00	$337.54
Medical.....	.....	$258.00	$0.00	$258.00
		$595.54	$0.00	$595.54

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$119.55	$0.00	$119.55
		$119.55	$0.00	$119.55

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$1,665.86	$0.00	$1,665.86
Medical.....	.....	$8,528.75	$0.00	$8,528.75
		$10,194.61	$0.00	$10,194.61

# of Claims 1

 # Open 0 **Recovery Amount:** -$6,728.44

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

617 - VCU-COMMUNITY PROGRAM DCIP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$218.65	$0.00	$218.65
				$218.65	$0.00	$218.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$250.11	$0.00	$250.11
				$250.11	$0.00	$250.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$90.24	$0.00	$90.24
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,539.01	$0.00	$2,539.01
				$2,629.25	$0.00	$2,629.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$90.24	$0.00	$90.24
Indemnity.....	.....			$2,003.40	$0.00	$2,003.40
Medical.....	.....			$11,914.07	$0.00	$11,914.07
				$14,007.71	$0.00	$14,007.71
# of Claims	10					
# Open	0	Recovery Amount:	-$6,728.44			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

618 - VCU-RICH, URBAN PRMRY CARE UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

619 - VCU Integrative Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

619 - VCU Integrative Systems

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

61 - VCU HUMANITIES & SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$488.52	$0.00	$488.52
Medical.....	.....			$1,805.46	$0.00	$1,805.46
				$2,293.98	$0.00	$2,293.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

61 - VCU HUMANITIES & SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.71	$0.00	$562.71
				$562.71	$0.00	$562.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,447.08	$0.00	$1,447.08
Medical.....	.....			$147.00	$0.00	$147.00
				$1,594.08	$0.00	$1,594.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$428.60	$0.00	$428.60
				$428.60	$0.00	$428.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

61 - VCU HUMANITIES & SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.00	$0.00	$237.00
				$237.00	$0.00	$237.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.80	$0.00	$32.80
				$32.80	$0.00	$32.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$292.45	$0.00	$292.45
				$292.45	$0.00	$292.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

61 - VCU HUMANITIES & SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.21	$0.00	$234.21
				$234.21	$0.00	$234.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$15.17	$0.00	$15.17
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,831.33	$0.00	$4,831.33
				$4,846.50	$0.00	$4,846.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$480.44	$0.00	$480.44
				$480.44	$0.00	$480.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

61 - VCU HUMANITIES & SCIENCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$410.93	$0.00	$410.93
				$410.93	$0.00	$410.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$15.17	$0.00	$15.17
Indemnity.....	.....			$1,935.60	$0.00	$1,935.60
Medical.....	.....			$9,462.93	$0.00	$9,462.93
				$11,413.70	$0.00	$11,413.70
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

620 - VCU-HUMAN & SCI OFF OF ATHL ADV

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

620 - VCU-HUMAN & SCI OFF OF ATHL ADV

WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$127.50**	**$0.00**	**$127.50**
				$127.50	**$0.00**	**$127.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$193.50**	**$0.00**	**$193.50**
		$193.50	**$0.00**	**$193.50**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,342.61**	**$0.00**	**$1,342.61**
		$1,342.61	**$0.00**	**$1,342.61**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,663.61**	**$0.00**	**$1,663.61**
		$1,663.61	**$0.00**	**$1,663.61**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

621 - VCU FMD/PP/Environmental Conservat

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

621 - VCU FMD/PP/Environmental Conservat

WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$147.15**	**$0.00**	**$147.15**
				$147.15	**$0.00**	**$147.15**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$262.00**	**$0.00**	**$262.00**
		$262.00	**$0.00**	**$262.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$821.14**	**$0.00**	**$821.14**
Medical		**$6,834.23**	**$0.00**	**$6,834.23**
		$7,655.37	**$0.00**	**$7,655.37**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$330.71**	**$0.00**	**$330.71**
Medical		**$1,324.73**	**$0.00**	**$1,324.73**
		$1,655.44	**$0.00**	**$1,655.44**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

621 - VCU FMD/PP/Environmental Conservat

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9.69	$0.00	$9.69
				$9.69	$0.00	$9.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.09	$0.00	$177.09
				$177.09	$0.00	$177.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,911.11	$0.00	$1,911.11
Medical.....	.....			$3,457.28	$0.00	$3,457.28
				$5,368.39	$0.00	$5,368.39
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$851.68	$0.00	$851.68
Medical.....	.....			$1,251.15	$0.00	$1,251.15
				$2,110.83	$0.00	$2,110.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,914.64	$0.00	$3,914.64
Medical.....	.....			$13,463.32	$0.00	$13,463.32
				$17,385.96	$0.00	$17,385.96
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

624 - VCU Emergency Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

624 - VCU Emergency Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

625 - VCU Quality Health Care - Int Med

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

627 - VCU Information Resource Media

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

627 - VCU Information Resource Media

WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

62 - VCU Academic Success Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

62 - VCU Academic Success Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

62 - VCU Academic Success Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$140.24**	**$0.00**	**$140.24**
				$140.24	**$0.00**	**$140.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,111.70**	**$0.00**	**$4,111.70**
				$4,119.70	**$0.00**	**$4,119.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,251.94**	**$0.00**	**$4,251.94**
				$4,259.94	**$0.00**	**$4,259.94**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

630 - VCU Office Univ Financial Aide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$62.52**	**$0.00**	**$62.52**
				$62.52	**$0.00**	**$62.52**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$62.52**	**$0.00**	**$62.52**
				$62.52	**$0.00**	**$62.52**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

631 - VCU Ad Center East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

631 - VCU Ad Center East

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

634 - VCU Media Support Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$21.00**	**$0.00**	**$21.00**
			$21.00	**$0.00**	**$21.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$21.00**	**$0.00**	**$21.00**
			$21.00	**$0.00**	**$21.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

635 - VCU-L Res & Ops/SC&A (TML)

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

642 - VCU Cost Analysis

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

642 - VCU Cost Analysis

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

644 - VCU Hum&Sci Deans Off-Cmptr Srvs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,311.33**	**$0.00**	**$3,311.33**
				$3,311.33	**$0.00**	**$3,311.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

644 - VCU Hum&Sci Deans Off-Cmptr Srvs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.94	$0.00	$243.94
				$243.94	$0.00	$243.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,555.27	$0.00	$3,555.27
				$3,555.27	$0.00	$3,555.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

645 - VCU Oral & Molecular Biology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

645 - VCU Oral & Molecular Biology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

646 - VCU Pharm Ctr for Drug Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

646 - VCU Pharm Ctr for Drug Studies

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

647 - VCU Psychiatry-Sub Abuse Medicine

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

648 - VCU FMD/MCVH Capital Programs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$177.72**	**$0.00**	**$177.72**
Medical				**$639.57**	**$0.00**	**$639.57**
				$817.29	**$0.00**	**$817.29**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$114.66**	**$0.00**	**$114.66**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,774.53**	**$0.00**	**$6,774.53**
				$6,889.19	**$0.00**	**$6,889.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

648 - VCU FMD/MCVH Capital Programs

Expense			**$114.66**	**$0.00**	**$114.66**
Indemnity			**$177.72**	**$0.00**	**$177.72**
Medical			**$7,414.10**	**$0.00**	**$7,414.10**
			$7,706.48	**$0.00**	**$7,706.48**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

649 - VCU AIT-Client Services

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$630.84**	**$0.00**	**$630.84**
Medical				**$5,374.88**	**$0.00**	**$5,374.88**
				$6,005.72	**$0.00**	**$6,005.72**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$630.84**	**$0.00**	**$630.84**
Medical			**$5,374.88**	**$0.00**	**$5,374.88**
			$6,005.72	**$0.00**	**$6,005.72**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

64 - VCU African-American Studies

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

64 - VCU African-American Studies

WC1997	**7/1/1996 - 6/30/1997**				
Expense			**$43.45**	**$0.00**	**$43.45**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$43.45	**$0.00**	**$43.45**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$563.24**	**$0.00**	**$563.24**
				$563.24	**$0.00**	**$563.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$784.48**	**$0.00**	**$784.48**
				$784.48	**$0.00**	**$784.48**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$43.45**	**$0.00**	**$43.45**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,347.72**	**$0.00**	**$1,347.72**
			$1,391.17	**$0.00**	**$1,391.17**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

650 - VCU FMD/PPD/Belvidere Zone

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

650 - VCU FMD/PPD/Belvidere Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$38.00**	**$0.00**	**$38.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$38.00	**$0.00**	**$38.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$38.00**	**$0.00**	**$38.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$38.00	**$0.00**	**$38.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

652 - VCU Rec Sports Siegel Center

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

652 - VCU Rec Sports Siegel Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$153.00**	**$0.00**	**$153.00**
				$153.00	**$0.00**	**$153.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$141.90**	**$0.00**	**$141.90**
				$141.90	**$0.00**	**$141.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,771.82**	**$0.00**	**$1,771.82**
Indemnity				**$494.29**	**$0.00**	**$494.29**
Medical				**$26,109.05**	**$0.00**	**$26,109.05**
				$28,375.16	**$0.00**	**$28,375.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$31,522.88**	**$0.00**	**$31,522.88**
				$31,522.88	**$0.00**	**$31,522.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

652 - VCU Rec Sports Siegel Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.82	$0.00	$25.82
				$25.82	$0.00	$25.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$84.43	$0.00	$84.43
Indemnity.....	.....			$521.10	$0.00	$521.10
Medical.....	.....			$111,828.05	$0.00	$111,828.05
				$112,433.58	$0.00	$112,433.58
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$66.49	$0.00	$66.49
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,976.44	$0.00	$2,976.44
				$3,042.93	$0.00	$3,042.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,922.74	$0.00	$1,922.74
Indemnity.....	.....			$1,015.39	$0.00	$1,015.39
Medical.....	.....			$172,757.14	$0.00	$172,757.14
				$175,695.27	$0.00	$175,695.27
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

653 - VCU Payroll Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

653 - VCU Payroll Services

WC2005	**7/1/2004 - 6/30/2005**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$71.75**	**$0.00**	**$71.75**
			$71.75	**$0.00**	**$71.75**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$1,433.81**	**$0.00**	**$1,433.81**
Indemnity		**$2,141.52**	**$0.00**	**$2,141.52**
Medical		**$46,793.93**	**$0.00**	**$46,793.93**
		$50,369.26	**$0.00**	**$50,369.26**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$1,433.81**	**$0.00**	**$1,433.81**
Indemnity		**$2,141.52**	**$0.00**	**$2,141.52**
Medical		**$46,865.68**	**$0.00**	**$46,865.68**
		$50,441.01	**$0.00**	**$50,441.01**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

654 - VCU AIT-Data Services

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

654 - VCU AIT-Data Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

655 - VCU AIT-Admin Applications-SIS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$162.22**	**$0.00**	**$162.22**
				$162.22	**$0.00**	**$162.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$162.22**	**$0.00**	**$162.22**
				$162.22	**$0.00**	**$162.22**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

655 - VCU AIT-Admin Applications-SIS

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

657 - VCU Web and Research Computing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$146.85**	**$0.00**	**$146.85**
				$146.85	**$0.00**	**$146.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$146.85**	**$0.00**	**$146.85**
				$146.85	**$0.00**	**$146.85**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

658 - VCU Chemical Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$215.25**	**$0.00**	**$215.25**
				$215.25	**$0.00**	**$215.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$267.65**	**$0.00**	**$267.65**
Medical				**$3,294.37**	**$0.00**	**$3,294.37**
				$3,598.02	**$0.00**	**$3,598.02**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

658 - VCU Chemical Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$267.65	$0.00	$267.65
Medical.....	.....			$3,509.62	$0.00	$3,509.62
				$3,813.27	$0.00	$3,813.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

659 - VCU Electrical Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.90	$0.00	$853.90
				$853.90	$0.00	$853.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$853.90	$0.00	$853.90
				$853.90	$0.00	$853.90

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

659 - VCU Electrical Engineering

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

65 - VCU BIOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$47.25	$0.00	$47.25
		$47.25	$0.00	$47.25

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$468.67	$0.00	$468.67
		$468.67	$0.00	$468.67

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$55.00	$0.00	$55.00
		$55.00	$0.00	$55.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$189.50	$0.00	$189.50
		$189.50	$0.00	$189.50

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

65 - VCU BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$31.50**	**$0.00**	**$31.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$31.50	**$0.00**	**$31.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

65 - VCU BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$31.50**	**$0.00**	**$31.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$760.42**	**$0.00**	**$760.42**
				$791.92	**$0.00**	**$791.92**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

660 - VCU Mechanical Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$177.00**	**$0.00**	**$177.00**
				$177.00	**$0.00**	**$177.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

660 - VCU Mechanical Engineering

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,450.81	$0.00	$1,450.81
				$1,450.81	$0.00	$1,450.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,627.81	$0.00	$1,627.81
				$1,627.81	$0.00	$1,627.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

661 - VCU Cntr Environmental Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$692.66	$0.00	$692.66
				$692.66	$0.00	$692.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,430.40	$0.00	$1,430.40
				$1,430.40	$0.00	$1,430.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,123.06	$0.00	$2,123.06
				$2,123.06	$0.00	$2,123.06

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

661 - VCU Cntr Environmental Studies

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

662 - VCU HR-VSDP

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	
Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

663 - VCU School of Arts Computer Center

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$115.60**	**$0.00**	**$115.60**
		$115.60	**$0.00**	**$115.60**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$167.89**	**$0.00**	**$167.89**
		$167.89	**$0.00**	**$167.89**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	
Grand Totals				

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

663 - VCU School of Arts Computer Center

Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$283.49**	**$0.00**	**$283.49**
	$283.49	**$0.00**	**$283.49**

# of Claims **2**

 # Open **0** **Recovery Amount:** **$0.00**

664 - VCU Employment Support Institute

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		
Grand Totals				
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

669 - VCU Distance Education

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$61.44**	**$0.00**	**$61.44**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$61.44	**$0.00**	**$61.44**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:** **$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

669 - VCU Distance Education

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61.44	$0.00	$61.44
Medical.....	.....			$0.00	$0.00	$0.00
				$61.44	$0.00	$61.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

66 - VCU BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

66 - VCU BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$690.56**	**$0.00**	**$690.56**
				$690.56	**$0.00**	**$690.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$420.00**	**$0.00**	**$420.00**
				$420.00	**$0.00**	**$420.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$863.60**	**$0.00**	**$863.60**
				$863.60	**$0.00**	**$863.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$437.26**	**$0.00**	**$437.26**
				$437.26	**$0.00**	**$437.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

66 - VCU BIOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,411.42**	**$0.00**	**$2,411.42**
				$2,411.42	**$0.00**	**$2,411.42**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

671 - VCU-L Acquisition Services TM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22.61**	**$0.00**	**$22.61**
				$22.61	**$0.00**	**$22.61**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$22.61**	**$0.00**	**$22.61**
				$22.61	**$0.00**	**$22.61**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

671 - VCU-L Acquisition Services TM

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

672 - VCU-Libraries Business

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$11.18**	**$0.00**	**$11.18**
		$11.18	**$0.00**	**$11.18**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$11.18**	**$0.00**	**$11.18**
	$11.18	**$0.00**	**$11.18**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

675 - VCU-Libraries Personnel

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$36.00**	**$0.00**	**$36.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$36.00	**$0.00**	**$36.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

675 - VCU-Libraries Personnel

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$40.20	$0.00	$40.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$40.20	$0.00	$40.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$76.20	$0.00	$76.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$76.20	$0.00	$76.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

676 - VCU-Lib Education Srv (TML)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

678 - VCU-L Resource Delivery (TML)

Policy	Policy Period	Paid to Date	Outstanding	Incurred

236 - VIRGINIA COMMONWEALTH UNIVERSI

678 - VCU-L Resource Delivery (TML)

WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,634.90**	**$0.00**	**$3,634.90**
				$3,634.90	**$0.00**	**$3,634.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10.71**	**$0.00**	**$10.71**
				$10.71	**$0.00**	**$10.71**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,645.61**	**$0.00**	**$3,645.61**
				$3,645.61	**$0.00**	**$3,645.61**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

67 - VCU CHEMISTRY

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

67 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$391.35**	**$0.00**	**$391.35**
				$391.35	**$0.00**	**$391.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.83**	**$0.00**	**$135.83**
				$135.83	**$0.00**	**$135.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,748.22**	**$0.00**	**$8,748.22**
				$8,748.22	**$0.00**	**$8,748.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

67 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$616.59	$0.00	$616.59
				$624.59	$0.00	$624.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.60	$0.00	$189.60
				$189.60	$0.00	$189.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

67 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$41.75	$0.00	$41.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$41.75	$0.00	$41.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$122.62	$0.00	$122.62
Medical.....	.....			$8,715.64	$0.00	$8,715.64
				$8,846.26	$0.00	$8,846.26
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

67 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$36.50	$0.00	$36.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$606.71	$0.00	$606.71
				$643.21	$0.00	$643.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$94.25	$0.00	$94.25
Indemnity.....	.....			$122.62	$0.00	$122.62
Medical.....	.....			$19,403.94	$0.00	$19,403.94
				$19,620.81	$0.00	$19,620.81
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

682 - VCU Computer Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$83.88	$0.00	$83.88
Medical.....	.....			$630.70	$0.00	$630.70
				$714.58	$0.00	$714.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9.60	$0.00	$9.60
				$9.60	$0.00	$9.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$83.88	$0.00	$83.88
Medical.....	.....			$640.30	$0.00	$640.30
				$724.18	$0.00	$724.18

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

682 - VCU Computer Science

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

683 - VCU VCUF/Development

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$123.32**	**$0.00**	**$123.32**
		$123.32	**$0.00**	**$123.32**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$123.32**	**$0.00**	**$123.32**
	$123.32	**$0.00**	**$123.32**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

684 - VCU Off Resrch Subjcts Prot

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

684 - VCU Off Resrch Subjcts Prot

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

685 - VCU Sponsored Progs Admin

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

686 - VCU Statistical Sci & Oper Resrch

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

686 - VCU Statistical Sci & Oper Resrch

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

687 - VCU Life Sciences

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$297.16	$0.00	$297.16
		$297.16	$0.00	$297.16

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012			
Expense.....	.....	$52.00	$0.00	$52.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$46,330.08	$0.00	$46,330.08
		$46,382.08	$0.00	$46,382.08

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$237.43	$0.00	$237.43
		$237.43	$0.00	$237.43

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

687 - VCU Life Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$40.60	$0.00	$40.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$40.60	$0.00	$40.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$33.10	$0.00	$33.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,335.42	$0.00	$2,335.42
				$2,368.52	$0.00	$2,368.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$125.70	$0.00	$125.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$49,200.09	$0.00	$49,200.09
				$49,325.79	$0.00	$49,325.79
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

688 - VCU Srvc for Students with Disabil

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

688 - VCU Srvc for Students with Disabil

WC2006	**7/1/2005 - 6/30/2006**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$688.40**	**$0.00**	**$688.40**
			$688.40	**$0.00**	**$688.40**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**			
Expense		**$82.00**	**$0.00**	**$82.00**
Indemnity		**$1,082.00**	**$0.00**	**$1,082.00**
Medical		**$1,441.67**	**$0.00**	**$1,441.67**
		$2,605.67	**$0.00**	**$2,605.67**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$82.00**	**$0.00**	**$82.00**
Indemnity	**$1,082.00**	**$0.00**	**$1,082.00**
Medical	**$2,130.07**	**$0.00**	**$2,130.07**
	$3,294.07	**$0.00**	**$3,294.07**
# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

689 - VCU Forensic Science Program

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

689 - VCU Forensic Science Program

WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

68 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$196.35**	**$0.00**	**$196.35**
				$196.35	**$0.00**	**$196.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

68 - VCU CHEMISTRY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,720.35	$0.00	$1,720.35
				$1,720.35	$0.00	$1,720.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$48.00	$0.00	$48.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$17.77	$0.00	$17.77
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$844.56	$0.00	$844.56
				$862.33	$0.00	$862.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$293.80	$906.20	$1,200.00
				$293.80	$956.20	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$65.77	$50.00	$115.77
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,055.06	$906.20	$3,961.26
				$3,120.83	$956.20	$4,077.03
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

690 - VCU FMD/PPD Sanger Hall Bldg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$661.06**	**$0.00**	**$661.06**
				$661.06	**$0.00**	**$661.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$661.06**	**$0.00**	**$661.06**
				$661.06	**$0.00**	**$661.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

692 - VCU FMD/PP/Environment Conservatio

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$61.89**	**$0.00**	**$61.89**
Medical				**$90.77**	**$0.00**	**$90.77**
				$152.66	**$0.00**	**$152.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

692 - VCU FMD/PP/Environment Conservatio

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,889.43**	**$0.00**	**$3,889.43**
Medical				**$30,924.58**	**$0.00**	**$30,924.58**
				$34,814.01	**$0.00**	**$34,814.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$416.70**	**$0.00**	**$416.70**
				$416.70	**$0.00**	**$416.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$338.69**	**$0.00**	**$338.69**
				$338.69	**$0.00**	**$338.69**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$75.69**	**$0.00**	**$75.69**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,014.30**	**$0.00**	**$2,014.30**
				$2,089.99	**$0.00**	**$2,089.99**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$75.69**	**$0.00**	**$75.69**
Indemnity				**$3,951.32**	**$0.00**	**$3,951.32**
Medical				**$33,785.04**	**$0.00**	**$33,785.04**
				$37,812.05	**$0.00**	**$37,812.05**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

693 - VCU FMD/PPD/Control Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,311.46**	**$0.00**	**$3,311.46**
				$3,311.46	**$0.00**	**$3,311.46**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$495.14**	**$0.00**	**$495.14**
				$495.14	**$0.00**	**$495.14**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,806.60**	**$0.00**	**$3,806.60**
				$3,806.60	**$0.00**	**$3,806.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

694 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

694 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.70	$0.00	$18.70
				$18.70	$0.00	$18.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,872.49	$0.00	$1,872.49
Medical.....	.....			$529.88	$0.00	$529.88
				$2,402.37	$0.00	$2,402.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,001.78	$0.00	$3,001.78
Medical.....	.....			$3,330.40	$0.00	$3,330.40
				$6,340.18	$0.00	$6,340.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

694 - VCU FMD/PPD/Support Shops

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,874.27	$0.00	$4,874.27
Medical.....	.....			$3,878.98	$0.00	$3,878.98
				$8,761.25	$0.00	$8,761.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

695 - VCU FMD/PPD/Lock Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

695 - VCU FMD/PPD/Lock Shop

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,008.16	$0.00	$3,008.16
Medical.....	.....			$5,249.58	$0.00	$5,249.58
				$8,257.74	$0.00	$8,257.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$40.86	$0.00	$40.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$40.86	$0.00	$40.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$40.86	$0.00	$40.86
Indemnity.....	.....			$3,008.16	$0.00	$3,008.16
Medical.....	.....			$5,249.58	$0.00	$5,249.58
				$8,298.60	$0.00	$8,298.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

696 - VCU FMD/PPD/Asbestos Abatement

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

696 - VCU FMD/PPD/Asbestos Abatement

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$6,072.75**	**$0.00**	**$6,072.75**
Indemnity				**$283,967.85**	**$0.00**	**$283,967.85**
Medical				**$28,304.39**	**$0.00**	**$28,304.39**
				$318,344.99	**$0.00**	**$318,344.99**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,216.40**	**$0.00**	**$4,216.40**
Medical				**$3,411.99**	**$0.00**	**$3,411.99**
				$7,628.39	**$0.00**	**$7,628.39**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$250.95**	**$0.00**	**$250.95**
Medical				**$21.60**	**$0.00**	**$21.60**
				$272.55	**$0.00**	**$272.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$6,072.75**	**$0.00**	**$6,072.75**
Indemnity				**$288,435.20**	**$0.00**	**$288,435.20**
Medical				**$31,737.98**	**$0.00**	**$31,737.98**
				$326,245.93	**$0.00**	**$326,245.93**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

698 - VCU FMD/PPD/Clay/Leigh Street Zone

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

698 - VCU FMD/PPD/Clay/Leigh Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,716.13**	**$0.00**	**$1,716.13**
Medical				**$10,527.12**	**$0.00**	**$10,527.12**
				$12,243.25	**$0.00**	**$12,243.25**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,264.60**	**$0.00**	**$1,264.60**
				$1,306.60	**$0.00**	**$1,306.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,171.60**	**$0.00**	**$2,171.60**
				$2,171.60	**$0.00**	**$2,171.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$42.00**	**$0.00**	**$42.00**
Indemnity				**$1,716.13**	**$0.00**	**$1,716.13**
Medical				**$13,963.32**	**$0.00**	**$13,963.32**
				$15,721.45	**$0.00**	**$15,721.45**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

698 - VCU FMD/PPD/Clay/Leigh Street Zone

699 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$97.37	$0.00	$97.37
Indemnity.....	.....			$11,998.47	$0.00	$11,998.47
Medical.....	.....			$162,845.41	$0.00	$162,845.41
				$174,941.25	$0.00	$174,941.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$62.95	$0.00	$62.95
				$62.95	$0.00	$62.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,855.30	$0.00	$3,855.30
				$3,855.30	$0.00	$3,855.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

699 - VCU FMD/PPD/Marshall Street Zone

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.97	$0.00	$138.97
Medical.....	.....			$3,094.80	$0.00	$3,094.80
				$3,233.77	$0.00	$3,233.77
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$76.51	$0.00	$76.51
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,429.98	$0.00	$11,429.98
				$11,506.49	$0.00	$11,506.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22.98	$0.00	$22.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,001.81	$0.00	$1,001.81
				$1,024.79	$0.00	$1,024.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$196.86	$0.00	$196.86
Indemnity.....	.....			$12,137.44	$0.00	$12,137.44
Medical.....	.....			$182,290.25	$0.00	$182,290.25
				$194,624.55	$0.00	$194,624.55
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

69 - VCU ENGLISH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,093.15	$0.00	$4,093.15
				$4,093.15	$0.00	$4,093.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,093.15	$0.00	$4,093.15
				$4,093.15	$0.00	$4,093.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

700 - VCU FMD/PPD/Central Mechanical/Ele

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,255.70	$0.00	$2,255.70
				$2,255.70	$0.00	$2,255.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

700 - VCU FMD/PPD/Central Mechanical/Ele

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$416.80	$0.00	$416.80
				$416.80	$0.00	$416.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

700 - VCU FMD/PPD/Central Mechanical/Ele

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$6,355.49	$11,328.60	$17,684.09
Indemnity.....	.....			$256,320.85	$24,107.97	$280,428.82
Medical.....	.....			$259,561.95	$90,677.28	$350,239.23
				$522,238.29	$126,113.85	$648,352.14
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,355.49	$11,328.60	$17,684.09
Indemnity.....	.....			$256,320.85	$24,107.97	$280,428.82
Medical.....	.....			$262,234.45	$90,677.28	$352,911.73
				$524,910.79	$126,113.85	$651,024.64
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

701 - VCU FMD/PPD/Power Plant East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,366.43	$0.00	$2,366.43
				$2,366.43	$0.00	$2,366.43
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

701 - VCU FMD/PPD/Power Plant East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$471.22	$0.00	$471.22
				$471.22	$0.00	$471.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

701 - VCU FMD/PPD/Power Plant East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,533.09	$0.00	$1,533.09
				$1,533.09	$0.00	$1,533.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,016.09	$0.00	$2,016.09
Medical.....	.....			$3,053.20	$0.00	$3,053.20
				$5,077.29	$0.00	$5,077.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,098.65	$0.00	$5,098.65
				$5,098.65	$0.00	$5,098.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$37.99	$0.00	$37.99
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,259.10	$0.00	$4,259.10
				$4,297.09	$0.00	$4,297.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$45.99	$0.00	$45.99
Indemnity.....	.....			$2,016.09	$0.00	$2,016.09
Medical.....	.....			$16,781.69	$0.00	$16,781.69
				$18,843.77	$0.00	$18,843.77
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

702 - VCU FMD/PPD/Roofing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,002.39	$0.00	$5,002.39
Medical.....	.....			$0.00	$0.00	$0.00
				$5,002.39	$0.00	$5,002.39
# of Claims	1					
# Open	0	Recovery Amount:	-$2,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$541.20	$0.00	$541.20
				$541.20	$0.00	$541.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,002.39	$0.00	$5,002.39
Medical.....	.....			$541.20	$0.00	$541.20
				$5,543.59	$0.00	$5,543.59
# of Claims	9					
# Open	0	Recovery Amount:	-$2,000.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

702 - VCU FMD/PPD/Roofing

703 - VCU FMD/PPD Med Science Bldg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,538.38	$0.00	$1,538.38
Medical.....	.....			$1,167.90	$0.00	$1,167.90
				$2,706.28	$0.00	$2,706.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,205.51	$0.00	$3,205.51
Medical.....	.....			$22,133.39	$0.00	$22,133.39
				$25,338.90	$0.00	$25,338.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,743.89	$0.00	$4,743.89
Medical.....	.....			$23,301.29	$0.00	$23,301.29
				$28,045.18	$0.00	$28,045.18
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

705 - VCU Chemical Safety

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

705 - VCU Chemical Safety

WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.00	**$0.00**	**$24.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$1,600.47**	**$0.00**	**$1,600.47**
Medical		**$753.05**	**$0.00**	**$753.05**
		$2,361.52	**$0.00**	**$2,361.52**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$32.00**	**$0.00**	**$32.00**
Indemnity		**$1,600.47**	**$0.00**	**$1,600.47**
Medical		**$753.05**	**$0.00**	**$753.05**
		$2,385.52	**$0.00**	**$2,385.52**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

706 - VCU FMD/PPD/General Services

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

706 - VCU FMD/PPD/General Services

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$173.91**	**$0.00**	**$173.91**
				$173.91	**$0.00**	**$173.91**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,475.60**	**$0.00**	**$1,475.60**
Medical		**$5,319.43**	**$0.00**	**$5,319.43**
		$6,795.03	**$0.00**	**$6,795.03**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,220.62**	**$0.00**	**$3,220.62**
		$3,220.62	**$0.00**	**$3,220.62**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

706 - VCU FMD/PPD/General Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$594.15	$0.00	$594.15
				$594.15	$0.00	$594.15
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$4,573.58	$0.00	$4,573.58
Indemnity.....	.....			$80,808.89	$0.00	$80,808.89
Medical.....	.....			$201,949.16	$0.00	$201,949.16
				$287,331.63	$0.00	$287,331.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$105.37	$0.00	$105.37
Indemnity.....	.....			$8,449.44	$0.00	$8,449.44
Medical.....	.....			$28,645.04	$0.00	$28,645.04
				$37,199.85	$0.00	$37,199.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$42.30	$0.00	$42.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,261.84	$0.00	$2,261.84
				$2,304.14	$0.00	$2,304.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

706 - VCU FMD/PPD/General Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$4,721.25	$0.00	$4,721.25
Indemnity.....	.....			$90,733.93	$0.00	$90,733.93
Medical.....	.....			$242,164.15	$0.00	$242,164.15
				$337,619.33	$0.00	$337,619.33
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

707 - VCU Qatar

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,092.02	$0.00	$5,092.02
Medical.....	.....			$3,240.38	$0.00	$3,240.38
				$8,332.40	$0.00	$8,332.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

707 - VCU Qatar

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,844.24	$0.00	$1,844.24
				$1,852.24	$0.00	$1,852.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,092.02	$0.00	$5,092.02
Medical.....	.....			$5,084.62	$0.00	$5,084.62
				$10,184.64	$0.00	$10,184.64
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

708 - VCU FMD/PPD/Grounds East

Policy	Policy Period			Paid to Date	Outstanding	Incurred

236 - VIRGINIA COMMONWEALTH UNIVERSI

708 - VCU FMD/PPD/Grounds East

WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

708 - VCU FMD/PPD/Grounds East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.40	$0.00	$442.40
				$442.40	$0.00	$442.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,661.31	$0.00	$1,661.31
Medical.....	.....			$6,345.49	$0.00	$6,345.49
				$8,006.80	$0.00	$8,006.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$2,057.50	$0.00	$2,057.50
Medical.....	.....			$21,462.56	$0.00	$21,462.56
				$23,544.06	$0.00	$23,544.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

708 - VCU FMD/PPD/Grounds East

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$120.38	$0.00	$120.38
Medical.....	.....			$2,870.27	$0.00	$2,870.27
				$2,998.65	$0.00	$2,998.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$3,839.19	$0.00	$3,839.19
Medical.....	.....			$31,120.72	$0.00	$31,120.72
				$34,991.91	$0.00	$34,991.91
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

709 - VCU Radiation Sciences

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$32.28**	**$0.00**	**$32.28**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$690.63**	**$0.00**	**$690.63**
				$722.91	**$0.00**	**$722.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$32.28**	**$0.00**	**$32.28**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$690.63**	**$0.00**	**$690.63**
				$722.91	**$0.00**	**$722.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

70 - VCU ENGLISH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

711 - VCU Social Work-VISSTA Trainers

Policy	Policy Period	Paid to Date	Outstanding	Incurred

236 - VIRGINIA COMMONWEALTH UNIVERSI

711 - VCU Social Work-VISSTA Trainers

WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

712 - VCU Psychology-CPPYD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

713 - VCU Illustration, School of Arts

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

713 - VCU Illustration, School of Arts

WC2010	**7/1/2009 - 6/30/2010**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$836.25**	**$0.00**	**$836.25**
Medical				**$1,374.19**	**$0.00**	**$1,374.19**
				$2,218.44	**$0.00**	**$2,218.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$836.25**	**$0.00**	**$836.25**
Medical			**$1,374.19**	**$0.00**	**$1,374.19**
			$2,218.44	**$0.00**	**$2,218.44**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

716 - VCU FMD/MCVH Capital Programs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

716 - VCU FMD/MCVH Capital Programs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

717 - VCU Department of Pharmacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

717 - VCU Department of Pharmacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47.66	$0.00	$47.66
				$47.66	$0.00	$47.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

717 - VCU Department of Pharmacy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.66**	**$0.00**	**$47.66**
				$47.66	**$0.00**	**$47.66**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

719 - VCU Inst for Alcohol & Drg Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

719 - VCU Inst for Alcohol & Drg Studies

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

71 - VCU School of World Studies

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$13,177.62	$0.00	$13,177.62
Medical.....	.....	$9,158.68	$0.00	$9,158.68
		$22,336.30	$0.00	$22,336.30

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$2,230.64	$0.00	$2,230.64
		$2,230.64	$0.00	$2,230.64

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$3,686.93	$0.00	$3,686.93
Medical.....	.....	$31,729.83	$0.00	$31,729.83
		$35,416.76	$0.00	$35,416.76

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

71 - VCU School of World Studies

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34,966.01	$0.00	$34,966.01
				$34,974.01	$0.00	$34,974.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$21.22	$0.00	$21.22
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$21.22	$0.00	$21.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29.22	$0.00	$29.22
Indemnity.....	.....			$16,864.55	$0.00	$16,864.55
Medical.....	.....			$78,085.16	$0.00	$78,085.16
				$94,978.93	$0.00	$94,978.93
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

745 - VCU Foundations in Education

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.00**	**$0.00**	**$135.00**
				$135.00	**$0.00**	**$135.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$135.00**	**$0.00**	**$135.00**
				$135.00	**$0.00**	**$135.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

746 - VCU Recr, Parks and Sports Mgmt

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$286.13**	**$0.00**	**$286.13**
				$286.13	**$0.00**	**$286.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$286.13**	**$0.00**	**$286.13**
				$286.13	**$0.00**	**$286.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

747 - VCU Special Educ & Disability Plc

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

747 - VCU Special Educ & Disability Plc

WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$317.68**	**$0.00**	**$317.68**
		$317.68	**$0.00**	**$317.68**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,736.21**	**$0.00**	**$3,736.21**
		$3,736.21	**$0.00**	**$3,736.21**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**-$3,736.21**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$661.03**	**$0.00**	**$661.03**
		$661.03	**$0.00**	**$661.03**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

747 - VCU Special Educ & Disability Plc

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,301.07	$0.00	$4,301.07
Medical.....	.....			$31,990.51	$0.00	$31,990.51
				$36,299.58	$0.00	$36,299.58
# of Claims	1					
# Open	0	Recovery Amount:	-$23,952.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$234.87	$0.00	$234.87
				$234.87	$0.00	$234.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,301.07	$0.00	$4,301.07
Medical.....	.....			$36,940.30	$0.00	$36,940.30
				$41,249.37	$0.00	$41,249.37
# of Claims	17					
# Open	0	Recovery Amount:	-$27,688.65			

748 - VCU Teacher Ed Health and PhysEd

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

748 - VCU Teacher Ed Health and PhysEd

WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

749 - VCU Teaching and Learning

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,229.91**	**$0.00**	**$1,229.91**
				$1,229.91	**$0.00**	**$1,229.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$287.56**	**$0.00**	**$287.56**
				$287.56	**$0.00**	**$287.56**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

749 - VCU Teaching and Learning

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$761.04	$0.00	$761.04
				$761.04	$0.00	$761.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$520.07	$0.00	$520.07
				$520.07	$0.00	$520.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.07	$0.00	$33.07
				$57.07	$0.00	$57.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

749 - VCU Teaching and Learning

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$330.31	$0.00	$330.31
				$330.31	$0.00	$330.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,161.96	$0.00	$3,161.96
				$3,185.96	$0.00	$3,185.96
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

750 - VCU Commonwealth Educ. Policy Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

750 - VCU Commonwealth Educ. Policy Inst

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

751 - VCU VA Adult Lrng Resource Ctr

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**			
Expense		**$30.00**	**$0.00**	**$30.00**
Indemnity		**$631.56**	**$0.00**	**$631.56**
Medical		**$17,303.53**	**$0.00**	**$17,303.53**
		$17,965.09	**$0.00**	**$17,965.09**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$705.50**	**$0.00**	**$705.50**
		$705.50	**$0.00**	**$705.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$30.00**	**$0.00**	**$30.00**
Indemnity	**$631.56**	**$0.00**	**$631.56**
Medical	**$18,009.03**	**$0.00**	**$18,009.03**
	$18,670.59	**$0.00**	**$18,670.59**

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

752 - VCU MERC

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

752 - VCU MERC

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

75 - VCU Dept Math & Applied Mathematics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

75 - VCU Dept Math & Applied Mathematics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.65	$0.00	$195.65
				$195.65	$0.00	$195.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$782.90	$0.00	$782.90
				$782.90	$0.00	$782.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.46	$0.00	$230.46
				$230.46	$0.00	$230.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

75 - VCU Dept Math & Applied Mathematics

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,209.01	$0.00	$1,209.01
				$1,209.01	$0.00	$1,209.01
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

76 - VCU MATHEMATICAL SCIENCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

77 - VCU PHILOSOPHY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

236 - VIRGINIA COMMONWEALTH UNIVERSI

77 - VCU PHILOSOPHY

WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$592.36**	**$0.00**	**$592.36**
				$592.36	**$0.00**	**$592.36**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$592.36**	**$0.00**	**$592.36**
				$592.36	**$0.00**	**$592.36**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

78 - VCU PHIL & RELIGIOUS STUDIES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

79 - VCU PHYSICS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

79 - VCU PHYSICS

WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$315.51**	**$0.00**	**$315.51**
			$315.51	**$0.00**	**$315.51**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$130.50**	**$0.00**	**$130.50**
		$130.50	**$0.00**	**$130.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$243.43**	**$0.00**	**$243.43**
Medical		**$640.79**	**$0.00**	**$640.79**
		$892.22	**$0.00**	**$892.22**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

79 - VCU PHYSICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$582.00**	**$0.00**	**$582.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,501.88**	**$0.00**	**$2,501.88**
				$3,083.88	**$0.00**	**$3,083.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$590.00**	**$0.00**	**$590.00**
Indemnity				**$243.43**	**$0.00**	**$243.43**
Medical				**$3,588.68**	**$0.00**	**$3,588.68**
				$4,422.11	**$0.00**	**$4,422.11**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

80 - VCU PHYSICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$59.00**	**$0.00**	**$59.00**
				$59.00	**$0.00**	**$59.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$59.00**	**$0.00**	**$59.00**
				$59.00	**$0.00**	**$59.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

80 - VCU PHYSICS

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

81 - VCU Gov't & Public Aff, School of

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$97.23	$0.00	$97.23
		$97.23	$0.00	$97.23

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$97.23	$0.00	$97.23
		$97.23	$0.00	$97.23

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

83 - VCU PSYCHOLOGY

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

83 - VCU PSYCHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$93.06**	**$0.00**	**$93.06**
Medical				**$209.00**	**$0.00**	**$209.00**
				$302.06	**$0.00**	**$302.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$251.39**	**$0.00**	**$251.39**
				$251.39	**$0.00**	**$251.39**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

83 - VCU PSYCHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$230.95	$0.00	$230.95
				$230.95	$0.00	$230.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$522.94	$0.00	$522.94
				$522.94	$0.00	$522.94
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,133.15	$0.00	$1,133.15
				$1,133.15	$0.00	$1,133.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

83 - VCU PSYCHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,921.05	$0.00	$3,921.05
				$3,921.05	$0.00	$3,921.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$318.59	$0.00	$318.59
				$318.59	$0.00	$318.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.06	$0.00	$93.06
Medical.....	.....			$6,587.07	$0.00	$6,587.07
				$6,680.13	$0.00	$6,680.13
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

84 - VCU PSYCHOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,617.13**	**$0.00**	**$9,617.13**
Medical				**$93,047.68**	**$0.00**	**$93,047.68**
				$102,664.81	**$0.00**	**$102,664.81**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,617.13**	**$0.00**	**$9,617.13**
Medical				**$93,047.68**	**$0.00**	**$93,047.68**
				$102,664.81	**$0.00**	**$102,664.81**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

84 - VCU PSYCHOLOGY

85 - VCU Department of Sociology

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$285.66**	**$0.00**	**$285.66**
				$285.66	**$0.00**	**$285.66**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$764.59**	**$0.00**	**$764.59**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,104.30**	**$0.00**	**$6,104.30**
				$6,868.89	**$0.00**	**$6,868.89**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$70.00**	**$0.00**	**$70.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$70.00	**$0.00**	**$70.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$834.59**	**$0.00**	**$834.59**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,389.96**	**$0.00**	**$6,389.96**
				$7,224.55	**$0.00**	**$7,224.55**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

86 - VCU SOCIOLOGY & ANTHROPOLOGY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

86 - VCU SOCIOLOGY & ANTHROPOLOGY

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$35.37**	**$0.00**	**$35.37**
			$35.37	**$0.00**	**$35.37**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$568.29**	**$0.00**	**$568.29**
		$568.29	**$0.00**	**$568.29**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$603.66**	**$0.00**	**$603.66**
		$603.66	**$0.00**	**$603.66**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

87 - VCU MASS COMMUNICATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$137.29**	**$0.00**	**$137.29**
		$137.29	**$0.00**	**$137.29**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

87 - VCU MASS COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45.74	$0.00	$45.74
Medical.....	.....			$0.00	$0.00	$0.00
				$45.74	$0.00	$45.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$369.20	$0.00	$369.20
				$369.20	$0.00	$369.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.00	$0.00	$7.00
				$7.00	$0.00	$7.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

87 - VCU MASS COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$265.91	$0.00	$265.91
				$265.91	$0.00	$265.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.59	$0.00	$197.59
				$197.59	$0.00	$197.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45.74	$0.00	$45.74
Medical.....	.....			$976.99	$0.00	$976.99
				$1,022.73	$0.00	$1,022.73
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

88 - VCU MASS COMMUNICATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.33	$0.00	$195.33
				$195.33	$0.00	$195.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.33	$0.00	$195.33
				$195.33	$0.00	$195.33

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

88 - VCU MASS COMMUNICATION

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

8 - VCU-Assoc VP Bus Serv & Treasurer

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$36.00	$0.00	$36.00
		$36.00	$0.00	$36.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004			
Expense.....	.....	$163.95	$0.00	$163.95
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$163.95	$0.00	$163.95

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$163.95	$0.00	$163.95
Indemnity.....	.....	$0.00	$0.00	$0.00

236 - VIRGINIA COMMONWEALTH UNIVERSI

8 - VCU-Assoc VP Bus Serv & Treasurer

Medical			**$36.00**	**$0.00**	**$36.00**
			$199.95	**$0.00**	**$199.95**
# of Claims	**6**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

92 - VCU ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$730.47**	**$0.00**	**$730.47**
				$730.47	**$0.00**	**$730.47**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$24.78**	**$0.00**	**$24.78**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,384.65**	**$0.00**	**$4,384.65**
				$4,409.43	**$0.00**	**$4,409.43**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$965.60**	**$0.00**	**$965.60**
				$965.60	**$0.00**	**$965.60**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$12.22**	**$0.00**	**$12.22**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$12.22	**$0.00**	**$12.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

92 - VCU ENGINEERING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$21.84	$0.00	$21.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,251.84	$0.00	$1,251.84
				$1,273.68	$0.00	$1,273.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$58.84	$0.00	$58.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,332.56	$0.00	$7,332.56
				$7,391.40	$0.00	$7,391.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

93 - VCU BUSINESS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$482.85	$0.00	$482.85
				$482.85	$0.00	$482.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

93 - VCU BUSINESS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.00	$0.00	$233.00
				$233.00	$0.00	$233.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

93 - VCU BUSINESS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,432.35	$0.00	$1,432.35
				$1,432.35	$0.00	$1,432.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.23	$0.00	$170.23
				$170.23	$0.00	$170.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

93 - VCU BUSINESS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,835.01	$0.00	$1,835.01
				$1,835.01	$0.00	$1,835.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,153.44	$0.00	$4,153.44
				$4,153.44	$0.00	$4,153.44
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

94 - VCU ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

94 - VCU ACCOUNTING

WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

96 - VCU MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

96 - VCU MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$452.44	$0.00	$452.44
Medical.....	.....			$0.00	$0.00	$0.00
				$452.44	$0.00	$452.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$452.44	$0.00	$452.44
Medical.....	.....			$0.00	$0.00	$0.00
				$452.44	$0.00	$452.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

97 - VCU ECONOMICS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$950.31	$0.00	$950.31
				$950.31	$0.00	$950.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.97	$10,782.03	$10,980.00
				$197.97	$10,882.03	$11,080.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$100.00	$100.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,148.28	$10,782.03	$11,930.31
				$1,148.28	$10,882.03	$12,030.31

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

97 - VCU ECONOMICS

# of Claims 2

 # Open 1 **Recovery Amount:** $0.00

98 - VCU GRADUATE STUDIES

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$100.00	$0.00	$100.00
		$100.00	$0.00	$100.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$369.00	$0.00	$369.00
		$369.00	$0.00	$369.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$46.61	$0.00	$46.61
		$46.61	$0.00	$46.61

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$515.61	$0.00	$515.61
		$515.61	$0.00	$515.61

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

99 - VCU INFORMATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

99 - VCU INFORMATION

WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$448.04**	**$0.00**	**$448.04**
			$448.04	**$0.00**	**$448.04**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$448.04**	**$0.00**	**$448.04**
			$448.04	**$0.00**	**$448.04**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

9 - VCU STUDENT ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18.83**	**$0.00**	**$18.83**
Medical				**$270.36**	**$0.00**	**$270.36**
				$289.19	**$0.00**	**$289.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

9 - VCU STUDENT ACCOUNTING

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18.83	$0.00	$18.83
Medical.....	.....			$270.36	$0.00	$270.36
				$289.19	$0.00	$289.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$1,660.76	$0.00	$1,660.76
Indemnity.....	.....			$137,294.68	$0.00	$137,294.68
Medical.....	.....			$91,864.65	$0.00	$91,864.65
				$230,820.09	$0.00	$230,820.09
# of Claims	342					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$4,533.58	$0.00	$4,533.58
Indemnity.....	.....			$271,715.50	$0.00	$271,715.50
Medical.....	.....			$342,807.78	$0.00	$342,807.78
				$619,056.86	$0.00	$619,056.86
# of Claims	354					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$445.20	$0.00	$445.20
Indemnity.....	.....			$43,809.47	$0.00	$43,809.47
Medical.....	.....			$107,503.23	$0.00	$107,503.23
				$151,757.90	$0.00	$151,757.90
# of Claims	313					
# Open	0	Recovery Amount:	-$2,149.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.64	$0.00	$90.64
				$90.64	$0.00	$90.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.05	$0.00	$461.05
				$461.05	$0.00	$461.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$676.50	$0.00	$676.50
Medical.....	.....			$4,069.11	$0.00	$4,069.11
				$4,745.61	$0.00	$4,745.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,806.00	$0.00	$1,806.00
Medical.....	.....			$7,860.02	$0.00	$7,860.02
				$9,666.02	$0.00	$9,666.02
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$417.85	$0.00	$417.85
Indemnity.....	.....			$17,668.38	$0.00	$17,668.38
Medical.....	.....			$82,743.74	$0.00	$82,743.74
				$100,829.97	$0.00	$100,829.97
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,070.56	$0.00	$1,070.56
Indemnity.....	.....			$13,056.26	$0.00	$13,056.26
Medical.....	.....			$331,102.19	$0.00	$331,102.19
				$345,229.01	$0.00	$345,229.01
# of Claims	59					
# Open	0	Recovery Amount:	-$414.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$97.96	$0.00	$97.96
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16.00	$0.00	$16.00
				$113.96	$0.00	$113.96
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,413.36	$0.00	$2,413.36
Medical.....	.....			$5,564.43	$0.00	$5,564.43
				$7,977.79	$0.00	$7,977.79
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$121.89	$0.00	$121.89
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$340.21	$0.00	$340.21
				$462.10	$0.00	$462.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$17.30	$0.00	$17.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,478.11	$0.00	$6,478.11
				$6,495.41	$0.00	$6,495.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.72	$0.00	$356.72
				$356.72	$0.00	$356.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

236 - VIRGINIA COMMONWEALTH UNIVERSI

S236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$343.82**	**$343.82**
Indemnity				**$0.00**	**$30,960.00**	**$30,960.00**
Medical				**$22,986.57**	**$37,551.32**	**$60,537.89**
				$22,986.57	**$68,855.14**	**$91,841.71**
# of Claims	**16**					
# Open	**2**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8,373.10**	**$343.82**	**$8,716.92**
Indemnity				**$488,440.15**	**$30,960.00**	**$519,400.15**
Medical				**$1,004,244.45**	**$37,551.32**	**$1,041,795.77**
				$1,501,057.70	**$68,855.14**	**$1,569,912.84**
# of Claims	**1,220**					
# Open	**2**	**Recovery Amount:**	**-$2,564.58**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

237 - VCU Consigned Claims

236 - Virginia Commonwealth University

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1974	**7/1/1973 - 6/30/1974**					
Expense.....	.....			**$242.86**	**$3,757.14**	**$4,000.00**
Indemnity.....	.....			**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	.....			**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,529.14	**$150,460.91**	**$381,990.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$242.86**	**$3,757.14**	**$4,000.00**
Indemnity.....	.....			**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	.....			**$191,207.47**	**$146,703.77**	**$337,911.24**
				$231,529.14	**$150,460.91**	**$381,990.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$58,261.67	$234.00	$58,495.67
Indemnity.....	.....			$133,015.12	$0.00	$133,015.12
Medical.....	.....			$2,895,543.29	$713,672.13	$3,609,215.42
				$3,086,820.08	$713,906.13	$3,800,726.21
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,495.39	$0.00	$1,495.39
Medical.....	.....			$15,082.70	$0.00	$15,082.70
				$16,578.09	$0.00	$16,578.09
# of Claims	35					
# Open	0	Recovery Amount:	-$2,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$14,045.70	$0.00	$14,045.70
Medical.....	.....			$20,840.60	$0.00	$20,840.60
				$35,269.80	$0.00	$35,269.80
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,953.08	$0.00	$1,953.08
Medical.....	.....			$7,316.76	$0.00	$7,316.76
				$9,269.84	$0.00	$9,269.84
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$775.00	$0.00	$775.00
Indemnity.....	.....			$13,058.55	$0.00	$13,058.55
Medical.....	.....			$22,435.40	$0.00	$22,435.40
				$36,268.95	$0.00	$36,268.95
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,861.70	$0.00	$4,861.70
Medical.....	.....			$17,915.88	$0.00	$17,915.88
				$22,777.58	$0.00	$22,777.58
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$47.00	$0.00	$47.00
Indemnity.....	.....			$3,530.68	$0.00	$3,530.68
Medical.....	.....			$20,992.33	$0.00	$20,992.33
				$24,570.01	$0.00	$24,570.01
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$6.00	$0.00	$6.00
Indemnity.....	.....			$6,772.89	$0.00	$6,772.89
Medical.....	.....			$61,203.08	$0.00	$61,203.08
				$67,981.97	$0.00	$67,981.97
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,293.13	$0.00	$1,293.13
				$1,293.13	$0.00	$1,293.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,505.40	$0.00	$5,505.40
				$5,505.40	$0.00	$5,505.40
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33,515.41	$0.00	$33,515.41
Medical.....	.....			$27,153.95	$0.00	$27,153.95
				$60,669.36	$0.00	$60,669.36
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,506.63	$0.00	$10,506.63
				$10,506.63	$0.00	$10,506.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,751.65	$0.00	$13,751.65
Medical.....	.....			$19,718.20	$0.00	$19,718.20
				$33,469.85	$0.00	$33,469.85
# of Claims	25					
# Open	0	Recovery Amount:	-$537.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$204.80	$0.00	$204.80
Medical.....	.....			$5,800.53	$0.00	$5,800.53
				$6,005.33	$0.00	$6,005.33
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,127.75	$0.00	$3,127.75
				$3,127.75	$0.00	$3,127.75
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,185.41	$0.00	$6,185.41
Medical.....	.....			$23,596.16	$0.00	$23,596.16
				$29,781.57	$0.00	$29,781.57
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,721.10	$0.00	$5,721.10
Medical.....	.....			$9,613.96	$0.00	$9,613.96
				$15,335.06	$0.00	$15,335.06
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$437.33	$0.00	$437.33
Medical.....	.....			$1,808.70	$0.00	$1,808.70
				$2,246.03	$0.00	$2,246.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,388.02	$0.00	$1,388.02
Medical.....	.....			$11,333.60	$0.00	$11,333.60
				$12,721.62	$0.00	$12,721.62
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,619.51	$0.00	$1,619.51
				$1,619.51	$0.00	$1,619.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,236.00	$0.00	$1,236.00
				$1,236.00	$0.00	$1,236.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$646.67	$0.00	$646.67
				$646.67	$0.00	$646.67
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$78.00	$0.00	$78.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,039.70	$0.00	$3,039.70
				$3,117.70	$0.00	$3,117.70
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$86.67	$0.00	$86.67
Medical.....	.....			$8,695.01	$0.00	$8,695.01
				$8,781.68	$0.00	$8,781.68
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$128.38	$0.00	$128.38
Medical.....	.....			$5,792.20	$0.00	$5,792.20
				$5,920.58	$0.00	$5,920.58
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$35.58	$0.00	$35.58
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,897.66	$0.00	$7,897.66
				$7,933.24	$0.00	$7,933.24
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$73.00	$0.00	$73.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,350.84	$0.00	$10,350.84
				$10,423.84	$0.00	$10,423.84
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,690.14	$0.00	$10,690.14
				$10,690.14	$0.00	$10,690.14
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,399.49	$0.00	$24,399.49
				$24,399.49	$0.00	$24,399.49
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,047.11	$0.00	$9,047.11
				$9,047.11	$0.00	$9,047.11
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$47.37	$0.00	$47.37
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,217.93	$0.00	$27,217.93
				$27,265.30	$0.00	$27,265.30
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$166.09	$0.00	$166.09
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,493.72	$0.00	$5,493.72
				$5,659.81	$0.00	$5,659.81
# of Claims	7					
# Open	0	Recovery Amount:	-$1,710.92			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$101.68	$0.00	$101.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,132.26	$0.00	$2,132.26
				$2,233.94	$0.00	$2,233.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$243.00	$0.00	$243.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,601.88	$0.00	$9,601.88
				$9,844.88	$0.00	$9,844.88
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$80.00	$0.00	$80.00
Indemnity.....	.....			$14,648.93	$0.00	$14,648.93
Medical.....	.....			$15,994.71	$0.00	$15,994.71
				$30,723.64	$0.00	$30,723.64
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$68.90	$0.00	$68.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,959.63	$0.00	$1,959.63
				$2,028.53	$0.00	$2,028.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

238 - VA MUSEUM OF FINE ARTS

S238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$41.68**	**$50.00**	**$91.68**
Indemnity				**$1,443.47**	**$0.00**	**$1,443.47**
Medical				**$527.92**	**$3,600.00**	**$4,127.92**
				$2,013.07	**$3,650.00**	**$5,663.07**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$60,408.47**	**$284.00**	**$60,692.47**
Indemnity				**$256,244.28**	**$0.00**	**$256,244.28**
Medical				**$3,327,130.43**	**$717,272.13**	**$4,044,402.56**
				$3,643,783.18	**$717,556.13**	**$4,361,339.31**
# of Claims	**699**					
# Open	**2**	**Recovery Amount:**	**-$4,748.57**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,812.62	$0.00	$3,812.62
Medical.....	.....			$7,683.48	$0.00	$7,683.48
				$11,496.10	$0.00	$11,496.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$949.12	$0.00	$949.12
Medical.....	.....			$3,738.02	$0.00	$3,738.02
				$4,687.14	$0.00	$4,687.14
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$487.50	$0.00	$487.50
Indemnity.....	.....			$1,097.33	$0.00	$1,097.33
Medical.....	.....			$16,814.29	$0.00	$16,814.29
				$18,399.12	$0.00	$18,399.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,964.10	$0.00	$1,964.10
				$1,964.10	$0.00	$1,964.10
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,997.21	$0.00	$1,997.21
				$1,997.21	$0.00	$1,997.21
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$426.60	$0.00	$426.60
Medical.....	.....			$8,558.59	$0.00	$8,558.59
				$8,985.19	$0.00	$8,985.19
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,293.36	$0.00	$3,293.36
				$3,293.36	$0.00	$3,293.36
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,214.48	$0.00	$1,214.48
				$1,214.48	$0.00	$1,214.48
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,859.29	$0.00	$2,859.29
				$2,859.29	$0.00	$2,859.29
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2.00	$0.00	$2.00
Indemnity.....	.....			$2,950.07	$0.00	$2,950.07
Medical.....	.....			$30,408.68	$0.00	$30,408.68
				$33,360.75	$0.00	$33,360.75
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29,924.40	$0.00	$29,924.40
				$29,924.40	$0.00	$29,924.40
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,037.52	$0.00	$6,037.52
				$6,037.52	$0.00	$6,037.52
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,337.75	$0.00	$3,337.75
				$3,337.75	$0.00	$3,337.75
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$6,888.16	$0.00	$6,888.16
Indemnity.....	.....			$137,270.82	$0.00	$137,270.82
Medical.....	.....			$186,635.22	$0.00	$186,635.22
				$330,794.20	$0.00	$330,794.20
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,622.16	$0.00	$5,622.16
Medical.....	.....			$16,780.40	$0.00	$16,780.40
				$22,402.56	$0.00	$22,402.56
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$3,842.83	$0.00	$3,842.83
Indemnity.....	.....			$38,218.51	$0.00	$38,218.51
Medical.....	.....			$286,431.27	$0.00	$286,431.27
				$328,492.61	$0.00	$328,492.61
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,122.91	$0.00	$2,122.91
				$2,122.91	$0.00	$2,122.91
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,355.62	$0.00	$3,355.62
				$3,355.62	$0.00	$3,355.62
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,473.14	$0.00	$2,473.14
				$2,473.14	$0.00	$2,473.14
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$447.12	$0.00	$447.12
				$447.12	$0.00	$447.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,864.34	$0.00	$1,864.34
				$1,864.34	$0.00	$1,864.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$119.16	$0.00	$119.16
Indemnity.....	.....			$1,650.20	$0.00	$1,650.20
Medical.....	.....			$16,103.81	$0.00	$16,103.81
				$17,873.17	$0.00	$17,873.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,038.62	$0.00	$3,038.62
				$3,038.62	$0.00	$3,038.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$887.52	$0.00	$887.52
				$887.52	$0.00	$887.52
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$603.00	$0.00	$603.00
				$603.00	$0.00	$603.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,408.34	$0.00	$2,408.34
				$2,408.34	$0.00	$2,408.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$57,391.85	$0.00	$57,391.85
Medical.....	.....			$91,478.19	$0.00	$91,478.19
				$148,886.04	$0.00	$148,886.04
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,848.23	$0.00	$1,848.23
				$1,856.23	$0.00	$1,856.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,419.52	$0.00	$4,419.52
Medical.....	.....			$42,439.45	$0.00	$42,439.45
				$46,866.97	$0.00	$46,866.97
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,706.05	$0.00	$2,706.05
				$2,706.05	$0.00	$2,706.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$30.68	$0.00	$30.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,110.03	$0.00	$24,110.03
				$24,140.71	$0.00	$24,140.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22.68	$0.00	$22.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,247.28	$0.00	$1,247.28
				$1,269.96	$0.00	$1,269.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

239 - VA FRONTIER CULTURE MUSEUM

S239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,087.91**	**$0.00**	**$4,087.91**
				$4,095.91	**$0.00**	**$4,095.91**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$21.40**	**$0.00**	**$21.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,897.55**	**$0.00**	**$1,897.55**
				$1,918.95	**$0.00**	**$1,918.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$54.50**	**$127.66**	**$182.16**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$799.82**	**$8,526.50**	**$9,326.32**
				$854.32	**$8,654.16**	**$9,508.48**
# of Claims	**5**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,508.91**	**$127.66**	**$11,636.57**
Indemnity				**$253,808.80**	**$0.00**	**$253,808.80**
Medical				**$811,596.99**	**$8,526.50**	**$820,123.49**
				$1,076,914.70	**$8,654.16**	**$1,085,568.86**
# of Claims	**379**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

100 - RBC Resident Advisors

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$56.25**	**$0.00**	**$56.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$56.25	**$0.00**	**$56.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$56.25**	**$0.00**	**$56.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$56.25	**$0.00**	**$56.25**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$332.98**	**$0.00**	**$332.98**
				$332.98	**$0.00**	**$332.98**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$274.20**	**$0.00**	**$274.20**
				$274.20	**$0.00**	**$274.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$753.08	$0.00	$753.08
				$753.08	$0.00	$753.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$464.03	$0.00	$464.03
				$464.03	$0.00	$464.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.40	$0.00	$645.40
				$645.40	$0.00	$645.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$99.25	$0.00	$99.25
				$99.25	$0.00	$99.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$480.05	$0.00	$480.05
Medical.....	.....			$803.03	$0.00	$803.03
				$1,283.08	$0.00	$1,283.08
# of Claims	2					
# Open	0	Recovery Amount:	-$208.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$728.11	$0.00	$728.11
				$728.11	$0.00	$728.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,070.00	$0.00	$1,070.00
Indemnity.....	.....			$432.44	$0.00	$432.44
Medical.....	.....			$15,803.90	$0.00	$15,803.90
				$17,306.34	$0.00	$17,306.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$437.96	$0.00	$437.96
				$437.96	$0.00	$437.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,356.00	$0.00	$2,356.00
Indemnity.....	.....			$81,528.01	$0.00	$81,528.01
Medical.....	.....			$19,050.74	$0.00	$19,050.74
				$102,934.75	$0.00	$102,934.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.72	$0.00	$137.72
				$137.72	$0.00	$137.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,367.30	$0.00	$2,367.30
				$2,367.30	$0.00	$2,367.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$413.56	$0.00	$413.56
Medical.....	.....			$2,781.90	$0.00	$2,781.90
				$3,195.46	$0.00	$3,195.46
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$837.87	$0.00	$837.87
				$837.87	$0.00	$837.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,445.16	$0.00	$3,445.16
Medical.....	.....			$5,541.00	$0.00	$5,541.00
				$8,986.16	$0.00	$8,986.16
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,492.03	$0.00	$1,492.03
				$1,547.53	$0.00	$1,547.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.76	$0.00	$110.76
				$203.26	$0.00	$203.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$930.72	$0.00	$930.72
				$1,023.22	$0.00	$1,023.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$815.94	$0.00	$815.94
				$889.94	$0.00	$889.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$145.72	$0.00	$145.72
Medical.....	.....			$1,525.05	$0.00	$1,525.05
				$1,781.77	$0.00	$1,781.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.50	$0.00	$124.50
				$124.50	$0.00	$124.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$239.73	$0.00	$239.73
Medical.....	.....			$12,470.52	$0.00	$12,470.52
				$12,710.25	$0.00	$12,710.25
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,939.33	$0.00	$2,939.33
				$2,963.33	$0.00	$2,963.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$867.85	$0.00	$867.85
				$867.85	$0.00	$867.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.40	$0.00	$593.40
				$593.40	$0.00	$593.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,597.95	$0.00	$2,597.95
				$2,597.95	$0.00	$2,597.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$58.83	$0.00	$58.83
Indemnity.....	.....			$208.92	$0.00	$208.92
Medical.....	.....			$21,991.07	$0.00	$21,991.07
				$22,258.82	$0.00	$22,258.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$27.49	$0.00	$27.49
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,976.99	$0.00	$1,976.99
				$2,004.48	$0.00	$2,004.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$124.06	$0.00	$124.06
Indemnity.....	.....			$484.24	$0.00	$484.24
Medical.....	.....			$7,388.25	$0.00	$7,388.25
				$7,996.55	$0.00	$7,996.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

S241 - RICHARD BLAND COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$123.46	$0.00	$123.46
Indemnity.....	.....			$7,148.89	$0.00	$7,148.89
Medical.....	.....			$99,585.17	$0.00	$99,585.17
				$106,857.52	$0.00	$106,857.52
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$29.10	$0.00	$29.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.90	$0.00	$64.90
				$94.00	$0.00	$94.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$416.14	$0.00	$416.14
				$424.14	$0.00	$424.14
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,246.44	$0.00	$4,246.44
Indemnity.....	.....			$94,526.72	$0.00	$94,526.72
Medical.....	.....			$206,949.04	$0.00	$206,949.04
				$305,722.20	$0.00	$305,722.20
# of Claims	133					
# Open	0	Recovery Amount:	-$208.40			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

241 - RICHARD BLAND COLLEGE

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,282.85	$0.00	$21,282.85
Medical.....	.....			$50,011.02	$0.00	$50,011.02
				$71,293.87	$0.00	$71,293.87
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,083.47	$0.00	$1,083.47
Medical.....	.....			$4,631.34	$0.00	$4,631.34
				$5,714.81	$0.00	$5,714.81
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,104.74	$0.00	$5,104.74
				$5,104.74	$0.00	$5,104.74
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$187.50	$0.00	$187.50
Indemnity.....	.....			$1,298.11	$0.00	$1,298.11
Medical.....	.....			$18,803.15	$0.00	$18,803.15
				$20,288.76	$0.00	$20,288.76
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,158.75	$0.00	$1,158.75
Indemnity.....	.....			$3,326.20	$0.00	$3,326.20
Medical.....	.....			$10,385.59	$0.00	$10,385.59
				$14,870.54	$0.00	$14,870.54
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,576.59	$0.00	$8,576.59
Medical.....	.....			$18,396.73	$0.00	$18,396.73
				$26,973.32	$0.00	$26,973.32
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,470.27	$0.00	$8,470.27
Medical.....	.....			$18,165.72	$0.00	$18,165.72
				$26,635.99	$0.00	$26,635.99
# of Claims	30					
# Open	0	Recovery Amount:	-$735.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,103.70	$0.00	$3,103.70
				$3,103.70	$0.00	$3,103.70
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,912.16	$0.00	$5,912.16
				$5,912.16	$0.00	$5,912.16
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,573.68	$0.00	$2,573.68
				$2,573.68	$0.00	$2,573.68
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,169.70	$80.00	$1,249.70
Indemnity.....	.....			$1,152.65	$0.00	$1,152.65
Medical.....	.....			$778,801.76	$152,390.11	$931,191.87
				$781,124.11	$152,470.11	$933,594.22
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$477.60	$0.00	$477.60
Medical.....	.....			$8,224.34	$0.00	$8,224.34
				$8,701.94	$0.00	$8,701.94
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,466.09	$0.00	$2,466.09
Medical.....	.....			$32,757.39	$0.00	$32,757.39
				$35,223.48	$0.00	$35,223.48
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$155.80	$0.00	$155.80
Indemnity.....	.....			$234,089.25	$0.00	$234,089.25
Medical.....	.....			$122,826.84	$0.00	$122,826.84
				$357,071.89	$0.00	$357,071.89
# of Claims	19					
# Open	0	Recovery Amount:	-$203.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$13,696.00	$0.00	$13,696.00
Indemnity.....	.....			$291,710.90	$0.00	$291,710.90
Medical.....	.....			$198,258.65	$0.00	$198,258.65
				$503,665.55	$0.00	$503,665.55
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,870.36	$0.00	$1,870.36
Medical.....	.....			$7,955.39	$0.00	$7,955.39
				$9,825.75	$0.00	$9,825.75
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$721.94	$0.00	$721.94
Medical.....	.....			$6,699.52	$0.00	$6,699.52
				$7,421.46	$0.00	$7,421.46
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,431.28	$0.00	$1,431.28
Medical.....	.....			$17,063.40	$0.00	$17,063.40
				$18,494.68	$0.00	$18,494.68
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$441.00	$0.00	$441.00
Indemnity.....	.....			$335.94	$0.00	$335.94
Medical.....	.....			$39,778.55	$0.00	$39,778.55
				$40,555.49	$0.00	$40,555.49
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$69.88	$0.00	$69.88
Medical.....	.....			$15,170.28	$0.00	$15,170.28
				$15,240.16	$0.00	$15,240.16
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$479.85	$0.00	$479.85
Indemnity.....	.....			$21,670.26	$0.00	$21,670.26
Medical.....	.....			$97,394.98	$0.00	$97,394.98
				$119,545.09	$0.00	$119,545.09
# of Claims	51					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$78.62	$0.00	$78.62
Indemnity.....	.....			$3,644.66	$0.00	$3,644.66
Medical.....	.....			$85,809.17	$0.00	$85,809.17
				$89,532.45	$0.00	$89,532.45
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$12,294.80	$0.00	$12,294.80
Indemnity.....	.....			$179,616.25	$0.00	$179,616.25
Medical.....	.....			$104,301.58	$0.00	$104,301.58
				$296,212.63	$0.00	$296,212.63
# of Claims	54					
# Open	0	Recovery Amount:	-$291.87			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$18,910.70	$0.00	$18,910.70
Indemnity.....	.....			$20,152.45	$0.00	$20,152.45
Medical.....	.....			$31,097.17	$0.00	$31,097.17
				$70,160.32	$0.00	$70,160.32
# of Claims	48					
# Open	0	Recovery Amount:	-$85.57			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,954.44	$0.00	$9,954.44
Medical.....	.....			$25,019.77	$0.00	$25,019.77
				$34,974.21	$0.00	$34,974.21
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$803.23	$0.00	$803.23
Indemnity.....	.....			$7,730.15	$0.00	$7,730.15
Medical.....	.....			$85,974.74	$0.00	$85,974.74
				$94,508.12	$0.00	$94,508.12
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$149.75	$0.00	$149.75
Indemnity.....	.....			$1,243.49	$0.00	$1,243.49
Medical.....	.....			$21,418.22	$0.00	$21,418.22
				$22,811.46	$0.00	$22,811.46
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$19,662.17	$5,280.22	$24,942.39
Indemnity.....	.....			$116,816.94	$2,080.54	$118,897.48
Medical.....	.....			$39,047.75	$87,757.74	$126,805.49
				$175,526.86	$95,118.50	$270,645.36
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$20,315.45	$2,751.06	$23,066.51
Indemnity.....	.....			$112,952.38	$9,947.94	$122,900.32
Medical.....	.....			$246,723.11	$13,460.50	$260,183.61
				$379,990.94	$26,159.50	$406,150.44
# of Claims	50					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$169.71	$0.00	$169.71
Indemnity.....	.....			$26,615.61	$0.00	$26,615.61
Medical.....	.....			$66,459.41	$0.00	$66,459.41
				$93,244.73	$0.00	$93,244.73
# of Claims	54					
# Open	0	Recovery Amount:	-$2,096.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$3,255.50	$0.00	$3,255.50
Indemnity.....	.....			$85,888.55	$0.00	$85,888.55
Medical.....	.....			$60,140.90	$0.00	$60,140.90
				$149,284.95	$0.00	$149,284.95
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$210.18	$0.00	$210.18
Indemnity.....	.....			$2,964.17	$0.00	$2,964.17
Medical.....	.....			$50,814.15	$0.00	$50,814.15
				$53,988.50	$0.00	$53,988.50
# of Claims	34					
# Open	0	Recovery Amount:	-$1,553.70			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$692.47	$3,000.00	$3,692.47
Indemnity.....	.....			$16,906.75	$0.00	$16,906.75
Medical.....	.....			$55,871.16	$0.00	$55,871.16
				$73,470.38	$3,000.00	$76,470.38
# of Claims	40					
# Open	1	Recovery Amount:	-$592.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$138.50	$0.00	$138.50
Indemnity.....	.....			$57,112.45	$0.00	$57,112.45
Medical.....	.....			$29,157.43	$0.00	$29,157.43
				$86,408.38	$0.00	$86,408.38
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$1,044.67	$0.00	$1,044.67
Indemnity.....	.....			$3,086.13	$0.00	$3,086.13
Medical.....	.....			$24,118.91	$0.00	$24,118.91
				$28,249.71	$0.00	$28,249.71
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$155.45	$200.00	$355.45
Indemnity.....	.....			$33,415.13	$0.00	$33,415.13
Medical.....	.....			$100,974.06	$8,217.78	$109,191.84
				$134,544.64	$8,417.78	$142,962.42
# of Claims	41					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

242 - CHRISTOPHER NEWPORT UNIVERSITY

S242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$434.17**	**$825.19**	**$1,259.36**
Indemnity				**$184.29**	**$3,600.00**	**$3,784.29**
Medical				**$14,363.26**	**$49,204.83**	**$63,568.09**
				$14,981.72	**$53,630.02**	**$68,611.74**
# of Claims	**54**					
# Open	**5**	**Recovery Amount:**	**-$1,731.34**			
Grand Totals						
Expense				**$95,603.97**	**$12,136.47**	**$107,740.44**
Indemnity				**$1,278,317.48**	**$15,628.48**	**$1,293,945.96**
Medical				**$2,503,309.72**	**$311,030.96**	**$2,814,340.68**
				$3,877,231.17	**$338,795.91**	**$4,216,027.08**
# of Claims	**1,270**					
# Open	**12**	**Recovery Amount:**	**-$7,289.91**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

245 - STATE COUNCIL HIGHER EDUCATION

S245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$940.78**	**$0.00**	**$940.78**
				$940.78	**$0.00**	**$940.78**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$166.00**	**$0.00**	**$166.00**
				$166.00	**$0.00**	**$166.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$244.43**	**$0.00**	**$244.43**
				$244.43	**$0.00**	**$244.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

245 - STATE COUNCIL HIGHER EDUCATION

S245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$432.63	$0.00	$432.63
				$432.63	$0.00	$432.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,464.09	$0.00	$5,464.09
Medical.....	.....			$2,010.80	$0.00	$2,010.80
				$7,474.89	$0.00	$7,474.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

245 - STATE COUNCIL HIGHER EDUCATION

S245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.60	$0.00	$461.60
				$461.60	$0.00	$461.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$23.63	$0.00	$23.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.63	$0.00	$23.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

245 - STATE COUNCIL HIGHER EDUCATION

S245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$316.48**	**$0.00**	**$316.48**
				$316.48	**$0.00**	**$316.48**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$23.63**	**$0.00**	**$23.63**
Indemnity.....	.....			**$5,464.09**	**$0.00**	**$5,464.09**
Medical.....	.....			**$4,572.72**	**$0.00**	**$4,572.72**
				$10,060.44	**$0.00**	**$10,060.44**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

71 - UVA-CLA CLINCH VALLEY-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,062.69**	**$0.00**	**$2,062.69**
				$2,099.69	**$0.00**	**$2,099.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$74.00**	**$0.00**	**$74.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,865.05**	**$0.00**	**$1,865.05**
				$1,939.05	**$0.00**	**$1,939.05**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$11,636.52**	**$0.00**	**$11,636.52**
				$11,655.02	**$0.00**	**$11,655.02**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

71 - UVA-CLA CLINCH VALLEY-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$505.95**	**$0.00**	**$505.95**
				$505.95	**$0.00**	**$505.95**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,088.80**	**$0.00**	**$6,088.80**
				$6,088.80	**$0.00**	**$6,088.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$914.00**	**$0.00**	**$914.00**
				$914.00	**$0.00**	**$914.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,518.83**	**$0.00**	**$5,518.83**
				$5,518.83	**$0.00**	**$5,518.83**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

71 - UVA-CLA CLINCH VALLEY-FACULTY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$129.50**	**$0.00**	**$129.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$28,591.84**	**$0.00**	**$28,591.84**
				$28,721.34	**$0.00**	**$28,721.34**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$763.23**	**$0.00**	**$763.23**
				$763.23	**$0.00**	**$763.23**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,214.27**	**$0.00**	**$1,214.27**
				$1,214.27	**$0.00**	**$1,214.27**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141.44	$0.00	$141.44
Medical.....	.....			$157.00	$0.00	$157.00
				$298.44	$0.00	$298.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$621.21	$0.00	$621.21
				$621.21	$0.00	$621.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$2,995.14	$0.00	$2,995.14
Medical.....	.....			$16,126.77	$0.00	$16,126.77
				$19,232.91	$0.00	$19,232.91
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,355.43	$0.00	$1,355.43
				$1,447.93	$0.00	$1,447.93
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$87.53	$0.00	$87.53
Medical.....	.....			$5,183.37	$0.00	$5,183.37
				$5,344.90	$0.00	$5,344.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$455.61	$0.00	$455.61
Medical.....	.....			$5,708.33	$0.00	$5,708.33
				$6,256.44	$0.00	$6,256.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,705.59	$0.00	$2,705.59
				$2,816.59	$0.00	$2,816.59
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,834.20	$0.00	$3,834.20
Medical.....	.....			$28,915.86	$0.00	$28,915.86
				$32,766.06	$0.00	$32,766.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,072.24	$0.00	$8,072.24
				$8,072.24	$0.00	$8,072.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$513.36	$0.00	$513.36
Indemnity.....	.....			$13,219.54	$0.00	$13,219.54
Medical.....	.....			$52,444.54	$0.00	$52,444.54
				$66,177.44	$0.00	$66,177.44
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,366.16	$0.00	$3,366.16
				$3,366.16	$0.00	$3,366.16
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

73 - UVA-CLC CLINCH VLY-CLASSIFIED STAFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$111.54**	**$0.00**	**$111.54**
Indemnity				**$3,401.29**	**$0.00**	**$3,401.29**
Medical				**$32,791.62**	**$0.00**	**$32,791.62**
				$36,304.45	**$0.00**	**$36,304.45**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$467.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$45.30**	**$0.00**	**$45.30**
Indemnity				**$2,651.94**	**$0.00**	**$2,651.94**
Medical				**$22,637.20**	**$0.00**	**$22,637.20**
				$25,334.44	**$0.00**	**$25,334.44**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$11,192.31**	**$0.00**	**$11,192.31**
Medical				**$33,193.84**	**$0.00**	**$33,193.84**
				$44,410.15	**$0.00**	**$44,410.15**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,174.58**	**$0.00**	**$4,174.58**
				$4,174.58	**$0.00**	**$4,174.58**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$1,191.20**	**$0.00**	**$1,191.20**
Indemnity				**$37,979.00**	**$0.00**	**$37,979.00**
Medical				**$219,431.24**	**$0.00**	**$219,431.24**
				$258,601.44	**$0.00**	**$258,601.44**
# of Claims	**99**					
# Open	**0**	**Recovery Amount:**	**-$467.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

74 - UVA-CLD CLINCH VALLEY-STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$412.31**	**$0.00**	**$412.31**
				$412.31	**$0.00**	**$412.31**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$1,101.84**	**$0.00**	**$1,101.84**
Medical				**$3,787.50**	**$0.00**	**$3,787.50**
				$5,272.84	**$0.00**	**$5,272.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$326.30**	**$0.00**	**$326.30**
				$326.30	**$0.00**	**$326.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

74 - UVA-CLD CLINCH VALLEY-STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$483.62	$0.00	$483.62
				$502.12	$0.00	$502.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$841.44	$0.00	$841.44
				$896.94	$0.00	$896.94
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.15	$0.00	$300.15
				$318.65	$0.00	$318.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,402.95	$0.00	$1,402.95
				$1,402.95	$0.00	$1,402.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

74 - UVA-CLD CLINCH VALLEY-STUDENTS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$976.37	$0.00	$976.37
				$976.37	$0.00	$976.37
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,005.28	$0.00	$5,005.28
				$5,005.28	$0.00	$5,005.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$296.21	$0.00	$296.21
				$296.21	$0.00	$296.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$494.50	$0.00	$494.50
Indemnity.....	.....			$1,101.84	$0.00	$1,101.84
Medical.....	.....			$13,832.13	$0.00	$13,832.13
				$15,428.47	$0.00	$15,428.47
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

75 - UVA-CLE CLINCH VLY-STUDENTS FINANCI

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

75 - UVA-CLE CLINCH VLY-STUDENTS FINANCI

WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$2,826.33**	**$0.00**	**$2,826.33**
Medical			**$5,411.30**	**$0.00**	**$5,411.30**
			$8,237.63	**$0.00**	**$8,237.63**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**-$23.24**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$2,826.33**	**$0.00**	**$2,826.33**
Medical			**$5,411.30**	**$0.00**	**$5,411.30**
			$8,237.63	**$0.00**	**$8,237.63**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**-$23.24**		

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$89.12**	**$0.00**	**$89.12**
Medical				**$1,220.35**	**$0.00**	**$1,220.35**
				$1,309.47	**$0.00**	**$1,309.47**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$863.42**	**$0.00**	**$863.42**
				$863.42	**$0.00**	**$863.42**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,383.00	$0.00	$18,383.00
Medical.....	.....			$19,015.44	$0.00	$19,015.44
				$37,398.44	$0.00	$37,398.44
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,781.53	$0.00	$2,781.53
Medical.....	.....			$4,646.73	$0.00	$4,646.73
				$7,428.26	$0.00	$7,428.26
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$789.25	$0.00	$789.25
Medical.....	.....			$1,694.49	$0.00	$1,694.49
				$2,483.74	$0.00	$2,483.74
# of Claims	12					
# Open	0	Recovery Amount:	-$455.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,473.79	$0.00	$2,473.79
Medical.....	.....			$13,586.36	$0.00	$13,586.36
				$16,060.15	$0.00	$16,060.15
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$385.93	$0.00	$385.93
Medical.....	.....			$1,521.11	$0.00	$1,521.11
				$1,907.04	$0.00	$1,907.04
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$10.00	$0.00	$10.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,658.61	$0.00	$3,658.61
				$3,668.61	$0.00	$3,668.61
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,401.53	$0.00	$1,401.53
				$1,401.53	$0.00	$1,401.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$6,883.09	$0.00	$6,883.09
Indemnity.....	.....			$149,341.51	$0.00	$149,341.51
Medical.....	.....			$74,385.95	$0.00	$74,385.95
				$230,610.55	$0.00	$230,610.55
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45.59	$0.00	$45.59
Medical.....	.....			$5,717.22	$0.00	$5,717.22
				$5,762.81	$0.00	$5,762.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,161.49	$0.00	$5,161.49
				$5,161.49	$0.00	$5,161.49
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,016.00	$0.00	$1,016.00
				$1,016.00	$0.00	$1,016.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,101.20	$0.00	$1,101.20
				$1,101.20	$0.00	$1,101.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$55.50	$0.00	$55.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,007.21	$0.00	$1,007.21
				$1,025.71	$0.00	$1,025.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,304.90	$0.00	$2,304.90
				$2,304.90	$0.00	$2,304.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,593.40	$0.00	$1,593.40
				$1,593.40	$0.00	$1,593.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,408.53	$0.00	$3,408.53
Indemnity.....	.....			$29,498.01	$0.00	$29,498.01
Medical.....	.....			$41,676.22	$0.00	$41,676.22
				$74,582.76	$0.00	$74,582.76
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$15,142.76	$14,704.16	$29,846.92
Indemnity.....	.....			$79,259.48	$270,980.49	$350,239.97
Medical.....	.....			$44,597.82	$136,076.01	$180,673.83
				$139,000.06	$421,760.66	$560,760.72
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,127.19	$0.00	$2,127.19
				$2,127.19	$0.00	$2,127.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

246 - UVA College at Wise

S246 - UVA College at Wise

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,958.60**	**$0.00**	**$4,958.60**
				$4,966.60	**$0.00**	**$4,966.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$146.51**	**$3,543.17**	**$3,689.68**
Indemnity				**$1,290.00**	**$30,750.00**	**$32,040.00**
Medical				**$30,766.29**	**$76,850.27**	**$107,616.56**
				$32,202.80	**$111,143.44**	**$143,346.24**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$25,672.89**	**$18,247.33**	**$43,920.22**
Indemnity				**$284,337.21**	**$301,730.49**	**$586,067.70**
Medical				**$264,021.53**	**$212,926.28**	**$476,947.81**
				$574,031.63	**$532,904.10**	**$1,106,935.73**
# of Claims	**141**					
# Open	**2**	**Recovery Amount:**	**-$455.75**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$213.01	$0.00	$213.01
Indemnity.....	.....			$8,180.57	$0.00	$8,180.57
Medical.....	.....			$35,089.15	$0.00	$35,089.15
				$43,482.73	$0.00	$43,482.73
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$2,351.75	$0.00	$2,351.75
Indemnity.....	.....			$45,942.41	$0.00	$45,942.41
Medical.....	.....			$90,908.99	$0.00	$90,908.99
				$139,203.15	$0.00	$139,203.15
# of Claims	99					
# Open	0	Recovery Amount:	-$7,309.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$16,055.88	$0.00	$16,055.88
Indemnity.....	.....			$66,420.45	$0.00	$66,420.45
Medical.....	.....			$160,411.52	$0.00	$160,411.52
				$242,887.85	$0.00	$242,887.85
# of Claims	67					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,117.50	$0.00	$2,117.50
Indemnity.....	.....			$274,830.35	$0.00	$274,830.35
Medical.....	.....			$92,805.95	$0.00	$92,805.95
				$369,753.80	$0.00	$369,753.80
# of Claims	92					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$7,313.39	$0.00	$7,313.39
Indemnity.....	.....			$388,103.03	$0.00	$388,103.03
Medical.....	.....			$154,378.22	$0.00	$154,378.22
				$549,794.64	$0.00	$549,794.64
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,962.29	$0.00	$19,962.29
Medical.....	.....			$69,089.58	$0.00	$69,089.58
				$89,051.87	$0.00	$89,051.87
# of Claims	109					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$362.40	$0.00	$362.40
Indemnity.....	.....			$97,467.97	$0.00	$97,467.97
Medical.....	.....			$87,216.10	$0.00	$87,216.10
				$185,046.47	$0.00	$185,046.47
# of Claims	114					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$5,292.77	$0.00	$5,292.77
Indemnity.....	.....			$209,811.14	$0.00	$209,811.14
Medical.....	.....			$213,820.62	$0.00	$213,820.62
				$428,924.53	$0.00	$428,924.53
# of Claims	112					
# Open	0	Recovery Amount:	-$15,842.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$417.00	$0.00	$417.00
Indemnity.....	.....			$2,883.89	$0.00	$2,883.89
Medical.....	.....			$65,848.69	$0.00	$65,848.69
				$69,149.58	$0.00	$69,149.58
# of Claims	96					
# Open	0	Recovery Amount:	-$3,089.54			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$6.50	$0.00	$6.50
Indemnity.....	.....			$18,711.45	$0.00	$18,711.45
Medical.....	.....			$70,644.24	$0.00	$70,644.24
				$89,362.19	$0.00	$89,362.19
# of Claims	101					
# Open	0	Recovery Amount:	-$284.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,269.57	$8.00	$3,277.57
Indemnity.....	.....			$196,684.95	$0.00	$196,684.95
Medical.....	.....			$802,033.99	$94,304.62	$896,338.61
				$1,001,988.51	$94,312.62	$1,096,301.13
# of Claims	101					
# Open	1	Recovery Amount:	-$11,282.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$5,138.00	$0.00	$5,138.00
Indemnity.....	.....			$29,909.29	$0.00	$29,909.29
Medical.....	.....			$106,210.54	$0.00	$106,210.54
				$141,257.83	$0.00	$141,257.83
# of Claims	142					
# Open	0	Recovery Amount:	-$117.56			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32,886.15	$0.00	$32,886.15
Medical.....	.....			$107,602.93	$0.00	$107,602.93
				$140,489.08	$0.00	$140,489.08
# of Claims	122					
# Open	0	Recovery Amount:	-$1,361.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,069.61	$37.37	$1,106.98
Indemnity.....	.....			$81,745.82	$0.00	$81,745.82
Medical.....	.....			$254,200.66	$151,820.24	$406,020.90
				$337,016.09	$151,857.61	$488,873.70
# of Claims	120					
# Open	1	Recovery Amount:	-$735.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$2,496.00	$0.00	$2,496.00
Indemnity.....	.....			$364,462.10	$0.00	$364,462.10
Medical.....	.....			$240,285.58	$0.00	$240,285.58
				$607,243.68	$0.00	$607,243.68
# of Claims	130					
# Open	0	Recovery Amount:	-$433.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$42,432.53	$0.00	$42,432.53
Medical.....	.....			$68,535.44	$0.00	$68,535.44
				$110,967.97	$0.00	$110,967.97
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$94,793.74	$0.00	$94,793.74
Medical.....	.....			$244,450.46	$0.00	$244,450.46
				$339,252.20	$0.00	$339,252.20
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$992.00	$0.00	$992.00
Indemnity.....	.....			$33,341.63	$0.00	$33,341.63
Medical.....	.....			$108,867.67	$0.00	$108,867.67
				$143,201.30	$0.00	$143,201.30
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,966.10	$0.00	$19,966.10
Medical.....	.....			$108,146.54	$0.00	$108,146.54
				$128,112.64	$0.00	$128,112.64
# of Claims	90					
# Open	0	Recovery Amount:	-$799.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$6,809.80	$0.00	$6,809.80
Indemnity.....	.....			$25,523.51	$0.00	$25,523.51
Medical.....	.....			$195,961.45	$0.00	$195,961.45
				$228,294.76	$0.00	$228,294.76
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,106.20	$0.00	$1,106.20
Indemnity.....	.....			$24,774.91	$0.00	$24,774.91
Medical.....	.....			$195,468.74	$0.00	$195,468.74
				$221,349.85	$0.00	$221,349.85
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$387.44	$2,968.00	$3,355.44
Indemnity.....	.....			$75,535.66	$0.00	$75,535.66
Medical.....	.....			$167,797.09	$175,762.98	$343,560.07
				$243,720.19	$178,730.98	$422,451.17
# of Claims	86					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$29,152.02	$0.00	$29,152.02
Indemnity.....	.....			$294,371.81	$0.00	$294,371.81
Medical.....	.....			$356,667.49	$0.00	$356,667.49
				$680,191.32	$0.00	$680,191.32
# of Claims	89					
# Open	0	Recovery Amount:	-$384.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$36,895.51	$1,268.32	$38,163.83
Indemnity.....	.....			$528,607.02	$420,056.42	$948,663.44
Medical.....	.....			$856,633.08	$150,179.68	$1,006,812.76
				$1,422,135.61	$571,504.42	$1,993,640.03
# of Claims	103					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,021.53	$0.00	$1,021.53
Indemnity.....	.....			$33,364.62	$0.00	$33,364.62
Medical.....	.....			$171,978.48	$0.00	$171,978.48
				$206,364.63	$0.00	$206,364.63
# of Claims	103					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$1,383.81	$0.00	$1,383.81
Indemnity.....	.....			$23,306.48	$0.00	$23,306.48
Medical.....	.....			$135,517.13	$0.00	$135,517.13
				$160,207.42	$0.00	$160,207.42
# of Claims	122					
# Open	0	Recovery Amount:	-$6,084.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,959.23	$0.00	$1,959.23
Indemnity.....	.....			$7,634.97	$0.00	$7,634.97
Medical.....	.....			$62,921.46	$0.00	$62,921.46
				$72,515.66	$0.00	$72,515.66
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$298.80	$0.00	$298.80
Indemnity.....	.....			$45,050.26	$0.00	$45,050.26
Medical.....	.....			$123,664.20	$0.00	$123,664.20
				$169,013.26	$0.00	$169,013.26
# of Claims	109					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$14,408.93	$0.00	$14,408.93
Indemnity.....	.....			$104,456.91	$0.00	$104,456.91
Medical.....	.....			$180,036.39	$0.00	$180,036.39
				$298,902.23	$0.00	$298,902.23
# of Claims	110					
# Open	0	Recovery Amount:	-$46,840.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$13,756.63	$1,984.00	$15,740.63
Indemnity.....	.....			$207,348.88	$0.00	$207,348.88
Medical.....	.....			$383,477.62	$56,176.71	$439,654.33
				$604,583.13	$58,160.71	$662,743.84
# of Claims	95					
# Open	1	Recovery Amount:	-$392.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$5,121.96	$0.00	$5,121.96
Indemnity.....	.....			$173,291.00	$0.00	$173,291.00
Medical.....	.....			$99,023.16	$0.00	$99,023.16
				$277,436.12	$0.00	$277,436.12
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$3,492.38	$0.00	$3,492.38
Indemnity.....	.....			$37,857.48	$0.00	$37,857.48
Medical.....	.....			$261,103.13	$0.00	$261,103.13
				$302,452.99	$0.00	$302,452.99
# of Claims	94					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$1,043.86	$0.00	$1,043.86
Indemnity.....	.....			$34,746.26	$0.00	$34,746.26
Medical.....	.....			$191,043.88	$0.00	$191,043.88
				$226,834.00	$0.00	$226,834.00
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$468.34	$0.00	$468.34
Indemnity.....	.....			$1,843.56	$0.00	$1,843.56
Medical.....	.....			$26,985.40	$0.00	$26,985.40
				$29,297.30	$0.00	$29,297.30
# of Claims	47					
# Open	0	Recovery Amount:	-$3,274.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$11,059.31	$2,119.85	$13,179.16
Indemnity.....	.....			$51,955.10	$46,801.38	$98,756.48
Medical.....	.....			$183,641.40	$43,952.00	$227,593.40
				$246,655.81	$92,873.23	$339,529.04
# of Claims	37					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$4,324.17	$3,860.28	$8,184.45
Indemnity.....	.....			$82,322.84	$69,090.45	$151,413.29
Medical.....	.....			$104,949.81	$166,910.44	$271,860.25
				$191,596.82	$239,861.17	$431,457.99
# of Claims	77					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

247 - GEORGE MASON UNIVERSITY

S247 - GEORGE MASON UNIVERSITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$491.50**	**$550.82**	**$1,042.32**
Indemnity.....	.....			**$0.00**	**$1,613.10**	**$1,613.10**
Medical.....	.....			**$18,093.99**	**$50,514.58**	**$68,608.57**
				$18,585.49	**$52,678.50**	**$71,263.99**
# of Claims	**63**					
# Open	**8**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$180,284.80**	**$12,796.64**	**$193,081.44**
Indemnity.....	.....			**$3,780,527.13**	**$537,561.35**	**$4,318,088.48**
Medical.....	.....			**$6,795,510.77**	**$889,621.25**	**$7,685,132.02**
				$10,756,322.70	**$1,439,979.24**	**$12,196,301.94**
# of Claims	**3,462**					
# Open	**18**	**Recovery Amount:**	**-$98,232.22**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

261 - COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$348.56	$0.00	$348.56
				$348.56	$0.00	$348.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$185.50	$0.00	$185.50
				$185.50	$0.00	$185.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$800.00	$0.00	$800.00
				$800.00	$0.00	$800.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.17	$0.00	$159.17
				$159.17	$0.00	$159.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

261 - COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.00	$0.00	$150.00
				$150.00	$0.00	$150.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.05	$0.00	$257.05
				$257.05	$0.00	$257.05
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$589.38	$0.00	$589.38
				$607.88	$0.00	$607.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

261 - COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$111.79	$0.00	$111.79
				$111.79	$0.00	$111.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$54.25	$0.00	$54.25
Indemnity.....	.....			$25,873.93	$0.00	$25,873.93
Medical.....	.....			$76,836.08	$0.00	$76,836.08
				$102,764.26	$0.00	$102,764.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

261 - COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$41.78	$0.00	$41.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$41.78	$0.00	$41.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$42.55	$0.00	$42.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,549.18	$0.00	$3,549.18
				$3,591.73	$0.00	$3,591.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

261 - COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$175.58	$0.00	$175.58
Indemnity.....	.....			$25,873.93	$0.00	$25,873.93
Medical.....	.....			$82,986.71	$0.00	$82,986.71
				$109,036.22	$0.00	$109,036.22
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

270 - VCCS-Shared Services Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,027.41	$0.00	$2,027.41
				$2,027.41	$0.00	$2,027.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,027.41	$0.00	$2,027.41
				$2,027.41	$0.00	$2,027.41

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

270 - VCCS-Shared Services Center

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,508.80	$0.00	$1,508.80
Medical.....	.....			$8,535.98	$0.00	$8,535.98
				$10,044.78	$0.00	$10,044.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,049.89	$0.00	$1,049.89
Medical.....	.....			$3,324.27	$0.00	$3,324.27
				$4,374.16	$0.00	$4,374.16
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$945.96	$0.00	$945.96
				$945.96	$0.00	$945.96
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$655.84	$0.00	$655.84
				$655.84	$0.00	$655.84
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$780.69	$0.00	$780.69
Medical.....	.....			$3,226.11	$0.00	$3,226.11
				$4,006.80	$0.00	$4,006.80
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$677.61	$0.00	$677.61
Medical.....	.....			$5,215.60	$0.00	$5,215.60
				$5,893.21	$0.00	$5,893.21
# of Claims	9					
# Open	0	Recovery Amount:	-$426.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,863.99	$0.00	$1,863.99
Medical.....	.....			$4,017.90	$0.00	$4,017.90
				$5,881.89	$0.00	$5,881.89
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,554.34	$0.00	$1,554.34
Medical.....	.....			$1,022.72	$0.00	$1,022.72
				$2,577.06	$0.00	$2,577.06
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$770.55	$0.00	$770.55
Medical.....	.....			$6,669.31	$0.00	$6,669.31
				$7,439.86	$0.00	$7,439.86
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$267.80	$0.00	$267.80
Medical.....	.....			$16,026.22	$0.00	$16,026.22
				$16,294.02	$0.00	$16,294.02
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.94	$0.00	$283.94
				$283.94	$0.00	$283.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$628.25	$0.00	$628.25
				$628.25	$0.00	$628.25
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$771.64	$0.00	$771.64
				$771.64	$0.00	$771.64
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,344.03	$0.00	$1,344.03
				$1,344.03	$0.00	$1,344.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$943.50	$0.00	$943.50
				$943.50	$0.00	$943.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,072.12	$0.00	$5,072.12
				$5,072.12	$0.00	$5,072.12
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,852.82	$0.00	$5,852.82
Medical.....	.....			$13,212.36	$0.00	$13,212.36
				$19,065.18	$0.00	$19,065.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,399.93	$0.00	$3,399.93
Medical.....	.....			$16,545.07	$0.00	$16,545.07
				$19,945.00	$0.00	$19,945.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.00	$0.00	$39.00
				$39.00	$0.00	$39.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,005.20	$0.00	$1,005.20
				$1,005.20	$0.00	$1,005.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.00	$0.00	$116.00
				$158.00	$0.00	$158.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,587.21	$0.00	$1,587.21
Indemnity.....	.....			$23,309.77	$0.00	$23,309.77
Medical.....	.....			$13,080.11	$0.00	$13,080.11
				$37,977.09	$0.00	$37,977.09
# of Claims	3					
# Open	0	Recovery Amount:	-$3,452.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.38	$0.00	$84.38
				$84.38	$0.00	$84.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$6,440.92	$0.00	$6,440.92
Indemnity.....	.....			$172,721.02	$0.00	$172,721.02
Medical.....	.....			$158,451.24	$62,960.76	$221,412.00
				$337,613.18	$62,960.76	$400,573.94
# of Claims	3					
# Open	2	Recovery Amount:	-$81.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$138.14	$0.00	$138.14
Medical.....	.....			$1,231.07	$0.00	$1,231.07
				$1,405.21	$0.00	$1,405.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,526.20	$0.00	$2,526.20
				$2,526.20	$0.00	$2,526.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

275 - VCCS-NEW RIVER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$46.90	$0.00	$46.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,465.62	$0.00	$3,465.62
				$3,512.52	$0.00	$3,512.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$78.48	$0.00	$78.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$78.48	$0.00	$78.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,231.51	$0.00	$8,231.51
Indemnity.....	.....			$213,895.35	$0.00	$213,895.35
Medical.....	.....			$268,439.64	$62,960.76	$331,400.40
				$490,566.50	$62,960.76	$553,527.26
# of Claims	181					
# Open	2	Recovery Amount:	-$3,960.94			

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$30.00**	**$0.00**	**$30.00**
				$30.00	**$0.00**	**$30.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$23.00**	**$0.00**	**$23.00**
		$23.00	**$0.00**	**$23.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,174.29**	**$0.00**	**$3,174.29**
Medical		**$580.90**	**$0.00**	**$580.90**
		$3,755.19	**$0.00**	**$3,755.19**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$329.00**	**$0.00**	**$329.00**
Indemnity		**$642.94**	**$0.00**	**$642.94**
Medical		**$53,396.94**	**$0.00**	**$53,396.94**
		$54,368.88	**$0.00**	**$54,368.88**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,003.41**	**$0.00**	**$3,003.41**
		$3,003.41	**$0.00**	**$3,003.41**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**-$845.04**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,729.83	$0.00	$2,729.83
				$2,729.83	$0.00	$2,729.83
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.61	$0.00	$406.61
				$406.61	$0.00	$406.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$103.00	$0.00	$103.00
				$103.00	$0.00	$103.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$541.77	$0.00	$541.77
				$541.77	$0.00	$541.77
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,981.09	$0.00	$4,981.09
Medical.....	.....			$100,594.19	$0.00	$100,594.19
				$105,575.28	$0.00	$105,575.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,476.00	$0.00	$7,476.00
Medical.....	.....			$20,972.10	$0.00	$20,972.10
				$28,448.10	$0.00	$28,448.10
# of Claims	6					
# Open	0	Recovery Amount:	-$78.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$521.19	$0.00	$521.19
Medical.....	.....			$908.35	$0.00	$908.35
				$1,429.54	$0.00	$1,429.54
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,817.98	$0.00	$2,817.98
				$2,817.98	$0.00	$2,817.98
# of Claims	7					
# Open	0	Recovery Amount:	-$100.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$749.76	$0.00	$749.76
				$749.76	$0.00	$749.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.00	$0.00	$115.00
				$115.00	$0.00	$115.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,833.40	$0.00	$17,833.40
				$17,833.40	$0.00	$17,833.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,774.91	$0.00	$2,774.91
Medical.....	.....			$5,180.18	$0.00	$5,180.18
				$7,955.09	$0.00	$7,955.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$240.48	$0.00	$240.48
				$240.48	$0.00	$240.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$180.63	$0.00	$180.63
Medical.....	.....			$1,847.02	$0.00	$1,847.02
				$2,027.65	$0.00	$2,027.65
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,488.33	$0.00	$7,488.33
Medical.....	.....			$30,678.22	$0.00	$30,678.22
				$38,166.55	$0.00	$38,166.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,450.68	$0.00	$4,450.68
				$4,450.68	$0.00	$4,450.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$713.78	$0.00	$713.78
				$713.78	$0.00	$713.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$7,609.49	$0.00	$7,609.49
Indemnity.....	.....			$142,788.11	$0.00	$142,788.11
Medical.....	.....			$355,432.99	$0.00	$355,432.99
				$505,830.59	$0.00	$505,830.59
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.00	$0.00	$236.00
				$272.00	$0.00	$272.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,425.17	$0.00	$1,425.17
				$1,433.17	$0.00	$1,433.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$838.09	$0.00	$838.09
				$846.09	$0.00	$846.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,841.70	$0.00	$2,841.70
				$2,841.70	$0.00	$2,841.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$195.75	$0.00	$195.75
				$195.75	$0.00	$195.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$23.18	$0.00	$23.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$701.05	$0.00	$701.05
				$724.23	$0.00	$724.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,270.82	$0.00	$1,270.82
Medical.....	.....			$5,379.50	$0.00	$5,379.50
				$6,658.32	$0.00	$6,658.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

276 - VCCS-SOUTHSIDE VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,021.67	$0.00	$8,021.67
Indemnity.....	.....			$171,298.31	$0.00	$171,298.31
Medical.....	.....			$614,966.85	$0.00	$614,966.85
				$794,286.83	$0.00	$794,286.83
# of Claims	175					
# Open	0	Recovery Amount:	-$1,023.04			

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$1,856.48	$0.00	$1,856.48
Medical.....	.....			$3,342.51	$0.00	$3,342.51
				$5,261.49	$0.00	$5,261.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,811.50	$0.00	$1,811.50
Indemnity.....	.....			$75,921.30	$0.00	$75,921.30
Medical.....	.....			$21,681.78	$0.00	$21,681.78
				$99,414.58	$0.00	$99,414.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.15	$0.00	$310.15
				$310.15	$0.00	$310.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$116.50	$0.00	$116.50
Medical.....	.....			$5,398.15	$0.00	$5,398.15
				$5,514.65	$0.00	$5,514.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$569.81	$0.00	$569.81
				$569.81	$0.00	$569.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3.00	$0.00	$3.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,362.49	$0.00	$2,362.49
				$2,365.49	$0.00	$2,365.49
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,440.12	$0.00	$3,440.12
				$3,440.12	$0.00	$3,440.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$534.75	$0.00	$534.75
				$534.75	$0.00	$534.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.00	$0.00	$174.00
				$174.00	$0.00	$174.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$296.00	$0.00	$296.00
				$296.00	$0.00	$296.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$1,564.45	$0.00	$1,564.45
Medical.....	.....			$11,219.33	$0.00	$11,219.33
				$12,820.78	$0.00	$12,820.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,883.70	$0.00	$8,883.70
				$8,883.70	$0.00	$8,883.70
# of Claims	2					
# Open	0	Recovery Amount:	-$5,863.24			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,914.63	$0.00	$1,914.63
				$1,914.63	$0.00	$1,914.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$33.75	$0.00	$33.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$33.75	$0.00	$33.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.30	$0.00	$465.30
				$465.30	$0.00	$465.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,319.83	$0.00	$3,319.83
Medical.....	.....			$4,596.04	$0.00	$4,596.04
				$7,923.87	$0.00	$7,923.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,955.54	$0.00	$3,955.54
				$3,955.54	$0.00	$3,955.54
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,576.95	$0.00	$4,576.95
Medical.....	.....			$2,879.26	$0.00	$2,879.26
				$7,464.21	$0.00	$7,464.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$51.48	$0.00	$51.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,442.14	$0.00	$8,442.14
				$8,493.62	$0.00	$8,493.62
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$62.70	$0.00	$62.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$62.70	$0.00	$62.70
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,535.41	$0.00	$3,535.41
				$3,535.41	$0.00	$3,535.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

277 - VCCS-PAUL D CAMP COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,314.18	$0.00	$1,314.18
				$1,314.18	$0.00	$1,314.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.00	$1,200.00	$1,353.00
				$153.00	$1,250.00	$1,403.00
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,077.93	$50.00	$2,127.93
Indemnity.....	.....			$87,355.51	$0.00	$87,355.51
Medical.....	.....			$85,578.29	$1,200.00	$86,778.29
				$175,011.73	$1,250.00	$176,261.73
# of Claims	87					
# Open	1	Recovery Amount:	-$5,863.24			

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$868.72	$0.00	$868.72
				$868.72	$0.00	$868.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,561.21	$0.00	$1,561.21
Medical.....	.....			$995.21	$0.00	$995.21
				$2,556.42	$0.00	$2,556.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,567.50	$0.00	$1,567.50
Medical.....	.....			$14,610.88	$0.00	$14,610.88
				$16,178.38	$0.00	$16,178.38
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.42	$0.00	$210.42
				$210.42	$0.00	$210.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$189.10	$0.00	$189.10
Medical.....	.....			$581.67	$0.00	$581.67
				$770.77	$0.00	$770.77
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$88.44	$0.00	$88.44
Medical.....	.....			$11,507.68	$0.00	$11,507.68
				$11,596.12	$0.00	$11,596.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$45.00	$0.00	$45.00
Indemnity.....	.....			$5,750.18	$0.00	$5,750.18
Medical.....	.....			$20,388.14	$0.00	$20,388.14
				$26,183.32	$0.00	$26,183.32
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$760.32	$0.00	$760.32
Indemnity.....	.....			$41,797.68	$0.00	$41,797.68
Medical.....	.....			$47,982.82	$0.00	$47,982.82
				$90,540.82	$0.00	$90,540.82
# of Claims	11					
# Open	0	Recovery Amount:	-$63.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$487.53	$0.00	$487.53
				$487.53	$0.00	$487.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$293.44	$0.00	$293.44
Medical.....	.....			$981.05	$0.00	$981.05
				$1,274.49	$0.00	$1,274.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,275.06	$0.00	$1,275.06
Medical.....	.....			$3,605.47	$0.00	$3,605.47
				$4,880.53	$0.00	$4,880.53
# of Claims	8					
# Open	0	Recovery Amount:	-$625.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$905.59	$0.00	$905.59
				$905.59	$0.00	$905.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,790.84	$0.00	$4,790.84
				$4,790.84	$0.00	$4,790.84
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,514.93	$0.00	$1,514.93
				$1,514.93	$0.00	$1,514.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,231.89	$0.00	$4,231.89
				$4,231.89	$0.00	$4,231.89
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.00	$0.00	$125.00
				$125.00	$0.00	$125.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,610.00	$0.00	$1,610.00
				$1,610.00	$0.00	$1,610.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,696.49	$0.00	$2,696.49
				$2,696.49	$0.00	$2,696.49
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$301.72	$0.00	$301.72
				$301.72	$0.00	$301.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,296.44	$0.00	$8,296.44
				$8,296.44	$0.00	$8,296.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,684.80	$0.00	$1,684.80
				$1,684.80	$0.00	$1,684.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$3,368.00	$0.00	$3,368.00
Indemnity.....	.....			$8,894.39	$0.00	$8,894.39
Medical.....	.....			$12,225.91	$0.00	$12,225.91
				$24,488.30	$0.00	$24,488.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,464.54	$0.00	$1,464.54
				$1,464.54	$0.00	$1,464.54
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$799.00	$0.00	$799.00
				$799.00	$0.00	$799.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.00	$0.00	$129.00
				$129.00	$0.00	$129.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,106.78	$0.00	$2,106.78
				$2,106.78	$0.00	$2,106.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

278 - VCCS-RAPPAHANNOCK COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,366.08	$0.00	$6,366.08
				$6,366.08	$0.00	$6,366.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$153.00	$0.00	$153.00
Indemnity.....	.....			$3,878.53	$0.00	$3,878.53
Medical.....	.....			$7,737.44	$0.00	$7,737.44
				$11,768.97	$0.00	$11,768.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,326.32	$0.00	$4,326.32
Indemnity.....	.....			$65,295.53	$0.00	$65,295.53
Medical.....	.....			$159,206.04	$0.00	$159,206.04
				$228,827.89	$0.00	$228,827.89
# of Claims	145					
# Open	0	Recovery Amount:	-$688.57			

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$92.00**	**$0.00**	**$92.00**
				$92.00	**$0.00**	**$92.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$653.65**	**$0.00**	**$653.65**
		$653.65	**$0.00**	**$653.65**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,212.00**	**$0.00**	**$1,212.00**
Medical		**$1,774.82**	**$0.00**	**$1,774.82**
		$2,986.82	**$0.00**	**$2,986.82**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$407.58**	**$0.00**	**$407.58**
		$407.58	**$0.00**	**$407.58**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$889.33**	**$0.00**	**$889.33**
		$889.33	**$0.00**	**$889.33**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$389.16	$0.00	$389.16
				$389.16	$0.00	$389.16
# of Claims	2					
# Open	0	Recovery Amount:	-$51.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,222.07	$0.00	$1,222.07
				$1,222.07	$0.00	$1,222.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$326.40	$0.00	$326.40
				$326.40	$0.00	$326.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.14	$0.00	$169.14
				$169.14	$0.00	$169.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,488.00	$0.00	$1,488.00
Indemnity.....	.....			$214,945.60	$0.00	$214,945.60
Medical.....	.....			$20,419.76	$0.00	$20,419.76
				$236,853.36	$0.00	$236,853.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,166.32	$0.00	$3,166.32
				$3,166.32	$0.00	$3,166.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$944.98	$0.00	$944.98
				$944.98	$0.00	$944.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$887.55	$0.00	$887.55
				$887.55	$0.00	$887.55
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$167.95	$0.00	$167.95
Medical.....	.....			$861.91	$0.00	$861.91
				$1,029.86	$0.00	$1,029.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.77	$0.00	$186.77
				$186.77	$0.00	$186.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$707.28	$0.00	$707.28
				$707.28	$0.00	$707.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,647.97	$0.00	$1,647.97
				$1,647.97	$0.00	$1,647.97
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$657.16	$0.00	$657.16
Medical.....	.....			$3,548.22	$0.00	$3,548.22
				$4,205.38	$0.00	$4,205.38
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$955.12	$0.00	$955.12
				$955.12	$0.00	$955.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$804.44	$0.00	$804.44
				$804.44	$0.00	$804.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.39	$0.00	$461.39
				$461.39	$0.00	$461.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$621.95	$0.00	$621.95
				$621.95	$0.00	$621.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$363.03	$0.00	$363.03
				$363.03	$0.00	$363.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,248.00	$0.00	$5,248.00
Indemnity.....	.....			$84,313.93	$0.00	$84,313.93
Medical.....	.....			$134,448.02	$0.00	$134,448.02
				$224,009.95	$0.00	$224,009.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$3,250.08	$0.00	$3,250.08
Medical.....	.....			$5,558.42	$0.00	$5,558.42
				$8,816.50	$0.00	$8,816.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,103.63	$0.00	$1,103.63
				$1,111.63	$0.00	$1,111.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$42.68	$0.00	$42.68
Indemnity.....	.....			$5,352.23	$0.00	$5,352.23
Medical.....	.....			$53,633.05	$0.00	$53,633.05
				$59,027.96	$0.00	$59,027.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,675.28	$0.00	$15,675.28
				$15,727.28	$0.00	$15,727.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

279 - VCCS-DANVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$32.10	$0.00	$32.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$644.23	$0.00	$644.23
				$676.33	$0.00	$676.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,966.46	$0.00	$5,966.46
				$5,974.46	$0.00	$5,974.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,886.78	$0.00	$6,886.78
Indemnity.....	.....			$309,898.95	$0.00	$309,898.95
Medical.....	.....			$258,529.93	$0.00	$258,529.93
				$575,315.66	$0.00	$575,315.66
# of Claims	109					
# Open	0	Recovery Amount:	-$51.15			

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,245.75**	**$0.00**	**$4,245.75**
				$4,245.75	**$0.00**	**$4,245.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$516.50**	**$0.00**	**$516.50**
Indemnity		**$28,116.74**	**$0.00**	**$28,116.74**
Medical		**$55,774.62**	**$0.00**	**$55,774.62**
		$84,407.86	**$0.00**	**$84,407.86**
# of Claims	**54**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$20,938.41**	**$0.00**	**$20,938.41**
Indemnity		**$112,911.59**	**$0.00**	**$112,911.59**
Medical		**$117,568.73**	**$0.00**	**$117,568.73**
		$251,418.73	**$0.00**	**$251,418.73**
# of Claims	**52**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$14,780.46**	**$0.00**	**$14,780.46**
Indemnity		**$47,116.11**	**$0.00**	**$47,116.11**
Medical		**$85,093.61**	**$0.00**	**$85,093.61**
		$146,990.18	**$0.00**	**$146,990.18**
# of Claims	**56**			
# Open	**0**	**Recovery Amount:**	**-$132.39**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$23,660.90**	**$0.00**	**$23,660.90**
Medical		**$66,874.40**	**$0.00**	**$66,874.40**
		$90,535.30	**$0.00**	**$90,535.30**
# of Claims	**68**			
# Open	**0**	**Recovery Amount:**	**-$209.80**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,356.00	$72.00	$3,428.00
Indemnity.....	.....			$177,682.20	$0.00	$177,682.20
Medical.....	.....			$745,506.36	$208,644.89	$954,151.25
				$926,544.56	$208,716.89	$1,135,261.45
# of Claims	74					
# Open	1	Recovery Amount:	-$115.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,111.80	$0.00	$1,111.80
Indemnity.....	.....			$7,087.36	$0.00	$7,087.36
Medical.....	.....			$22,357.42	$0.00	$22,357.42
				$30,556.58	$0.00	$30,556.58
# of Claims	44					
# Open	0	Recovery Amount:	-$8,184.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,420.71	$0.00	$22,420.71
Medical.....	.....			$41,452.29	$0.00	$41,452.29
				$63,873.00	$0.00	$63,873.00
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6,497.68	$11,830.72	$18,328.40
Indemnity.....	.....			$90,170.14	$0.00	$90,170.14
Medical.....	.....			$252,530.55	$61,306.23	$313,836.78
				$349,198.37	$73,136.95	$422,335.32
# of Claims	55					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,731.48	$0.00	$17,731.48
Medical.....	.....			$87,398.61	$0.00	$87,398.61
				$105,130.09	$0.00	$105,130.09
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,178.58	$0.00	$1,178.58
Medical.....	.....			$36,405.49	$0.00	$36,405.49
				$37,584.07	$0.00	$37,584.07
# of Claims	49					
# Open	0	Recovery Amount:	-$124.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,495.91	$0.00	$12,495.91
Medical.....	.....			$17,121.00	$0.00	$17,121.00
				$29,616.91	$0.00	$29,616.91
# of Claims	39					
# Open	0	Recovery Amount:	-$1,770.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,530.32	$0.00	$3,530.32
Indemnity.....	.....			$198,287.16	$0.00	$198,287.16
Medical.....	.....			$245,027.17	$0.00	$245,027.17
				$446,844.65	$0.00	$446,844.65
# of Claims	39					
# Open	0	Recovery Amount:	-$88,955.59			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,616.06	$0.00	$8,616.06
Medical.....	.....			$14,346.90	$0.00	$14,346.90
				$22,962.96	$0.00	$22,962.96
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$4,226.10	$0.00	$4,226.10
Indemnity.....	.....			$91,418.11	$0.00	$91,418.11
Medical.....	.....			$52,851.25	$0.00	$52,851.25
				$148,495.46	$0.00	$148,495.46
# of Claims	25					
# Open	0	Recovery Amount:	-$87.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,901.31	$0.00	$5,901.31
Medical.....	.....			$40,301.81	$0.00	$40,301.81
				$46,203.12	$0.00	$46,203.12
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,220.03	$0.00	$9,220.03
				$9,220.03	$0.00	$9,220.03
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,147.43	$0.00	$1,147.43
Medical.....	.....			$13,322.81	$0.00	$13,322.81
				$14,470.24	$0.00	$14,470.24
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$62.23	$0.00	$62.23
Indemnity.....	.....			$4,296.46	$0.00	$4,296.46
Medical.....	.....			$58,866.98	$0.00	$58,866.98
				$63,225.67	$0.00	$63,225.67
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$454.23	$0.00	$454.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,930.46	$0.00	$31,930.46
				$32,384.69	$0.00	$32,384.69
# of Claims	30					
# Open	0	Recovery Amount:	-$3,014.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$3,879.38	$0.00	$3,879.38
Medical.....	.....			$7,339.25	$0.00	$7,339.25
				$11,238.63	$0.00	$11,238.63
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$21,085.10	$0.00	$21,085.10
Indemnity.....	.....			$662,740.56	$0.00	$662,740.56
Medical.....	.....			$342,025.45	$76,136.88	$418,162.33
				$1,025,851.11	$76,136.88	$1,101,987.99
# of Claims	26					
# Open	1	Recovery Amount:	-$2,502.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$41.25	$0.00	$41.25
Indemnity.....	.....			$38,264.73	$0.00	$38,264.73
Medical.....	.....			$45,050.84	$0.00	$45,050.84
				$83,356.82	$0.00	$83,356.82
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$365.18	$0.00	$365.18
Indemnity.....	.....			$5,933.20	$0.00	$5,933.20
Medical.....	.....			$52,531.89	$0.00	$52,531.89
				$58,830.27	$0.00	$58,830.27
# of Claims	52					
# Open	0	Recovery Amount:	-$495.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$57,862.84	$0.00	$57,862.84
Indemnity.....	.....			$768,282.54	$0.00	$768,282.54
Medical.....	.....			$69,580.40	$0.00	$69,580.40
				$895,725.78	$0.00	$895,725.78
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$8,878.50	$0.00	$8,878.50
Medical.....	.....			$56,129.21	$0.00	$56,129.21
				$65,063.71	$0.00	$65,063.71
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$75.32	$0.00	$75.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,302.39	$0.00	$13,302.39
				$13,377.71	$0.00	$13,377.71
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$20,760.17	$0.00	$20,760.17
Medical.....	.....			$10,973.41	$0.00	$10,973.41
				$31,793.58	$0.00	$31,793.58
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,305.57	$0.00	$1,305.57
Indemnity.....	.....			$41,834.99	$0.00	$41,834.99
Medical.....	.....			$76,324.00	$0.00	$76,324.00
				$119,464.56	$0.00	$119,464.56
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$2,224.59	$500.00	$2,724.59
Indemnity.....	.....			$70,043.89	$0.00	$70,043.89
Medical.....	.....			$189,518.93	$38,251.57	$227,770.50
				$261,787.41	$38,751.57	$300,538.98
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$227.81	$0.00	$227.81
Indemnity.....	.....			$18,469.45	$0.00	$18,469.45
Medical.....	.....			$19,680.32	$0.00	$19,680.32
				$38,377.58	$0.00	$38,377.58
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$60.13	$0.00	$60.13
Indemnity.....	.....			$11,617.97	$0.00	$11,617.97
Medical.....	.....			$14,353.93	$0.00	$14,353.93
				$26,032.03	$0.00	$26,032.03
# of Claims	22					
# Open	0	Recovery Amount:	-$272.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$131.03	$3,609.87	$3,740.90
Indemnity.....	.....			$5,888.90	$20,611.15	$26,500.05
Medical.....	.....			$22,126.20	$68,109.91	$90,236.11
				$28,146.13	$92,330.93	$120,477.06
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

280 - VCCS-NORTHERN VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$101.48**	**$0.00**	**$101.48**
Indemnity				**$4,284.58**	**$0.00**	**$4,284.58**
Medical				**$20,578.26**	**$0.00**	**$20,578.26**
				$24,964.32	**$0.00**	**$24,964.32**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$171.11**	**$327.31**	**$498.42**
Indemnity				**$2,596.36**	**$311.56**	**$2,907.92**
Medical				**$13,439.06**	**$20,571.87**	**$34,010.93**
				$16,206.53	**$21,210.74**	**$37,417.27**
# of Claims	**20**					
# Open	**8**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$139,261.14**	**$16,339.90**	**$155,601.04**
Indemnity				**$2,513,713.47**	**$20,922.71**	**$2,534,636.18**
Medical				**$2,951,149.78**	**$473,021.35**	**$3,424,171.13**
				$5,604,124.39	**$510,283.96**	**$6,114,408.35**
# of Claims	**1,242**					
# Open	**13**	**Recovery Amount:**	**-$105,864.09**			

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$3,004.23**	**$0.00**	**$3,004.23**
Medical				**$14,896.83**	**$0.00**	**$14,896.83**
				$18,284.56	**$0.00**	**$18,284.56**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$923.11	$0.00	$923.11
Medical.....	.....			$3,001.08	$0.00	$3,001.08
				$3,924.19	$0.00	$3,924.19
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$532.61	$0.00	$532.61
Medical.....	.....			$6,130.58	$0.00	$6,130.58
				$6,663.19	$0.00	$6,663.19
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,266.71	$0.00	$1,266.71
Medical.....	.....			$2,325.81	$0.00	$2,325.81
				$3,592.52	$0.00	$3,592.52
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,908.48	$0.00	$13,908.48
Medical.....	.....			$65,226.59	$0.00	$65,226.59
				$79,135.07	$0.00	$79,135.07
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$298.07	$0.00	$298.07
Indemnity.....	.....			$708.47	$0.00	$708.47
Medical.....	.....			$3,689.61	$0.00	$3,689.61
				$4,696.15	$0.00	$4,696.15
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$993.34	$0.00	$993.34
				$993.34	$0.00	$993.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47.42	$0.00	$47.42
				$47.42	$0.00	$47.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,850.40	$0.00	$5,850.40
				$5,850.40	$0.00	$5,850.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,066.88	$0.00	$1,066.88
				$1,066.88	$0.00	$1,066.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,134.08	$0.00	$1,134.08
				$1,134.08	$0.00	$1,134.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,880.56	$0.00	$2,880.56
				$2,880.56	$0.00	$2,880.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.00	$0.00	$97.00
				$97.00	$0.00	$97.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$1,572.69	$0.00	$1,572.69
Medical.....	.....			$1,711.00	$0.00	$1,711.00
				$3,302.19	$0.00	$3,302.19
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,490.54	$0.00	$1,490.54
				$1,527.54	$0.00	$1,527.54
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,337.81	$0.00	$14,337.81
				$14,374.81	$0.00	$14,374.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$499.21	$0.00	$499.21
				$536.21	$0.00	$536.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.50	$0.00	$320.50
				$357.50	$0.00	$357.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$874.28	$0.00	$874.28
Medical.....	.....			$11,439.83	$0.00	$11,439.83
				$12,314.11	$0.00	$12,314.11
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$244.72	$0.00	$244.72
Medical.....	.....			$3,202.36	$0.00	$3,202.36
				$3,447.08	$0.00	$3,447.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45,755.90	$0.00	$45,755.90
Medical.....	.....			$87,860.55	$0.00	$87,860.55
				$133,616.45	$0.00	$133,616.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,015.56	$0.00	$2,015.56
				$2,015.56	$0.00	$2,015.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,556.64	$0.00	$1,556.64
				$1,586.64	$0.00	$1,586.64
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$298.91	$0.00	$298.91
Medical.....	.....			$2,065.71	$0.00	$2,065.71
				$2,364.62	$0.00	$2,364.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$16.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,203.82	$30,372.35	$61,576.17
				$31,219.82	$30,388.35	$61,608.17
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,080.00	$0.00	$1,080.00
				$1,080.00	$0.00	$1,080.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,493.42	$0.00	$20,493.42
				$20,501.42	$0.00	$20,501.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,809.29	$0.00	$4,809.29
				$4,809.29	$0.00	$4,809.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$35.42	$0.00	$35.42
Indemnity.....	.....			$1,924.89	$0.00	$1,924.89
Medical.....	.....			$4,392.34	$0.00	$4,392.34
				$6,352.65	$0.00	$6,352.65
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$67.80	$0.00	$67.80
Indemnity.....	.....			$1,134.68	$0.00	$1,134.68
Medical.....	.....			$3,833.38	$0.00	$3,833.38
				$5,035.86	$0.00	$5,035.86
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$37.60	$0.00	$37.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.97	$0.00	$356.97
				$394.57	$0.00	$394.57
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$28.10	$0.00	$28.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.10	$0.00	$28.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

282 - VCCS-PIEDMONT VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$1,070.99	$16.00	$1,086.99
Indemnity.....	.....			$72,149.68	$0.00	$72,149.68
Medical.....	.....			$300,009.11	$30,372.35	$330,381.46
				$373,229.78	$30,388.35	$403,618.13
# of Claims	153					
# Open	1	Recovery Amount:	$0.00			

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.50	$0.00	$172.50
				$172.50	$0.00	$172.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$4,518.05	$0.00	$4,518.05
Medical.....	.....			$6,813.59	$0.00	$6,813.59
				$11,715.14	$0.00	$11,715.14
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$707.00	$0.00	$707.00
Medical.....	.....			$3,214.42	$0.00	$3,214.42
				$3,921.42	$0.00	$3,921.42
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,184.21	$0.00	$2,184.21
Medical.....	.....			$26,235.79	$0.00	$26,235.79
				$28,420.00	$0.00	$28,420.00
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$126,107.38	$0.00	$126,107.38
Medical.....	.....			$67,401.91	$0.00	$67,401.91
				$193,509.29	$0.00	$193,509.29
# of Claims	32					
# Open	0	Recovery Amount:	-$45.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,921.55	$0.00	$4,921.55
Medical.....	.....			$17,760.49	$0.00	$17,760.49
				$22,682.04	$0.00	$22,682.04
# of Claims	24					
# Open	0	Recovery Amount:	-$45.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,392.55	$0.00	$5,392.55
				$5,392.55	$0.00	$5,392.55
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,596.15	$0.00	$5,596.15
Medical.....	.....			$62,305.17	$0.00	$62,305.17
				$67,901.32	$0.00	$67,901.32
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$7,660.50	$152.00	$7,812.50
Indemnity.....	.....			$282,605.76	$0.00	$282,605.76
Medical.....	.....			$227,586.71	$264,690.46	$492,277.17
				$517,852.97	$264,842.46	$782,695.43
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$312.12	$0.00	$312.12
Indemnity.....	.....			$37,183.15	$0.00	$37,183.15
Medical.....	.....			$69,927.57	$0.00	$69,927.57
				$107,422.84	$0.00	$107,422.84
# of Claims	24					
# Open	0	Recovery Amount:	-$2,616.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$38,954.10	$0.00	$38,954.10
Medical.....	.....			$23,055.90	$0.00	$23,055.90
				$62,010.00	$0.00	$62,010.00
# of Claims	12					
# Open	0	Recovery Amount:	-$301.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,931.46	$0.00	$1,931.46
Medical.....	.....			$3,710.91	$0.00	$3,710.91
				$5,642.37	$0.00	$5,642.37
# of Claims	15					
# Open	0	Recovery Amount:	-$65.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,652.97	$0.00	$15,652.97
Medical.....	.....			$27,926.45	$0.00	$27,926.45
				$43,579.42	$0.00	$43,579.42
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,273.76	$0.00	$4,273.76
Medical.....	.....			$27,160.74	$0.00	$27,160.74
				$31,434.50	$0.00	$31,434.50
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,303.78	$8,696.22	$10,000.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$105,564.29	$81,479.56	$187,043.85
				$106,868.07	$90,175.78	$197,043.85
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$32.68	$0.00	$32.68
Indemnity.....	.....			$2,090.48	$0.00	$2,090.48
Medical.....	.....			$48,848.46	$0.00	$48,848.46
				$50,971.62	$0.00	$50,971.62
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$6,548.80	$0.00	$6,548.80
Indemnity.....	.....			$233,767.71	$0.00	$233,767.71
Medical.....	.....			$31,051.53	$0.00	$31,051.53
				$271,368.04	$0.00	$271,368.04
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$103.50	$0.00	$103.50
Indemnity.....	.....			$13,430.54	$0.00	$13,430.54
Medical.....	.....			$65,515.08	$0.00	$65,515.08
				$79,049.12	$0.00	$79,049.12
# of Claims	32					
# Open	0	Recovery Amount:	-$20,247.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$852.04	$0.00	$852.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30,229.74	$0.00	$30,229.74
				$31,081.78	$0.00	$31,081.78
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,965.41	$0.00	$3,965.41
				$3,965.41	$0.00	$3,965.41
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$19,258.82	$0.00	$19,258.82
Indemnity.....	.....			$151,578.76	$0.00	$151,578.76
Medical.....	.....			$344,624.81	$0.00	$344,624.81
				$515,462.39	$0.00	$515,462.39
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,305.31	$0.00	$3,305.31
				$3,325.31	$0.00	$3,325.31
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$579.98	$0.00	$579.98
Indemnity.....	.....			$3,614.14	$0.00	$3,614.14
Medical.....	.....			$130,771.74	$0.00	$130,771.74
				$134,965.86	$0.00	$134,965.86
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,684.31	$0.00	$5,684.31
				$5,708.31	$0.00	$5,708.31
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,436.10	$0.00	$7,436.10
				$7,436.10	$0.00	$7,436.10
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,342.61	$131.74	$3,474.35
Indemnity.....	.....			$37,478.11	$0.00	$37,478.11
Medical.....	.....			$356,879.19	$229,046.27	$585,925.46
				$397,699.91	$229,178.01	$626,877.92
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$114.44	$0.00	$114.44
Indemnity.....	.....			$366.02	$0.00	$366.02
Medical.....	.....			$11,594.01	$0.00	$11,594.01
				$12,074.47	$0.00	$12,074.47
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$1,791.00	$0.00	$1,791.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,874.52	$0.00	$8,874.52
				$10,665.52	$0.00	$10,665.52
# of Claims	24					
# Open	0	Recovery Amount:	-$492.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$80.81	$0.00	$80.81
Indemnity.....	.....			$1,404.19	$0.00	$1,404.19
Medical.....	.....			$32,797.99	$0.00	$32,797.99
				$34,282.99	$0.00	$34,282.99
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$257.94	$0.00	$257.94
Indemnity.....	.....			$4,013.22	$0.00	$4,013.22
Medical.....	.....			$15,548.81	$0.00	$15,548.81
				$19,819.97	$0.00	$19,819.97
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$142.01	$0.00	$142.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,769.55	$0.00	$4,769.55
				$4,911.56	$0.00	$4,911.56
# of Claims	20					
# Open	1	Recovery Amount:	-$759.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,968.96	$3,531.81	$7,500.77
Indemnity.....	.....			$73,233.49	$82,415.86	$155,649.35
Medical.....	.....			$289,614.04	$4,114.98	$293,729.02
				$366,816.49	$90,062.65	$456,879.14
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$150.00	$158.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33,784.24	$33,562.97	$67,347.21
				$33,792.24	$33,712.97	$67,505.21
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$33.90	$259.10	$293.00
Indemnity.....	.....			$384.53	$0.00	$384.53
Medical.....	.....			$29,777.77	$6,805.80	$36,583.57
				$30,196.20	$7,064.90	$37,261.10
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

283 - VCCS-J SARGEANT REYNOLDS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$68.55	$3,771.18	$3,839.73
Indemnity.....	.....			$0.00	$7,359.00	$7,359.00
Medical.....	.....			$1,613.72	$26,100.00	$27,713.72
				$1,682.27	$37,230.18	$38,912.45
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$46,887.94	$16,692.05	$63,579.99
Indemnity.....	.....			$1,045,996.73	$89,774.86	$1,135,771.59
Medical.....	.....			$2,130,915.32	$645,800.04	$2,776,715.36
				$3,223,799.99	$752,266.95	$3,976,066.94
# of Claims	816					
# Open	8	Recovery Amount:	-$24,571.94			

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$36.00	$0.00	$36.00
				$36.00	$0.00	$36.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$423.65	$0.00	$423.65
				$423.65	$0.00	$423.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$388.60	$0.00	$388.60
				$388.60	$0.00	$388.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,667.88	$0.00	$1,667.88
Medical.....	.....			$1,202.04	$0.00	$1,202.04
				$2,869.92	$0.00	$2,869.92
# of Claims	8					
# Open	0	Recovery Amount:	-$65.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,665.79	$0.00	$1,665.79
				$1,665.79	$0.00	$1,665.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$373.00	$0.00	$373.00
				$373.00	$0.00	$373.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.00	$0.00	$161.00
				$161.00	$0.00	$161.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$42.50	$176.00	$218.50
Indemnity.....	.....			$19,004.70	$0.00	$19,004.70
Medical.....	.....			$50,836.86	$92,494.77	$143,331.63
				$69,884.06	$92,670.77	$162,554.83
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$486.63	$0.00	$486.63
				$486.63	$0.00	$486.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,785.30	$0.00	$2,785.30
				$2,785.30	$0.00	$2,785.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$35.25	$0.00	$35.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$35.25	$0.00	$35.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

284 - VCCS-EASTERN SHORE COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$11,826.17	$0.00	$11,826.17
Medical.....	.....			$7,668.63	$0.00	$7,668.63
				$19,510.80	$0.00	$19,510.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$749.02	$0.00	$749.02
				$749.02	$0.00	$749.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$93.75	$176.00	$269.75
Indemnity.....	.....			$32,498.75	$0.00	$32,498.75
Medical.....	.....			$66,851.52	$92,494.77	$159,346.29
				$99,444.02	$92,670.77	$192,114.79
# of Claims	59					
# Open	1	Recovery Amount:	-$65.39			

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.00**	**$0.00**	**$36.00**
				$36.00	**$0.00**	**$36.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$752.77**	**$0.00**	**$752.77**
		$752.77	**$0.00**	**$752.77**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$10,928.76**	**$0.00**	**$10,928.76**
Indemnity		**$248,277.01**	**$0.00**	**$248,277.01**
Medical		**$270,753.75**	**$0.00**	**$270,753.75**
		$529,959.52	**$0.00**	**$529,959.52**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,024.20**	**$0.00**	**$1,024.20**
Medical		**$8,340.40**	**$0.00**	**$8,340.40**
		$9,364.60	**$0.00**	**$9,364.60**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,028.74**	**$0.00**	**$2,028.74**
		$2,028.74	**$0.00**	**$2,028.74**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$5,939.73	$7,427.82	$13,367.55
Indemnity.....	.....			$24,966.33	$0.00	$24,966.33
Medical.....	.....			$182,418.77	$54,877.57	$237,296.34
				$213,324.83	$62,305.39	$275,630.22
# of Claims	4					
# Open	1	Recovery Amount:	-$29.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$302.94	$0.00	$302.94
				$302.94	$0.00	$302.94
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$625.90	$0.00	$625.90
				$625.90	$0.00	$625.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$349.12	$0.00	$349.12
Medical.....	.....			$687.79	$0.00	$687.79
				$1,036.91	$0.00	$1,036.91
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$265.90	$0.00	$265.90
				$265.90	$0.00	$265.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,424.11	$0.00	$4,424.11
				$4,424.11	$0.00	$4,424.11
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,484.49	$0.00	$3,484.49
				$3,484.49	$0.00	$3,484.49
# of Claims	7					
# Open	0	Recovery Amount:	-$127.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,682.56	$0.00	$18,682.56
Medical.....	.....			$39,915.51	$0.00	$39,915.51
				$58,598.07	$0.00	$58,598.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,389.19	$0.00	$1,389.19
				$1,389.19	$0.00	$1,389.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,270.08	$0.00	$2,270.08
Medical.....	.....			$10,592.59	$0.00	$10,592.59
				$12,862.67	$0.00	$12,862.67
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,771.14	$0.00	$5,771.14
Indemnity.....	.....			$7,884.16	$0.00	$7,884.16
Medical.....	.....			$25,383.38	$0.00	$25,383.38
				$39,038.68	$0.00	$39,038.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,490.38	$0.00	$1,490.38
				$1,564.38	$0.00	$1,564.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$74.00	$0.00	$74.00
Indemnity.....	.....			$4,358.96	$0.00	$4,358.96
Medical.....	.....			$7,115.33	$0.00	$7,115.33
				$11,548.29	$0.00	$11,548.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,440.42	$0.00	$3,440.42
				$3,532.92	$0.00	$3,532.92
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,350.61	$0.00	$1,350.61
				$1,461.61	$0.00	$1,461.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,693.69	$0.00	$3,693.69
				$3,693.69	$0.00	$3,693.69
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,856.27	$0.00	$3,856.27
				$3,856.27	$0.00	$3,856.27
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,712.15	$0.00	$7,712.15
Medical.....	.....			$45,290.97	$0.00	$45,290.97
				$53,003.12	$0.00	$53,003.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$10,400.00	$0.00	$10,400.00
Indemnity.....	.....			$104,242.91	$0.00	$104,242.91
Medical.....	.....			$14,455.42	$0.00	$14,455.42
				$129,098.33	$0.00	$129,098.33
# of Claims	6					
# Open	0	Recovery Amount:	-$25,882.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,161.18	$0.00	$5,161.18
				$5,169.18	$0.00	$5,169.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,297.58	$0.00	$8,297.58
				$8,305.58	$0.00	$8,305.58
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$522.91	$0.00	$522.91
				$522.91	$0.00	$522.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,734.09	$0.00	$13,734.09
				$13,750.09	$0.00	$13,750.09
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,047.22	$0.00	$14,047.22
				$14,055.22	$0.00	$14,055.22
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$108.39	$0.00	$108.39
Indemnity.....	.....			$176.86	$0.00	$176.86
Medical.....	.....			$11,174.06	$0.00	$11,174.06
				$11,459.31	$0.00	$11,459.31
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$628.70	$0.00	$628.70
				$628.70	$0.00	$628.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$63.63	$40.00	$103.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,093.57	$163,270.33	$177,363.90
				$14,157.20	$163,310.33	$177,467.53
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

285 - VCCS-Patrick & Henry Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$47.82	$71.00	$118.82
Indemnity.....	.....			$2,508.96	$418.16	$2,927.12
Medical.....	.....			$8,195.34	$7,054.66	$15,250.00
				$10,752.12	$7,543.82	$18,295.94
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$33,650.97	$7,538.82	$41,189.79
Indemnity.....	.....			$422,453.30	$418.16	$422,871.46
Medical.....	.....			$707,949.97	$225,202.56	$933,152.53
				$1,164,054.24	$233,159.54	$1,397,213.78
# of Claims	170					
# Open	3	Recovery Amount:	-$26,038.03			

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$195.91	$0.00	$195.91
Medical.....	.....			$1,837.04	$0.00	$1,837.04
				$2,095.45	$0.00	$2,095.45
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$243.79	$0.00	$243.79
Medical.....	.....			$16,249.10	$0.00	$16,249.10
				$16,492.89	$0.00	$16,492.89
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$208.00	$0.00	$208.00
Indemnity.....	.....			$56,219.01	$0.00	$56,219.01
Medical.....	.....			$225,578.40	$0.00	$225,578.40
				$282,005.41	$0.00	$282,005.41
# of Claims	11					
# Open	0	Recovery Amount:	-$39.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,472.79	$0.00	$2,472.79
Medical.....	.....			$3,285.91	$0.00	$3,285.91
				$5,758.70	$0.00	$5,758.70
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$73,124.98	$0.00	$73,124.98
Medical.....	.....			$29,213.05	$0.00	$29,213.05
				$102,338.03	$0.00	$102,338.03
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,893.85	$0.00	$7,893.85
				$7,893.85	$0.00	$7,893.85
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$714.87	$0.00	$714.87
Indemnity.....	.....			$191,918.25	$0.00	$191,918.25
Medical.....	.....			$44,934.45	$0.00	$44,934.45
				$237,567.57	$0.00	$237,567.57
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,011.51	$0.00	$17,011.51
Medical.....	.....			$45,290.02	$0.00	$45,290.02
				$62,301.53	$0.00	$62,301.53
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$855.70	$0.00	$855.70
Medical.....	.....			$3,809.27	$0.00	$3,809.27
				$4,664.97	$0.00	$4,664.97
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,187.90	$0.00	$15,187.90
Medical.....	.....			$122,000.39	$0.00	$122,000.39
				$137,188.29	$0.00	$137,188.29
# of Claims	24					
# Open	0	Recovery Amount:	-$10,822.79			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,717.49	$0.00	$3,717.49
				$3,717.49	$0.00	$3,717.49
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$16.00	$48.00	$64.00
Indemnity.....	.....			$6,669.43	$0.00	$6,669.43
Medical.....	.....			$73,239.23	$7,202.89	$80,442.12
				$79,924.66	$7,250.89	$87,175.55
# of Claims	15					
# Open	1	Recovery Amount:	-$2,688.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,791.75	$0.00	$1,791.75
				$1,791.75	$0.00	$1,791.75
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,046.43	$0.00	$22,046.43
Medical.....	.....			$61,916.21	$0.00	$61,916.21
				$83,962.64	$0.00	$83,962.64
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,526.35	$0.00	$3,526.35
Medical.....	.....			$5,143.10	$0.00	$5,143.10
				$8,669.45	$0.00	$8,669.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$23,958.20	$60.00	$24,018.20
Indemnity.....	.....			$180,797.54	$0.00	$180,797.54
Medical.....	.....			$159,805.27	$112,504.90	$272,310.17
				$364,561.01	$112,564.90	$477,125.91
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,213.38	$0.00	$3,213.38
Medical.....	.....			$24,943.58	$0.00	$24,943.58
				$28,175.46	$0.00	$28,175.46
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$8,913.53	$0.00	$8,913.53
Medical.....	.....			$23,607.46	$0.00	$23,607.46
				$32,536.99	$0.00	$32,536.99
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$387.17	$0.00	$387.17
Medical.....	.....			$7,528.15	$0.00	$7,528.15
				$7,933.82	$0.00	$7,933.82
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$299.87	$0.00	$299.87
Indemnity.....	.....			$4,149.83	$0.00	$4,149.83
Medical.....	.....			$16,120.94	$0.00	$16,120.94
				$20,570.64	$0.00	$20,570.64
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,549.15	$0.00	$3,549.15
				$3,549.15	$0.00	$3,549.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$126.00	$0.00	$126.00
Indemnity.....	.....			$7,080.00	$0.00	$7,080.00
Medical.....	.....			$10,948.95	$0.00	$10,948.95
				$18,154.95	$0.00	$18,154.95
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,357.72	$0.00	$1,357.72
				$1,357.72	$0.00	$1,357.72
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,202.56	$0.00	$10,202.56
				$10,202.56	$0.00	$10,202.56
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$35.75	$0.00	$35.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,324.12	$0.00	$3,324.12
				$3,359.87	$0.00	$3,359.87
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,219.87	$0.00	$1,219.87
				$1,219.87	$0.00	$1,219.87
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,518.15	$0.00	$4,518.15
				$4,518.15	$0.00	$4,518.15
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$10,983.70	$0.00	$10,983.70
Medical.....	.....			$27,673.49	$0.00	$27,673.49
				$38,693.19	$0.00	$38,693.19
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$101.41	$0.00	$101.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$419.25	$0.00	$419.25
				$520.66	$0.00	$520.66
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$41.05	$0.00	$41.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$885.70	$0.00	$885.70
				$926.75	$0.00	$926.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

286 - VCCS-VA WESTERN COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$49.53	$0.00	$49.53
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,001.05	$0.00	$1,001.05
				$1,050.58	$0.00	$1,050.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$387.03	$0.00	$387.03
				$387.03	$0.00	$387.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$25.00	$1,175.00	$1,200.00
				$25.00	$1,225.00	$1,250.00
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,702.18	$158.00	$25,860.18
Indemnity.....	.....			$604,997.20	$0.00	$604,997.20
Medical.....	.....			$943,416.70	$120,882.79	$1,064,299.49
				$1,574,116.08	$121,040.79	$1,695,156.87
# of Claims	430					
# Open	3	Recovery Amount:	-$13,550.60			

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

WC1990	**7/1/1989 - 6/30/1990**					
Expense.....	.....			**$62.50**	**$0.00**	**$62.50**
Indemnity.....	.....			**$81.71**	**$0.00**	**$81.71**
Medical.....	.....			**$11,744.99**	**$0.00**	**$11,744.99**
				$11,889.20	**$0.00**	**$11,889.20**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense.....	.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....	**$2,251.36**	**$0.00**	**$2,251.36**
Medical.....	.....	**$9,977.32**	**$0.00**	**$9,977.32**
		$12,228.68	**$0.00**	**$12,228.68**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense.....	.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	.....	**$44.00**	**$0.00**	**$44.00**
		$44.00	**$0.00**	**$44.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense.....	.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	.....	**$504.53**	**$0.00**	**$504.53**
		$504.53	**$0.00**	**$504.53**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**			
Expense.....	.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	.....	**$504.37**	**$0.00**	**$504.37**
		$504.37	**$0.00**	**$504.37**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$445.51	$0.00	$445.51
Medical.....	.....			$6,140.30	$0.00	$6,140.30
				$6,585.81	$0.00	$6,585.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$769.42	$0.00	$769.42
				$769.42	$0.00	$769.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.00	$0.00	$95.00
				$95.00	$0.00	$95.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,487.20	$0.00	$3,487.20
Medical.....	.....			$20,221.71	$0.00	$20,221.71
				$23,708.91	$0.00	$23,708.91
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$135.78	$0.00	$135.78
Medical.....	.....			$1,929.96	$0.00	$1,929.96
				$2,065.74	$0.00	$2,065.74
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.50	$0.00	$220.50
				$220.50	$0.00	$220.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,021.21	$0.00	$1,021.21
				$1,021.21	$0.00	$1,021.21
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,150.48	$0.00	$1,150.48
Medical.....	.....			$1,133.64	$0.00	$1,133.64
				$2,284.12	$0.00	$2,284.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$45.00	$0.00	$45.00
				$45.00	$0.00	$45.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,498.57	$0.00	$3,498.57
				$3,498.57	$0.00	$3,498.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$92.50	$0.00	$92.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$515.25	$0.00	$515.25
				$607.75	$0.00	$607.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,982.92	$0.00	$4,982.92
				$5,019.92	$0.00	$5,019.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$281.06	$0.00	$281.06
				$299.56	$0.00	$299.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.39	$0.00	$179.39
				$216.39	$0.00	$216.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.00	$0.00	$178.00
				$178.00	$0.00	$178.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,232.00	$0.00	$12,232.00
				$12,280.00	$0.00	$12,280.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$444.00	$0.00	$444.00
				$444.00	$0.00	$444.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,877.24	$0.00	$2,877.24
				$2,877.24	$0.00	$2,877.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,337.06	$0.00	$3,337.06
				$3,361.06	$0.00	$3,361.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.41	$0.00	$133.41
				$133.41	$0.00	$133.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,834.44	$0.00	$1,834.44
				$1,834.44	$0.00	$1,834.44
# of Claims	1					
# Open	0	Recovery Amount:	-$1,353.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$119.76	$0.00	$119.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$119.76	$0.00	$119.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$62.35	$0.00	$62.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,372.80	$0.00	$12,372.80
				$12,435.15	$0.00	$12,435.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

261 - VA COMMUNITY COLLEGE SYSTEM

287 - VCCS-Mountain Gateway Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$46.70	$0.00	$46.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$46.70	$0.00	$46.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$110.63	$0.00	$110.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.99	$0.00	$199.99
				$310.62	$0.00	$310.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$658.94	$0.00	$658.94
Indemnity.....	.....			$7,552.04	$0.00	$7,552.04
Medical.....	.....			$97,418.08	$0.00	$97,418.08
				$105,629.06	$0.00	$105,629.06
# of Claims	118					
# Open	0	Recovery Amount:	-$1,353.86			

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$196.45	$0.00	$196.45
Medical.....	.....			$4,130.41	$0.00	$4,130.41
				$4,389.36	$0.00	$4,389.36
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,114.50	$0.00	$1,114.50
				$1,114.50	$0.00	$1,114.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$925.40	$0.00	$925.40
				$925.40	$0.00	$925.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,698.52	$0.00	$2,698.52
				$2,698.52	$0.00	$2,698.52
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,758.44	$0.00	$6,758.44
				$6,758.44	$0.00	$6,758.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$436.41	$0.00	$436.41
				$436.41	$0.00	$436.41
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$745.04	$0.00	$745.04
				$745.04	$0.00	$745.04
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,185.30	$0.00	$1,185.30
				$1,185.30	$0.00	$1,185.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$591.15	$0.00	$591.15
				$591.15	$0.00	$591.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$402.80	$0.00	$402.80
				$402.80	$0.00	$402.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,499.80	$0.00	$1,499.80
				$1,499.80	$0.00	$1,499.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,116.30	$0.00	$1,116.30
Medical.....	.....			$3,551.99	$0.00	$3,551.99
				$4,668.29	$0.00	$4,668.29
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,836.72	$0.00	$1,836.72
				$1,836.72	$0.00	$1,836.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,052.91	$0.00	$1,052.91
				$1,052.91	$0.00	$1,052.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,157.68	$0.00	$1,157.68
				$1,157.68	$0.00	$1,157.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,293.55	$0.00	$1,293.55
Medical.....	.....			$10,953.70	$0.00	$10,953.70
				$12,247.25	$0.00	$12,247.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.00	$0.00	$127.00
				$127.00	$0.00	$127.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,989.82	$0.00	$3,989.82
Medical.....	.....			$6,116.06	$0.00	$6,116.06
				$10,105.88	$0.00	$10,105.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,116.57	$0.00	$1,116.57
Indemnity.....	.....			$4,131.25	$0.00	$4,131.25
Medical.....	.....			$65,985.15	$0.00	$65,985.15
				$71,232.97	$0.00	$71,232.97
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,891.41	$0.00	$8,891.41
Medical.....	.....			$27,564.01	$0.00	$27,564.01
				$36,455.42	$0.00	$36,455.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,803.59	$0.00	$1,803.59
				$1,819.59	$0.00	$1,819.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,603.91	$0.00	$2,603.91
				$2,603.91	$0.00	$2,603.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,251.62	$0.00	$2,251.62
				$2,251.62	$0.00	$2,251.62
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,020.41**	**$0.00**	**$4,020.41**
				$4,020.41	**$0.00**	**$4,020.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$89.21**	**$0.00**	**$89.21**
Indemnity				**$4,470.00**	**$0.00**	**$4,470.00**
Medical				**$41,605.39**	**$0.00**	**$41,605.39**
				$46,164.60	**$0.00**	**$46,164.60**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$24.92**	**$0.00**	**$24.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,110.39**	**$0.00**	**$6,110.39**
				$6,135.31	**$0.00**	**$6,135.31**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

288 - VCCS-WYTHEVILLE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.81	$0.00	$187.81
				$187.81	$0.00	$187.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,309.20	$0.00	$1,309.20
Indemnity.....	.....			$24,088.78	$0.00	$24,088.78
Medical.....	.....			$197,416.11	$0.00	$197,416.11
				$222,814.09	$0.00	$222,814.09
# of Claims	123					
# Open	0	Recovery Amount:	$0.00			

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$684.00	$0.00	$684.00
Indemnity.....	.....			$19,979.78	$0.00	$19,979.78
Medical.....	.....			$53,054.73	$0.00	$53,054.73
				$73,718.51	$0.00	$73,718.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,304.15	$0.00	$1,304.15
Medical.....	.....			$4,503.98	$0.00	$4,503.98
				$5,808.13	$0.00	$5,808.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.50	$0.00	$106.50
				$106.50	$0.00	$106.50
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36.93	$0.00	$36.93
Medical.....	.....			$2,366.77	$0.00	$2,366.77
				$2,403.70	$0.00	$2,403.70
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$885.63	$0.00	$885.63
				$885.63	$0.00	$885.63
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,385.56	$0.00	$3,385.56
Medical.....	.....			$18,867.50	$0.00	$18,867.50
				$22,253.06	$0.00	$22,253.06
# of Claims	5					
# Open	0	Recovery Amount:	-$327.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,270.50	$0.00	$2,270.50
Indemnity.....	.....			$6,757.15	$0.00	$6,757.15
Medical.....	.....			$51,073.93	$0.00	$51,073.93
				$60,101.58	$0.00	$60,101.58
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$415.29	$0.00	$415.29
Medical.....	.....			$1,989.30	$0.00	$1,989.30
				$2,404.59	$0.00	$2,404.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,698.71	$0.00	$3,698.71
Medical.....	.....			$41,962.26	$0.00	$41,962.26
				$45,660.97	$0.00	$45,660.97
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$432.64	$0.00	$432.64
				$432.64	$0.00	$432.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$17,620.30	$44.00	$17,664.30
Indemnity.....	.....			$106,652.37	$0.00	$106,652.37
Medical.....	.....			$651,082.35	$342,691.41	$993,773.76
				$775,355.02	$342,735.41	$1,118,090.43
# of Claims	9					
# Open	1	Recovery Amount:	-$925.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$4,653.85	$335.00	$4,988.85
Indemnity.....	.....			$314,372.06	$0.00	$314,372.06
Medical.....	.....			$508,932.29	$438,490.31	$947,422.60
				$827,958.20	$438,825.31	$1,266,783.51
# of Claims	7					
# Open	1	Recovery Amount:	-$9,832.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$267.26	$0.00	$267.26
Medical.....	.....			$6,721.81	$0.00	$6,721.81
				$6,989.07	$0.00	$6,989.07
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$456.21	$0.00	$456.21
				$456.21	$0.00	$456.21
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.36	$0.00	$376.36
				$376.36	$0.00	$376.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,979.89	$0.00	$8,979.89
Medical.....	.....			$57,895.28	$0.00	$57,895.28
				$66,883.17	$0.00	$66,883.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$26,321.76	$0.00	$26,321.76
Indemnity.....	.....			$469,574.04	$0.00	$469,574.04
Medical.....	.....			$145,240.23	$0.00	$145,240.23
				$641,136.03	$0.00	$641,136.03
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,140.78	$0.00	$2,140.78
				$2,140.78	$0.00	$2,140.78
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,211.47	$0.00	$1,211.47
				$1,211.47	$0.00	$1,211.47
# of Claims	5					
# Open	0	Recovery Amount:	-$264.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,124.51	$0.00	$3,124.51
				$3,124.51	$0.00	$3,124.51
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,911.39	$0.00	$13,911.39
Medical.....	.....			$82,902.15	$0.00	$82,902.15
				$96,813.54	$0.00	$96,813.54
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,915.01	$0.00	$16,915.01
				$16,915.01	$0.00	$16,915.01
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$90.00	$0.00	$90.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24,088.08	$0.00	$24,088.08
				$24,178.08	$0.00	$24,178.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$35,844.54	$0.00	$35,844.54
Indemnity.....	.....			$548,841.68	$0.00	$548,841.68
Medical.....	.....			$190,860.47	$0.00	$190,860.47
				$775,546.69	$0.00	$775,546.69
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,186.50	$0.00	$1,186.50
Indemnity.....	.....			$3,459.58	$0.00	$3,459.58
Medical.....	.....			$3,409.47	$0.00	$3,409.47
				$8,055.55	$0.00	$8,055.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$28.24	$0.00	$28.24
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,690.25	$0.00	$4,690.25
				$4,718.49	$0.00	$4,718.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$419.98	$0.00	$419.98
				$427.98	$0.00	$427.98
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$644.48	$0.00	$644.48
				$644.48	$0.00	$644.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

290 - VCCS-Brightpoint Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$617.90	$0.00	$617.90
				$617.90	$0.00	$617.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$42.40	$0.00	$42.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,209.34	$0.00	$2,209.34
				$2,251.74	$0.00	$2,251.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$27.93	$0.00	$27.93
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$259.15	$0.00	$259.15
				$287.08	$0.00	$287.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$503.45	$0.00	$503.45
				$503.45	$0.00	$503.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$88,786.02	$379.00	$89,165.02
Indemnity.....	.....			$1,501,635.84	$0.00	$1,501,635.84
Medical.....	.....			$1,879,944.26	$781,181.72	$2,661,125.98
				$3,470,366.12	$781,560.72	$4,251,926.84
# of Claims	213					
# Open	2	Recovery Amount:	-$11,349.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$975.26	$0.00	$975.26
				$1,037.76	$0.00	$1,037.76
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$281.71	$0.00	$281.71
				$281.71	$0.00	$281.71
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,074.09	$0.00	$3,074.09
Medical.....	.....			$1,352.10	$0.00	$1,352.10
				$4,426.19	$0.00	$4,426.19
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.99	$0.00	$219.99
				$219.99	$0.00	$219.99
# of Claims	5					
# Open	0	Recovery Amount:	-$84.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$158.70	$0.00	$158.70
Medical.....	.....			$221.20	$0.00	$221.20
				$379.90	$0.00	$379.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$335.00	$0.00	$335.00
				$335.00	$0.00	$335.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$468.69	$0.00	$468.69
				$468.69	$0.00	$468.69
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$706.00	$0.00	$706.00
				$706.00	$0.00	$706.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,542.17	$0.00	$10,542.17
				$10,542.17	$0.00	$10,542.17
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,049.66	$0.00	$10,049.66
Medical.....	.....			$15,592.21	$0.00	$15,592.21
				$25,641.87	$0.00	$25,641.87
# of Claims	7					
# Open	0	Recovery Amount:	-$16.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,152.36	$0.00	$1,152.36
				$1,152.36	$0.00	$1,152.36
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$927.16	$0.00	$927.16
				$927.16	$0.00	$927.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,720.77	$0.00	$1,720.77
				$1,720.77	$0.00	$1,720.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$502.06	$0.00	$502.06
				$502.06	$0.00	$502.06
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,972.36	$0.00	$2,972.36
				$2,972.36	$0.00	$2,972.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$910.92	$0.00	$910.92
				$910.92	$0.00	$910.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,819.94	$0.00	$1,819.94
Medical.....	.....			$3,714.75	$0.00	$3,714.75
				$5,534.69	$0.00	$5,534.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,818.92	$0.00	$2,818.92
				$2,818.92	$0.00	$2,818.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$387.84	$0.00	$387.84
				$387.84	$0.00	$387.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$626.00	$0.00	$626.00
				$626.00	$0.00	$626.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,045.40	$0.00	$1,045.40
				$1,045.40	$0.00	$1,045.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$702.40	$0.00	$702.40
Indemnity.....	.....			$5,457.64	$0.00	$5,457.64
Medical.....	.....			$59,958.86	$0.00	$59,958.86
				$66,118.90	$0.00	$66,118.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,532.64	$0.00	$1,532.64
				$1,532.64	$0.00	$1,532.64
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$21.89	$0.00	$21.89
Indemnity.....	.....			$765.09	$0.00	$765.09
Medical.....	.....			$2,909.11	$0.00	$2,909.11
				$3,696.09	$0.00	$3,696.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$511.09	$0.00	$511.09
				$511.09	$0.00	$511.09
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$667.20	$0.00	$667.20
				$675.20	$0.00	$675.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$53.40	$0.00	$53.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,079.65	$0.00	$1,079.65
				$1,133.05	$0.00	$1,133.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

291 - VCCS-BLUE RIDGE COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$32.35	$0.00	$32.35
Indemnity.....	.....			$4,749.26	$0.00	$4,749.26
Medical.....	.....			$12,408.85	$0.00	$12,408.85
				$17,190.46	$0.00	$17,190.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,526.21	$0.00	$1,526.21
				$1,526.21	$0.00	$1,526.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$880.54	$0.00	$880.54
Indemnity.....	.....			$26,074.38	$0.00	$26,074.38
Medical.....	.....			$128,066.48	$0.00	$128,066.48
				$155,021.40	$0.00	$155,021.40
# of Claims	121					
# Open	0	Recovery Amount:	-$100.88			

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$116.50**	**$0.00**	**$116.50**
				$116.50	**$0.00**	**$116.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$6,534.59**	**$0.00**	**$6,534.59**
Indemnity		**$101,279.60**	**$0.00**	**$101,279.60**
Medical		**$7,659.60**	**$0.00**	**$7,659.60**
		$115,473.79	**$0.00**	**$115,473.79**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$226.00**	**$0.00**	**$226.00**
		$226.00	**$0.00**	**$226.00**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,608.53**	**$0.00**	**$4,608.53**
Medical		**$13,608.46**	**$0.00**	**$13,608.46**
		$18,216.99	**$0.00**	**$18,216.99**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$51.98**	**$0.00**	**$51.98**
Medical		**$1,132.14**	**$0.00**	**$1,132.14**
		$1,184.12	**$0.00**	**$1,184.12**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$48.32	$0.00	$48.32
Medical.....	.....			$544.71	$0.00	$544.71
				$593.03	$0.00	$593.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,342.54	$0.00	$4,342.54
Medical.....	.....			$3,431.44	$0.00	$3,431.44
				$7,773.98	$0.00	$7,773.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$301.37	$0.00	$301.37
				$301.37	$0.00	$301.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$107.00	$0.00	$107.00
				$107.00	$0.00	$107.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$417.25	$0.00	$417.25
				$417.25	$0.00	$417.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$767.68	$0.00	$767.68
Medical.....	.....			$12,899.84	$0.00	$12,899.84
				$13,667.52	$0.00	$13,667.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.12	$0.00	$161.12
				$161.12	$0.00	$161.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,098.68	$0.00	$12,098.68
				$12,098.68	$0.00	$12,098.68
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.00	$0.00	$130.00
				$130.00	$0.00	$130.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$71.81	$0.00	$71.81
				$71.81	$0.00	$71.81
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,691.67	$0.00	$2,691.67
Medical.....	.....			$4,787.41	$0.00	$4,787.41
				$7,479.08	$0.00	$7,479.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,662.14	$0.00	$1,662.14
Medical.....	.....			$4,877.28	$0.00	$4,877.28
				$6,539.42	$0.00	$6,539.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$712.59	$0.00	$712.59
				$712.59	$0.00	$712.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,382.26	$0.00	$1,382.26
				$1,382.26	$0.00	$1,382.26
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$584.36	$0.00	$584.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,936.09	$0.00	$31,936.09
				$32,520.45	$0.00	$32,520.45
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$500.95	$0.00	$500.95
Medical.....	.....			$683.61	$0.00	$683.61
				$1,192.56	$0.00	$1,192.56
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$96.50	$0.00	$96.50
Indemnity.....	.....			$24,681.08	$0.00	$24,681.08
Medical.....	.....			$71,464.98	$0.00	$71,464.98
				$96,242.56	$0.00	$96,242.56
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$95.18	$4,404.82	$4,500.00
Indemnity.....	.....			$13,713.43	$0.00	$13,713.43
Medical.....	.....			$38,226.50	$13,273.02	$51,499.52
				$52,035.11	$17,677.84	$69,712.95
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$425.07	$0.00	$425.07
Medical.....	.....			$308.92	$0.00	$308.92
				$741.99	$0.00	$741.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

292 - VCCS-CENTRAL VA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$22.28	$0.00	$22.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.47	$0.00	$472.47
				$494.75	$0.00	$494.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,548.04	$0.00	$16,548.04
				$16,556.04	$0.00	$16,556.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,108.35	$0.00	$2,108.35
				$2,108.35	$0.00	$2,108.35
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$51.38	$100.00	$151.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,243.55	$3,756.45	$6,000.00
				$2,294.93	$3,856.45	$6,151.38
# of Claims	3					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,408.29	$4,504.82	$11,913.11
Indemnity.....	.....			$154,772.99	$0.00	$154,772.99
Medical.....	.....			$228,657.97	$17,029.47	$245,687.44
				$390,839.25	$21,534.29	$412,373.54
# of Claims	160					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$521.27	$0.00	$521.27
Medical.....	.....			$3,412.98	$0.00	$3,412.98
				$3,934.25	$0.00	$3,934.25
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,102.36	$0.00	$7,102.36
Medical.....	.....			$22,737.64	$0.00	$22,737.64
				$29,840.00	$0.00	$29,840.00
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$3,031.94	$0.00	$3,031.94
Indemnity.....	.....			$156,062.42	$0.00	$156,062.42
Medical.....	.....			$103,171.59	$0.00	$103,171.59
				$262,265.95	$0.00	$262,265.95
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$121,381.17	$0.00	$121,381.17
Medical.....	.....			$45,654.09	$0.00	$45,654.09
				$167,035.26	$0.00	$167,035.26
# of Claims	35					
# Open	0	Recovery Amount:	-$104.08			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$267,103.24	$0.00	$267,103.24
Medical.....	.....			$56,947.55	$0.00	$56,947.55
				$324,050.79	$0.00	$324,050.79
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,841.31	$0.00	$1,841.31
				$1,841.31	$0.00	$1,841.31
# of Claims	16					
# Open	0	Recovery Amount:	-$923.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$295.31	$0.00	$295.31
Medical.....	.....			$5,566.18	$0.00	$5,566.18
				$5,861.49	$0.00	$5,861.49
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,910.80	$0.00	$1,910.80
Medical.....	.....			$2,852.36	$0.00	$2,852.36
				$4,763.16	$0.00	$4,763.16
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,770.31	$0.00	$3,770.31
Medical.....	.....			$11,814.00	$0.00	$11,814.00
				$15,584.31	$0.00	$15,584.31
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$357.48	$0.00	$357.48
Medical.....	.....			$4,308.79	$0.00	$4,308.79
				$4,666.27	$0.00	$4,666.27
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,450.55	$0.00	$3,450.55
				$3,450.55	$0.00	$3,450.55
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,062.53	$0.00	$5,062.53
				$5,062.53	$0.00	$5,062.53
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,395.58	$0.00	$1,395.58
Medical.....	.....			$9,864.14	$0.00	$9,864.14
				$11,259.72	$0.00	$11,259.72
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,398.21	$0.00	$5,398.21
				$5,398.21	$0.00	$5,398.21
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,655.20	$0.00	$8,655.20
Medical.....	.....			$24,621.25	$0.00	$24,621.25
				$33,276.45	$0.00	$33,276.45
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,092.09	$0.00	$2,092.09
				$2,092.09	$0.00	$2,092.09
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,653.05	$0.00	$1,653.05
				$1,653.05	$0.00	$1,653.05
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$5,504.52	$0.00	$5,504.52
Indemnity.....	.....			$49,348.93	$0.00	$49,348.93
Medical.....	.....			$56,038.82	$0.00	$56,038.82
				$110,892.27	$0.00	$110,892.27
# of Claims	16					
# Open	0	Recovery Amount:	-$1,256.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$78.50	$0.00	$78.50
Indemnity.....	.....			$399.43	$0.00	$399.43
Medical.....	.....			$8,714.87	$0.00	$8,714.87
				$9,192.80	$0.00	$9,192.80
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,935.35	$0.00	$2,935.35
Medical.....	.....			$13,377.79	$0.00	$13,377.79
				$16,313.14	$0.00	$16,313.14
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,663.99	$0.00	$3,663.99
				$3,663.99	$0.00	$3,663.99
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,385.22	$0.00	$13,385.22
				$13,385.22	$0.00	$13,385.22
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$112.81	$0.00	$112.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,127.91	$0.00	$3,127.91
				$3,240.72	$0.00	$3,240.72
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,324.02	$0.00	$2,324.02
				$2,324.02	$0.00	$2,324.02
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$426.07	$0.00	$426.07
Indemnity.....	.....			$4,665.52	$0.00	$4,665.52
Medical.....	.....			$32,598.64	$0.00	$32,598.64
				$37,690.23	$0.00	$37,690.23
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$1,524.71	$0.00	$1,524.71
Indemnity.....	.....			$166,693.65	$0.00	$166,693.65
Medical.....	.....			$99,135.22	$0.00	$99,135.22
				$267,353.58	$0.00	$267,353.58
# of Claims	27					
# Open	0	Recovery Amount:	-$699.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$165.00	$0.00	$165.00
Indemnity.....	.....			$7,103.57	$0.00	$7,103.57
Medical.....	.....			$5,197.08	$0.00	$5,197.08
				$12,465.65	$0.00	$12,465.65
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$493.16	$0.00	$493.16
Indemnity.....	.....			$18,964.70	$0.00	$18,964.70
Medical.....	.....			$61,981.36	$0.00	$61,981.36
				$81,439.22	$0.00	$81,439.22
# of Claims	28					
# Open	0	Recovery Amount:	-$545.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$111.68	$0.00	$111.68
Indemnity.....	.....			$5,174.94	$0.00	$5,174.94
Medical.....	.....			$29,672.76	$0.00	$29,672.76
				$34,959.38	$0.00	$34,959.38
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$130.00	$0.00	$130.00
Indemnity.....	.....			$13,856.39	$0.00	$13,856.39
Medical.....	.....			$25,506.78	$0.00	$25,506.78
				$39,493.17	$0.00	$39,493.17
# of Claims	9					
# Open	0	Recovery Amount:	-$18,588.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$27.00	$0.00	$27.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,000.05	$0.00	$1,000.05
				$1,027.05	$0.00	$1,027.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$197.53	$0.00	$197.53
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,745.73	$0.00	$6,745.73
				$6,943.26	$0.00	$6,943.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$214.20	$3,742.00	$3,956.20
Indemnity.....	.....			$10,576.48	$20,438.43	$31,014.91
Medical.....	.....			$15,384.57	$20,420.87	$35,805.44
				$26,175.25	$44,601.30	$70,776.55
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

293 - VCCS-VA Peninsula Community Coll.

Grand Totals

Expense			**$12,017.12**	**$3,742.00**	**$15,759.12**
Indemnity			**$848,274.10**	**$20,438.43**	**$868,712.53**
Medical			**$688,303.12**	**$20,420.87**	**$708,723.99**
			$1,548,594.34	**$44,601.30**	**$1,593,195.64**
# of Claims	**551**				
# Open	**1**	**Recovery Amount:**	**-$22,117.51**		

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,574.26**	**$0.00**	**$7,574.26**
Medical				**$2,297.23**	**$0.00**	**$2,297.23**
				$9,871.49	**$0.00**	**$9,871.49**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$14,232.78**	**$0.00**	**$14,232.78**
Indemnity				**$88,092.97**	**$0.00**	**$88,092.97**
Medical				**$156,870.95**	**$0.00**	**$156,870.95**
				$259,196.70	**$0.00**	**$259,196.70**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,999.02**	**$0.00**	**$1,999.02**
Medical				**$11,080.50**	**$0.00**	**$11,080.50**
				$13,079.52	**$0.00**	**$13,079.52**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$286.40**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$982.36	$0.00	$982.36
				$982.36	$0.00	$982.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,245.00	$0.00	$1,245.00
Indemnity.....	.....			$92,105.11	$0.00	$92,105.11
Medical.....	.....			$204,900.88	$0.00	$204,900.88
				$298,250.99	$0.00	$298,250.99
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,142.07	$0.00	$1,142.07
				$1,142.07	$0.00	$1,142.07
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,690.86	$0.00	$2,690.86
Medical.....	.....			$36,617.10	$0.00	$36,617.10
				$39,307.96	$0.00	$39,307.96
# of Claims	6					
# Open	0	Recovery Amount:	-$489.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$66.00	$48.00	$114.00
Indemnity.....	.....			$156,902.36	$0.00	$156,902.36
Medical.....	.....			$242,540.58	$100,686.41	$343,226.99
				$399,508.94	$100,734.41	$500,243.35
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$50.97	$0.00	$50.97
Medical.....	.....			$2,666.65	$0.00	$2,666.65
				$2,717.62	$0.00	$2,717.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$363.55	$0.00	$363.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$490.09	$0.00	$490.09
				$853.64	$0.00	$853.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,425.00	$0.00	$1,425.00
Indemnity.....	.....			$5,023.62	$0.00	$5,023.62
Medical.....	.....			$45,315.77	$0.00	$45,315.77
				$51,764.39	$0.00	$51,764.39
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,858.58	$0.00	$5,858.58
				$5,858.58	$0.00	$5,858.58
# of Claims	6					
# Open	0	Recovery Amount:	-$4,135.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,934.79	$0.00	$3,934.79
				$3,934.79	$0.00	$3,934.79
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$654.00	$0.00	$654.00
				$654.00	$0.00	$654.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,403.18	$0.00	$8,403.18
				$8,403.18	$0.00	$8,403.18
# of Claims	7					
# Open	0	Recovery Amount:	-$1,191.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,333.00	$0.00	$2,333.00
				$2,333.00	$0.00	$2,333.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$635.00	$0.00	$635.00
				$635.00	$0.00	$635.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$595.81	$0.00	$595.81
Indemnity.....	.....			$15,709.18	$0.00	$15,709.18
Medical.....	.....			$64,300.40	$0.00	$64,300.40
				$80,605.39	$0.00	$80,605.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,779.28	$0.00	$5,779.28
				$5,779.28	$0.00	$5,779.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$26.92	$0.00	$26.92
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,221.11	$0.00	$1,221.11
				$1,248.03	$0.00	$1,248.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$106.15	$117.00	$223.15
Indemnity.....	.....			$452.31	$0.00	$452.31
Medical.....	.....			$7,051.55	$52.94	$7,104.49
				$7,610.01	$169.94	$7,779.95
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$412.86	$0.00	$412.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38,882.67	$0.00	$38,882.67
				$39,295.53	$0.00	$39,295.53
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$121.95	$0.00	$121.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,546.01	$0.00	$2,546.01
				$2,667.96	$0.00	$2,667.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$622.50	$0.00	$622.50
				$630.50	$0.00	$630.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

294 - VCCS-SOUTHWEST VA. COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$54.00	$50.00	$104.00
Indemnity.....	.....			$358.24	$0.00	$358.24
Medical.....	.....			$31,355.76	$1,200.00	$32,555.76
				$31,768.00	$1,250.00	$33,018.00
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18,658.02	$215.00	$18,873.02
Indemnity.....	.....			$370,958.90	$0.00	$370,958.90
Medical.....	.....			$878,482.01	$101,939.35	$980,421.36
				$1,268,098.93	$102,154.35	$1,370,253.28
# of Claims	137					
# Open	3	Recovery Amount:	-$6,102.95			

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,319.30	$0.00	$1,319.30
				$1,319.30	$0.00	$1,319.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$15,966.18	$11,283.71	$27,249.89
Indemnity.....	.....			$326,211.86	$0.00	$326,211.86
Medical.....	.....			$603,789.71	$151,651.60	$755,441.31
				$945,967.75	$162,935.31	$1,108,903.06
# of Claims	26					
# Open	2	Recovery Amount:	-$1,319.30			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,720.44	$0.00	$1,720.44
Medical.....	.....			$15,894.31	$0.00	$15,894.31
				$17,614.75	$0.00	$17,614.75
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,884.00	$0.00	$15,884.00
Medical.....	.....			$34,040.90	$0.00	$34,040.90
				$49,924.90	$0.00	$49,924.90
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$39,074.15	$11,743.44	$50,817.59
Indemnity.....	.....			$34,367.56	$0.00	$34,367.56
Medical.....	.....			$1,163,110.29	$1,281,716.02	$2,444,826.31
				$1,236,552.00	$1,293,459.46	$2,530,011.46
# of Claims	40					
# Open	1	Recovery Amount:	-$59.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,236.46	$0.00	$9,236.46
Medical.....	.....			$14,694.18	$0.00	$14,694.18
				$23,930.64	$0.00	$23,930.64
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,490.98	$0.00	$3,490.98
Medical.....	.....			$24,978.76	$0.00	$24,978.76
				$28,469.74	$0.00	$28,469.74
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,848.42	$0.00	$4,848.42
Medical.....	.....			$18,165.27	$0.00	$18,165.27
				$23,013.69	$0.00	$23,013.69
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$11.50	$0.00	$11.50
Indemnity.....	.....			$119,657.08	$0.00	$119,657.08
Medical.....	.....			$151,147.31	$0.00	$151,147.31
				$270,815.89	$0.00	$270,815.89
# of Claims	37					
# Open	0	Recovery Amount:	-$29.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$15.78	$0.00	$15.78
Indemnity.....	.....			$10,635.88	$0.00	$10,635.88
Medical.....	.....			$147,617.14	$0.00	$147,617.14
				$158,268.80	$0.00	$158,268.80
# of Claims	50					
# Open	0	Recovery Amount:	-$70.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,705.87	$0.00	$18,705.87
				$18,705.87	$0.00	$18,705.87
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$12,630.87	$7,707.98	$20,338.85
Indemnity.....	.....			$69,212.51	$0.00	$69,212.51
Medical.....	.....			$403,735.31	$165,777.53	$569,512.84
				$485,578.69	$173,485.51	$659,064.20
# of Claims	27					
# Open	1	Recovery Amount:	-$21,186.76			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$7,238.87	$471.13	$7,710.00
Indemnity.....	.....			$519.16	$0.00	$519.16
Medical.....	.....			$1,380,471.02	$153,389.25	$1,533,860.27
				$1,388,229.05	$153,860.38	$1,542,089.43
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,098.12	$0.00	$4,098.12
Medical.....	.....			$24,602.78	$0.00	$24,602.78
				$28,700.90	$0.00	$28,700.90
# of Claims	25					
# Open	0	Recovery Amount:	-$16.88			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,371.44	$104.00	$1,475.44
Indemnity.....	.....			$19,168.36	$0.00	$19,168.36
Medical.....	.....			$343,230.94	$156,730.62	$499,961.56
				$363,770.74	$156,834.62	$520,605.36
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,792.34	$0.00	$16,792.34
Medical.....	.....			$36,183.67	$0.00	$36,183.67
				$52,976.01	$0.00	$52,976.01
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$2,814.50	$0.00	$2,814.50
Indemnity.....	.....			$10,661.82	$0.00	$10,661.82
Medical.....	.....			$16,477.56	$0.00	$16,477.56
				$29,953.88	$0.00	$29,953.88
# of Claims	23					
# Open	0	Recovery Amount:	-$8,015.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,816.95	$0.00	$1,816.95
Medical.....	.....			$18,950.68	$0.00	$18,950.68
				$20,767.63	$0.00	$20,767.63
# of Claims	27					
# Open	0	Recovery Amount:	-$2,243.78			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,643.87	$0.00	$5,643.87
Medical.....	.....			$31,072.47	$0.00	$31,072.47
				$36,716.34	$0.00	$36,716.34
# of Claims	32					
# Open	0	Recovery Amount:	-$19,867.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,196.99	$0.00	$20,196.99
Medical.....	.....			$80,879.43	$0.00	$80,879.43
				$101,076.42	$0.00	$101,076.42
# of Claims	18					
# Open	0	Recovery Amount:	-$501.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,253.00	$0.00	$1,253.00
Indemnity.....	.....			$4,224.76	$0.00	$4,224.76
Medical.....	.....			$91,497.12	$0.00	$91,497.12
				$96,974.88	$0.00	$96,974.88
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$6,121.72	$0.00	$6,121.72
Medical.....	.....			$27,713.35	$0.00	$27,713.35
				$33,855.07	$0.00	$33,855.07
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$40,691.21	$0.00	$40,691.21
Indemnity.....	.....			$307,615.20	$0.00	$307,615.20
Medical.....	.....			$219,307.57	$54,630.98	$273,938.55
				$567,613.98	$54,630.98	$622,244.96
# of Claims	40					
# Open	1	Recovery Amount:	-$1,602.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$21,637.69	$992.00	$22,629.69
Indemnity.....	.....			$312,256.90	$0.00	$312,256.90
Medical.....	.....			$500,167.31	$26,589.27	$526,756.58
				$834,061.90	$27,581.27	$861,643.17
# of Claims	42					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$17,226.38	$0.00	$17,226.38
Indemnity.....	.....			$26,820.56	$0.00	$26,820.56
Medical.....	.....			$195,037.85	$129,025.19	$324,063.04
				$239,084.79	$129,025.19	$368,109.98
# of Claims	41					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$25,706.05	$1,008.10	$26,714.15
Indemnity.....	.....			$72,269.92	$0.00	$72,269.92
Medical.....	.....			$390,551.99	$232,373.16	$622,925.15
				$488,527.96	$233,381.26	$721,909.22
# of Claims	47					
# Open	1	Recovery Amount:	-$75,000.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$117.63	$0.00	$117.63
Indemnity.....	.....			$337.30	$0.00	$337.30
Medical.....	.....			$17,250.23	$0.00	$17,250.23
				$17,705.16	$0.00	$17,705.16
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$14,891.18	$1,456.18	$16,347.36
Indemnity.....	.....			$88,706.71	$47,045.88	$135,752.59
Medical.....	.....			$73,101.35	$39,230.83	$112,332.18
				$176,699.24	$87,732.89	$264,432.13
# of Claims	42					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$452.77	$0.00	$452.77
Indemnity.....	.....			$3,131.09	$3,486.00	$6,617.09
Medical.....	.....			$87,389.14	$3,712.49	$91,101.63
				$90,973.00	$7,198.49	$98,171.49
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$4,666.61	$275.07	$4,941.68
Indemnity.....	.....			$167,041.33	$207,037.88	$374,079.21
Medical.....	.....			$60,388.63	$23,332.43	$83,721.06
				$232,096.57	$230,645.38	$462,741.95
# of Claims	49					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$176.18	$3,743.95	$3,920.13
Indemnity.....	.....			$16,562.91	$2,946.47	$19,509.38
Medical.....	.....			$52,500.69	$68,506.25	$121,006.94
				$69,239.78	$75,196.67	$144,436.45
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$9,333.24	$5,579.81	$14,913.05
Indemnity.....	.....			$69,734.51	$14,753.83	$84,488.34
Medical.....	.....			$76,298.73	$36,618.91	$112,917.64
				$155,366.48	$56,952.55	$212,319.03
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$88.85	$0.00	$88.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,051.56	$0.00	$2,051.56
				$2,140.41	$0.00	$2,140.41
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,509.25	$123.75	$3,633.00
Indemnity.....	.....			$10,708.53	$15,718.87	$26,427.40
Medical.....	.....			$10,550.71	$213,020.03	$223,570.74
				$24,768.49	$228,862.65	$253,631.14
# of Claims	9					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

295 - VCCS-TIDEWATER COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$48.86	$100.00	$148.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,765.24	$1,975.28	$7,740.52
				$5,814.10	$2,075.28	$7,889.38
# of Claims	16					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$218,942.19	$44,589.12	$263,531.31
Indemnity.....	.....			$1,759,694.24	$290,988.93	$2,050,683.17
Medical.....	.....			$6,338,638.37	$2,738,279.84	$9,076,918.21
				$8,317,274.80	$3,073,857.89	$11,391,132.69
# of Claims	1,044					
# Open	19	Recovery Amount:	-$129,912.39			

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$273.00	$0.00	$273.00
Medical.....	.....			$2,309.37	$0.00	$2,309.37
				$2,644.87	$0.00	$2,644.87
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,480.27	$0.00	$8,480.27
Medical.....	.....			$6,692.70	$0.00	$6,692.70
				$15,172.97	$0.00	$15,172.97
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$805.07	$0.00	$805.07
				$805.07	$0.00	$805.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.82	$0.00	$538.82
				$538.82	$0.00	$538.82
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$515.15	$0.00	$515.15
				$515.15	$0.00	$515.15
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.73	$0.00	$118.73
				$118.73	$0.00	$118.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$875.79	$0.00	$875.79
				$875.79	$0.00	$875.79
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,402.51	$0.00	$1,402.51
Medical.....	.....			$2,645.84	$0.00	$2,645.84
				$4,048.35	$0.00	$4,048.35
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$198.00	$0.00	$198.00
				$198.00	$0.00	$198.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$638.66	$0.00	$638.66
				$638.66	$0.00	$638.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,942.18	$0.00	$1,942.18
				$1,942.18	$0.00	$1,942.18
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$413.59	$0.00	$413.59
				$413.59	$0.00	$413.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,013.35	$0.00	$2,013.35
				$2,013.35	$0.00	$2,013.35
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,227.38	$0.00	$1,227.38
				$1,227.38	$0.00	$1,227.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$637.30	$0.00	$637.30
				$637.30	$0.00	$637.30
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,767.42	$0.00	$7,767.42
				$7,767.42	$0.00	$7,767.42
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$494.00	$0.00	$494.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$59,178.24	$0.00	$59,178.24
				$59,672.24	$0.00	$59,672.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,510.70	$0.00	$3,510.70
				$3,510.70	$0.00	$3,510.70
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5.55	$0.00	$5.55
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,832.07	$0.00	$10,832.07
				$10,837.62	$0.00	$10,837.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$484.55	$0.00	$484.55
Medical.....	.....			$12,677.59	$0.00	$12,677.59
				$13,162.14	$0.00	$13,162.14
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,117.00	$0.00	$1,117.00
				$1,117.00	$0.00	$1,117.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,685.51	$0.00	$2,685.51
				$2,685.51	$0.00	$2,685.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,161.85	$0.00	$5,161.85
				$5,161.85	$0.00	$5,161.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,706.30	$0.00	$3,706.30
				$3,706.30	$0.00	$3,706.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$35.21	$0.00	$35.21
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,872.17	$0.00	$2,872.17
				$2,907.38	$0.00	$2,907.38
# of Claims	4					
# Open	0	Recovery Amount:	-$80.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

296 - VCCS-VA HIGHLANDS COMMUNITY COLL.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$29.67	$0.00	$29.67
Indemnity.....	.....			$1,345.03	$0.00	$1,345.03
Medical.....	.....			$1,907.85	$0.00	$1,907.85
				$3,282.55	$0.00	$3,282.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$930.16	$0.00	$930.16
				$930.16	$0.00	$930.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$626.93	$0.00	$626.93
Indemnity.....	.....			$11,985.36	$0.00	$11,985.36
Medical.....	.....			$133,918.79	$0.00	$133,918.79
				$146,531.08	$0.00	$146,531.08
# of Claims	183					
# Open	0	Recovery Amount:	-$80.00			

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,453.99**	**$0.00**	**$2,453.99**
		$2,453.99	**$0.00**	**$2,453.99**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,960.22**	**$0.00**	**$1,960.22**
		$1,960.22	**$0.00**	**$1,960.22**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$177.17**	**$0.00**	**$177.17**
		$177.17	**$0.00**	**$177.17**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$144.47**	**$0.00**	**$144.47**
Medical		**$535.63**	**$0.00**	**$535.63**
		$680.10	**$0.00**	**$680.10**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$665.99	$0.00	$665.99
Medical.....	.....			$2,537.92	$0.00	$2,537.92
				$3,203.91	$0.00	$3,203.91
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,208.12	$0.00	$2,208.12
Medical.....	.....			$1,813.40	$0.00	$1,813.40
				$4,021.52	$0.00	$4,021.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,190.10	$0.00	$1,190.10
				$1,190.10	$0.00	$1,190.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,449.44	$0.00	$2,449.44
				$2,449.44	$0.00	$2,449.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,727.26	$0.00	$14,727.26
				$14,727.26	$0.00	$14,727.26
# of Claims	7					
# Open	0	Recovery Amount:	-$4,528.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.00	$0.00	$100.00
				$100.00	$0.00	$100.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$569.86	$0.00	$569.86
Medical.....	.....			$3,990.94	$0.00	$3,990.94
				$4,560.80	$0.00	$4,560.80
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$608.07	$0.00	$608.07
Medical.....	.....			$3,027.23	$0.00	$3,027.23
				$3,635.30	$0.00	$3,635.30
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$521.64	$0.00	$521.64
Medical.....	.....			$1,909.61	$0.00	$1,909.61
				$2,431.25	$0.00	$2,431.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,726.49	$0.00	$7,726.49
				$7,726.49	$0.00	$7,726.49
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$54.59	$0.00	$54.59
Indemnity.....	.....			$43,621.55	$0.00	$43,621.55
Medical.....	.....			$42,716.49	$0.00	$42,716.49
				$86,392.63	$0.00	$86,392.63
# of Claims	8					
# Open	0	Recovery Amount:	-$26,500.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$25.29	$0.00	$25.29
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,100.91	$0.00	$3,100.91
				$3,126.20	$0.00	$3,126.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,324.32	$0.00	$2,324.32
				$2,379.82	$0.00	$2,379.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$759.77	$0.00	$759.77
Indemnity.....	.....			$7,895.27	$0.00	$7,895.27
Medical.....	.....			$106,366.41	$0.00	$106,366.41
				$115,021.45	$0.00	$115,021.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$48.52	$0.00	$48.52
Medical.....	.....			$3,545.74	$0.00	$3,545.74
				$3,594.26	$0.00	$3,594.26
# of Claims	7					
# Open	0	Recovery Amount:	-$1,275.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8,597.27	$0.00	$8,597.27
Indemnity.....	.....			$18,354.67	$0.00	$18,354.67
Medical.....	.....			$449,001.64	$0.00	$449,001.64
				$475,953.58	$0.00	$475,953.58
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,034.54	$0.00	$3,034.54
				$3,034.54	$0.00	$3,034.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,137.38	$0.00	$1,137.38
Medical.....	.....			$3,130.99	$0.00	$3,130.99
				$4,284.37	$0.00	$4,284.37
# of Claims	9					
# Open	0	Recovery Amount:	-$107.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,672.42	$0.00	$6,672.42
				$6,672.42	$0.00	$6,672.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,639.25	$0.00	$8,639.25
				$8,639.25	$0.00	$8,639.25
# of Claims	9					
# Open	0	Recovery Amount:	-$3,038.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.29	$0.00	$304.29
				$304.29	$0.00	$304.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$39.00	$0.00	$39.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.26	$0.00	$283.26
				$322.26	$0.00	$322.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$56.83	$0.00	$56.83
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,296.57	$0.00	$6,296.57
				$6,353.40	$0.00	$6,353.40
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$85.16	$3,622.84	$3,708.00
Indemnity.....	.....			$1,185.02	$9,954.18	$11,139.20
Medical.....	.....			$16,275.50	$50,644.38	$66,919.88
				$17,545.68	$64,221.40	$81,767.08
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$313.46	$0.00	$313.46
Indemnity.....	.....			$12,031.60	$0.00	$12,031.60
Medical.....	.....			$69,627.16	$0.00	$69,627.16
				$81,972.22	$0.00	$81,972.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

297 - VCCS-GERMANNA COMMUNITY COLLEGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$115.82	$0.00	$115.82
Indemnity.....	.....			$3,980.80	$6,167.79	$10,148.59
Medical.....	.....			$246.21	$25,644.99	$25,891.20
				$4,342.83	$31,812.78	$36,155.61
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$10,118.69	$3,622.84	$13,741.53
Indemnity.....	.....			$92,972.96	$16,121.97	$109,094.93
Medical.....	.....			$766,165.10	$76,289.37	$842,454.47
				$869,256.75	$96,034.18	$965,290.93
# of Claims	178					
# Open	2	Recovery Amount:	-$35,449.79			

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$557.10	$0.00	$557.10
				$619.60	$0.00	$619.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$575.13	$0.00	$575.13
Medical.....	.....			$559.80	$0.00	$559.80
				$1,134.93	$0.00	$1,134.93
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$67.00	$0.00	$67.00
				$67.00	$0.00	$67.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32.31	$0.00	$32.31
				$32.31	$0.00	$32.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$68.57	$0.00	$68.57
Medical.....	.....			$462.63	$0.00	$462.63
				$531.20	$0.00	$531.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,635.02	$0.00	$1,635.02
Medical.....	.....			$23,056.97	$0.00	$23,056.97
				$24,691.99	$0.00	$24,691.99
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,552.23	$0.00	$1,552.23
				$1,552.23	$0.00	$1,552.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$239.73	$0.00	$239.73
				$239.73	$0.00	$239.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,026.00	$0.00	$3,026.00
				$3,026.00	$0.00	$3,026.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$657.72	$0.00	$657.72
				$657.72	$0.00	$657.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,981.06	$0.00	$1,981.06
				$1,981.06	$0.00	$1,981.06
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,576.88	$0.00	$19,576.88
				$19,576.88	$0.00	$19,576.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$105.00	$0.00	$105.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,009.50	$0.00	$2,009.50
				$2,114.50	$0.00	$2,114.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$856.01	$0.00	$856.01
				$856.01	$0.00	$856.01
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,652.19	$0.00	$3,652.19
				$3,652.19	$0.00	$3,652.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,261.94	$0.00	$2,261.94
				$2,261.94	$0.00	$2,261.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$2,406.00	$0.00	$2,406.00
Indemnity.....	.....			$13,293.36	$0.00	$13,293.36
Medical.....	.....			$22,719.64	$0.00	$22,719.64
				$38,419.00	$0.00	$38,419.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$54.00	$0.00	$54.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,747.68	$0.00	$4,747.68
				$4,801.68	$0.00	$4,801.68
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,242.96	$0.00	$4,242.96
				$4,242.96	$0.00	$4,242.96
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,980.69	$0.00	$3,980.69
				$4,004.69	$0.00	$4,004.69
# of Claims	8					
# Open	0	Recovery Amount:	-$1,544.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,292.86	$0.00	$1,292.86
Medical.....	.....			$12,182.73	$0.00	$12,182.73
				$13,475.59	$0.00	$13,475.59
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,230.91	$0.00	$4,230.91
				$4,230.91	$0.00	$4,230.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$636.84	$0.00	$636.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,904.54	$0.00	$31,904.54
				$32,541.38	$0.00	$32,541.38
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$356.32	$0.00	$356.32
Medical.....	.....			$16,006.71	$0.00	$16,006.71
				$16,371.03	$0.00	$16,371.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$612.64	$0.00	$612.64
				$612.64	$0.00	$612.64
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$50.75	$0.00	$50.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,428.61	$0.00	$9,428.61
				$9,479.36	$0.00	$9,479.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,282.16	$0.00	$1,282.16
				$1,282.16	$0.00	$1,282.16
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$789.53	$0.00	$789.53
				$789.53	$0.00	$789.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$79.63	$0.00	$79.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,116.84	$0.00	$1,116.84
				$1,196.47	$0.00	$1,196.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

298 - VCCS-Laurel Ridge Community Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,888.81	$1,964.35	$7,853.16
				$5,888.81	$2,014.35	$7,903.16
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,426.72	$50.00	$3,476.72
Indemnity.....	.....			$17,221.26	$0.00	$17,221.26
Medical.....	.....			$179,683.52	$1,964.35	$181,647.87
				$200,331.50	$2,014.35	$202,345.85
# of Claims	168					
# Open	1	Recovery Amount:	-$1,544.92			

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$816.47	$0.00	$816.47
				$878.97	$0.00	$878.97
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,609.34	$0.00	$24,609.34
Medical.....	.....			$21,251.37	$0.00	$21,251.37
				$45,860.71	$0.00	$45,860.71
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$9,639.72	$0.00	$9,639.72
Indemnity.....	.....			$75,646.33	$0.00	$75,646.33
Medical.....	.....			$116,391.42	$0.00	$116,391.42
				$201,677.47	$0.00	$201,677.47
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$105.38	$394.62	$500.00
Indemnity.....	.....			$128,588.06	$0.00	$128,588.06
Medical.....	.....			$112,570.77	$1,482.92	$114,053.69
				$241,264.21	$1,877.54	$243,141.75
# of Claims	5					
# Open	1	Recovery Amount:	-$44.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$208,321.45	$0.00	$208,321.45
Medical.....	.....			$113,837.41	$0.00	$113,837.41
				$322,158.86	$0.00	$322,158.86
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,913.73	$0.00	$6,913.73
Medical.....	.....			$4,333.88	$0.00	$4,333.88
				$11,247.61	$0.00	$11,247.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.12	$0.00	$225.12
				$225.12	$0.00	$225.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,548.17	$0.00	$1,548.17
Indemnity.....	.....			$160,020.16	$0.00	$160,020.16
Medical.....	.....			$32,872.13	$0.00	$32,872.13
				$194,440.46	$0.00	$194,440.46
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$918.91	$0.00	$918.91
Indemnity.....	.....			$210,608.11	$0.00	$210,608.11
Medical.....	.....			$92,878.16	$0.00	$92,878.16
				$304,405.18	$0.00	$304,405.18
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$355.26	$0.00	$355.26
				$355.26	$0.00	$355.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,225.21	$0.00	$1,225.21
				$1,225.21	$0.00	$1,225.21
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$158.77	$0.00	$158.77
				$158.77	$0.00	$158.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.05	$0.00	$137.05
				$137.05	$0.00	$137.05
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$997.81	$0.00	$997.81
				$997.81	$0.00	$997.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,398.44	$0.00	$4,398.44
				$4,398.44	$0.00	$4,398.44
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,141.85	$0.00	$8,141.85
				$8,141.85	$0.00	$8,141.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120,340.82	$0.00	$120,340.82
				$120,340.82	$0.00	$120,340.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,159.48	$0.00	$24,159.48
Medical.....	.....			$98,772.37	$0.00	$98,772.37
				$122,931.85	$0.00	$122,931.85
# of Claims	12					
# Open	0	Recovery Amount:	-$50,105.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,130.74	$0.00	$3,130.74
				$3,130.74	$0.00	$3,130.74
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,938.26	$0.00	$1,938.26
				$1,938.26	$0.00	$1,938.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,752.33	$0.00	$3,752.33
Medical.....	.....			$2,113.26	$0.00	$2,113.26
				$5,865.59	$0.00	$5,865.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,675.26	$0.00	$2,675.26
				$2,675.26	$0.00	$2,675.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,363.01	$0.00	$1,363.01
Medical.....	.....			$13,950.56	$0.00	$13,950.56
				$15,321.57	$0.00	$15,321.57
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,538.64	$0.00	$8,538.64
				$8,574.64	$0.00	$8,574.64
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$92.41	$0.00	$92.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$613.54	$0.00	$613.54
				$705.95	$0.00	$705.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,048.59	$0.00	$11,048.59
				$11,056.59	$0.00	$11,056.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$70.39	$0.00	$70.39
Indemnity.....	.....			$16,075.11	$0.00	$16,075.11
Medical.....	.....			$76,242.55	$0.00	$76,242.55
				$92,388.05	$0.00	$92,388.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

299 - VCCS-Mountain Empire Comm. Coll.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$38.90	$0.00	$38.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$38.90	$0.00	$38.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$25.26	$0.00	$25.26
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,839.21	$0.00	$2,839.21
				$2,864.47	$0.00	$2,864.47
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$33.74	$50.00	$83.74
Indemnity.....	.....			$1,566.43	$0.00	$1,566.43
Medical.....	.....			$5,952.03	$1,200.00	$7,152.03
				$7,552.20	$1,250.00	$8,802.20
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,587.38	$444.62	$13,032.00
Indemnity.....	.....			$861,623.54	$0.00	$861,623.54
Medical.....	.....			$858,746.95	$2,682.92	$861,429.87
				$1,732,957.87	$3,127.54	$1,736,085.41
# of Claims	221					
# Open	2	Recovery Amount:	-$50,150.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

S261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$3,886.45	$0.00	$3,886.45
Indemnity.....	.....			$163,544.28	$0.00	$163,544.28
Medical.....	.....			$154,493.03	$0.00	$154,493.03
				$321,923.76	$0.00	$321,923.76
# of Claims	199					
# Open	0	Recovery Amount:	-$1,265.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$6,429.83	$0.00	$6,429.83
Indemnity.....	.....			$268,000.01	$0.00	$268,000.01
Medical.....	.....			$95,019.86	$0.00	$95,019.86
				$369,449.70	$0.00	$369,449.70
# of Claims	176					
# Open	0	Recovery Amount:	-$1,527.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$5,908.66	$0.00	$5,908.66
Indemnity.....	.....			$105,058.04	$0.00	$105,058.04
Medical.....	.....			$192,464.36	$29,832.24	$222,296.60
				$303,431.06	$29,832.24	$333,263.30
# of Claims	194					
# Open	1	Recovery Amount:	-$5,718.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$481.81	$0.00	$481.81
				$481.81	$0.00	$481.81
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

S261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,730.63	$0.00	$2,730.63
				$2,730.63	$0.00	$2,730.63
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,190.27	$0.00	$3,190.27
Medical.....	.....			$17,722.31	$0.00	$17,722.31
				$20,912.58	$0.00	$20,912.58
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$205.35	$0.00	$205.35
Medical.....	.....			$5,231.58	$0.00	$5,231.58
				$5,436.93	$0.00	$5,436.93
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$14.30	$0.00	$14.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,365.61	$0.00	$1,365.61
				$1,379.91	$0.00	$1,379.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

S261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$642.50	$0.00	$642.50
				$642.50	$0.00	$642.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,466.30	$0.00	$2,466.30
				$2,466.30	$0.00	$2,466.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$74.30	$0.00	$74.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,685.75	$0.00	$1,685.75
				$1,760.05	$0.00	$1,760.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

261 - VA COMMUNITY COLLEGE SYSTEM

S261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$50.00**	**$50.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$16,313.54**	**$50.00**	**$16,363.54**
Indemnity.....	.....			**$539,997.95**	**$0.00**	**$539,997.95**
Medical.....	.....			**$474,303.74**	**$31,032.24**	**$505,335.98**
				$1,030,615.23	**$31,082.24**	**$1,061,697.47**
# of Claims	**651**					
# Open	**2**	**Recovery Amount:**	**-$8,510.02**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$282.68	$0.00	$282.68
				$282.68	$0.00	$282.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,150.50	$0.00	$1,150.50
Indemnity.....	.....			$240,307.30	$0.00	$240,307.30
Medical.....	.....			$274,739.61	$0.00	$274,739.61
				$516,197.41	$0.00	$516,197.41
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,711.52	$178.48	$2,890.00
Indemnity.....	.....			$38,807.76	$0.00	$38,807.76
Medical.....	.....			$785,620.95	$486,522.18	$1,272,143.13
				$827,140.23	$486,700.66	$1,313,840.89
# of Claims	91					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,404.40	$0.00	$2,404.40
Indemnity.....	.....			$202,138.84	$0.00	$202,138.84
Medical.....	.....			$84,572.91	$0.00	$84,572.91
				$289,116.15	$0.00	$289,116.15
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$150.00	$0.00	$150.00
Indemnity.....	.....			$235,468.04	$0.00	$235,468.04
Medical.....	.....			$76,914.69	$0.00	$76,914.69
				$312,532.73	$0.00	$312,532.73
# of Claims	78					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$70.00	$0.00	$70.00
Indemnity.....	.....			$21,839.79	$0.00	$21,839.79
Medical.....	.....			$41,173.96	$0.00	$41,173.96
				$63,083.75	$0.00	$63,083.75
# of Claims	96					
# Open	0	Recovery Amount:	-$615.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$872.65	$128.36	$1,001.01
Indemnity.....	.....			$16,427.10	$0.00	$16,427.10
Medical.....	.....			$193,549.78	$20,465.91	$214,015.69
				$210,849.53	$20,594.27	$231,443.80
# of Claims	68					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$684.15	$0.00	$684.15
Indemnity.....	.....			$6,229.29	$0.00	$6,229.29
Medical.....	.....			$102,570.98	$0.00	$102,570.98
				$109,484.42	$0.00	$109,484.42
# of Claims	85					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$7.36	$0.00	$7.36
Indemnity.....	.....			$2,584.01	$0.00	$2,584.01
Medical.....	.....			$4,928.59	$0.00	$4,928.59
				$7,519.96	$0.00	$7,519.96
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$358.00	$0.00	$358.00
Indemnity.....	.....			$117,006.40	$0.00	$117,006.40
Medical.....	.....			$295,120.93	$143,879.42	$439,000.35
				$412,485.33	$143,879.42	$556,364.75
# of Claims	63					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,445.01	$160.00	$2,605.01
Indemnity.....	.....			$67,677.00	$0.00	$67,677.00
Medical.....	.....			$180,481.69	$545,293.94	$725,775.63
				$250,603.70	$545,453.94	$796,057.64
# of Claims	65					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$636.43	$0.00	$636.43
Medical.....	.....			$15,354.59	$0.00	$15,354.59
				$15,991.02	$0.00	$15,991.02
# of Claims	69					
# Open	0	Recovery Amount:	-$910.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,056.68	$0.00	$3,056.68
Indemnity.....	.....			$209,772.97	$0.00	$209,772.97
Medical.....	.....			$202,829.26	$0.00	$202,829.26
				$415,658.91	$0.00	$415,658.91
# of Claims	60					
# Open	0	Recovery Amount:	-$720.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,658.22	$0.00	$6,658.22
				$6,658.22	$0.00	$6,658.22
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$6,917.82	$1,409.38	$8,327.20
Indemnity.....	.....			$114,940.67	$0.00	$114,940.67
Medical.....	.....			$48,762.68	$34,012.29	$82,774.97
				$170,621.17	$35,421.67	$206,042.84
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61,552.21	$0.00	$61,552.21
Medical.....	.....			$31,815.97	$0.00	$31,815.97
				$93,368.18	$0.00	$93,368.18
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$9,937.15	$0.00	$9,937.15
Indemnity.....	.....			$135,361.38	$0.00	$135,361.38
Medical.....	.....			$276,621.36	$0.00	$276,621.36
				$421,919.89	$0.00	$421,919.89
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,114.22	$0.00	$2,114.22
Indemnity.....	.....			$7,350.48	$0.00	$7,350.48
Medical.....	.....			$32,678.12	$0.00	$32,678.12
				$42,142.82	$0.00	$42,142.82
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$130.12	$0.00	$130.12
Indemnity.....	.....			$16,349.51	$0.00	$16,349.51
Medical.....	.....			$22,658.23	$0.00	$22,658.23
				$39,137.86	$0.00	$39,137.86
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$193.33	$0.00	$193.33
Indemnity.....	.....			$30,776.57	$0.00	$30,776.57
Medical.....	.....			$62,749.24	$0.00	$62,749.24
				$93,719.14	$0.00	$93,719.14
# of Claims	30					
# Open	0	Recovery Amount:	-$4,533.61			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,410.45	$0.00	$9,410.45
Medical.....	.....			$52,409.85	$0.00	$52,409.85
				$61,828.30	$0.00	$61,828.30
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$961.42	$0.00	$961.42
Indemnity.....	.....			$15,185.09	$0.00	$15,185.09
Medical.....	.....			$213,732.00	$0.00	$213,732.00
				$229,878.51	$0.00	$229,878.51
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,609.69	$0.00	$4,609.69
				$4,641.69	$0.00	$4,641.69
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$207.52	$0.00	$207.52
Indemnity.....	.....			$2,039.33	$0.00	$2,039.33
Medical.....	.....			$93,014.49	$0.00	$93,014.49
				$95,261.34	$0.00	$95,261.34
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,079.70	$4,026.57	$6,106.27
Indemnity.....	.....			$13,233.92	$0.00	$13,233.92
Medical.....	.....			$70,725.44	$24,673.53	$95,398.97
				$86,039.06	$28,700.10	$114,739.16
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$15,679.28	$5,985.62	$21,664.90
Indemnity.....	.....			$472,701.14	$9,343.44	$482,044.58
Medical.....	.....			$558,134.65	$427.99	$558,562.64
				$1,046,515.07	$15,757.05	$1,062,272.12
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$360.22	$0.00	$360.22
Indemnity.....	.....			$8,143.36	$0.00	$8,143.36
Medical.....	.....			$89,458.51	$0.00	$89,458.51
				$97,962.09	$0.00	$97,962.09
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$339.00	$0.00	$339.00
Indemnity.....	.....			$11,604.10	$0.00	$11,604.10
Medical.....	.....			$77,929.02	$0.00	$77,929.02
				$89,872.12	$0.00	$89,872.12
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$49.36	$0.00	$49.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,307.01	$0.00	$3,307.01
				$3,356.37	$0.00	$3,356.37
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$152.31	$184.00	$336.31
Indemnity.....	.....			$313.96	$0.00	$313.96
Medical.....	.....			$51,046.33	$121,902.39	$172,948.72
				$51,512.60	$122,086.39	$173,598.99
# of Claims	20					
# Open	1	Recovery Amount:	-$12,063.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$242.72	$0.00	$242.72
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,608.95	$0.00	$1,608.95
				$1,851.67	$0.00	$1,851.67
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$96.75	$0.00	$96.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,045.74	$0.00	$15,045.74
				$15,142.49	$0.00	$15,142.49
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

203 - Wilson Workforce and Rehab Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$60.75	$0.00	$60.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,367.27	$0.00	$1,367.27
				$1,428.02	$0.00	$1,428.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$76.90	$0.00	$76.90
Indemnity.....	.....			$4,010.05	$0.00	$4,010.05
Medical.....	.....			$3,690.34	$0.00	$3,690.34
				$7,777.29	$0.00	$7,777.29
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$55.82	$22.16	$77.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,120.60	$1,200.00	$2,320.60
				$1,176.42	$1,222.16	$2,398.58
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$53,604.66	$12,094.57	$65,699.23
Indemnity.....	.....			$2,061,867.15	$9,343.44	$2,071,210.59
Medical.....	.....			$3,977,284.33	$1,378,377.65	$5,355,661.98
				$6,092,756.14	$1,399,815.66	$7,492,571.80
# of Claims	1,472					
# Open	9	Recovery Amount:	-$18,842.01			

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$14,167.40**	**$0.00**	**$14,167.40**
Indemnity				**$410,098.86**	**$0.00**	**$410,098.86**
Medical				**$305,067.55**	**$0.00**	**$305,067.55**
				$729,333.81	**$0.00**	**$729,333.81**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**-$2,187.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$2,230.00**	**$0.00**	**$2,230.00**
Indemnity				**$167,596.80**	**$0.00**	**$167,596.80**
Medical				**$31,471.97**	**$0.00**	**$31,471.97**
				$201,298.77	**$0.00**	**$201,298.77**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$84.16**	**$0.00**	**$84.16**
Medical				**$5,233.29**	**$0.00**	**$5,233.29**
				$5,317.45	**$0.00**	**$5,317.45**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,430.53	$0.00	$8,430.53
				$8,430.53	$0.00	$8,430.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,020.82	$0.00	$4,020.82
Medical.....	.....			$17,259.50	$0.00	$17,259.50
				$21,280.32	$0.00	$21,280.32
# of Claims	15					
# Open	0	Recovery Amount:	-$52.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$17,497.19	$0.00	$17,497.19
Indemnity.....	.....			$205,226.73	$0.00	$205,226.73
Medical.....	.....			$96,904.81	$0.00	$96,904.81
				$319,628.73	$0.00	$319,628.73
# of Claims	16					
# Open	0	Recovery Amount:	-$65,060.51			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,558.78	$0.00	$2,558.78
				$2,558.78	$0.00	$2,558.78
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,672.03	$0.00	$4,672.03
				$4,672.03	$0.00	$4,672.03
# of Claims	29					
# Open	0	Recovery Amount:	-$83.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,162.00	$0.00	$2,162.00
Indemnity.....	.....			$83,348.67	$0.00	$83,348.67
Medical.....	.....			$54,973.93	$0.00	$54,973.93
				$140,484.60	$0.00	$140,484.60
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$7,004.80	$0.00	$7,004.80
Indemnity.....	.....			$280,233.59	$0.00	$280,233.59
Medical.....	.....			$736,777.27	$405,544.79	$1,142,322.06
				$1,024,015.66	$405,544.79	$1,429,560.45
# of Claims	15					
# Open	1	Recovery Amount:	-$7,500.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,320.37	$0.00	$4,320.37
				$4,320.37	$0.00	$4,320.37
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$13.00	$0.00	$13.00
Indemnity.....	.....			$5,514.77	$0.00	$5,514.77
Medical.....	.....			$13,856.99	$0.00	$13,856.99
				$19,384.76	$0.00	$19,384.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$26.50	$0.00	$26.50
Indemnity.....	.....			$14,610.56	$0.00	$14,610.56
Medical.....	.....			$198,963.57	$0.00	$198,963.57
				$213,600.63	$0.00	$213,600.63
# of Claims	10					
# Open	0	Recovery Amount:	-$4,097.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$274.72	$0.00	$274.72
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,207.57	$0.00	$4,207.57
				$4,482.29	$0.00	$4,482.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$209.55	$0.00	$209.55
Medical.....	.....			$3,894.38	$0.00	$3,894.38
				$4,103.93	$0.00	$4,103.93
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$612.98	$0.00	$612.98
				$612.98	$0.00	$612.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.07	$0.00	$119.07
				$119.07	$0.00	$119.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.58	$0.00	$24.58
				$24.58	$0.00	$24.58
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$525.50	$0.00	$525.50
Indemnity.....	.....			$22,825.25	$0.00	$22,825.25
Medical.....	.....			$13,631.13	$0.00	$13,631.13
				$36,981.88	$0.00	$36,981.88
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$50.71	$74.00	$124.71
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,120.73	$121,996.95	$137,117.68
				$15,171.44	$122,070.95	$137,242.39
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$114.80	$0.00	$114.80
Indemnity.....	.....			$3,341.90	$0.00	$3,341.90
Medical.....	.....			$3,513.81	$0.00	$3,513.81
				$6,970.51	$0.00	$6,970.51
# of Claims	8					
# Open	0	Recovery Amount:	-$500.66			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

262 - Disability Determination Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$165.50	$0.00	$165.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,040.55	$0.00	$11,040.55
				$11,206.05	$0.00	$11,206.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$24.44	$0.00	$24.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,526.69	$0.00	$3,526.69
				$3,551.13	$0.00	$3,551.13
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$120.10	$0.00	$120.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,005.64	$3,615.01	$7,620.65
				$4,125.74	$3,615.01	$7,740.75
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$44,376.66	$74.00	$44,450.66
Indemnity.....	.....			$1,197,111.66	$0.00	$1,197,111.66
Medical.....	.....			$1,540,187.72	$531,156.75	$2,071,344.47
				$2,781,676.04	$531,230.75	$3,312,906.79
# of Claims	285					
# Open	3	Recovery Amount:	-$79,481.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$315.35	$0.00	$315.35
Indemnity.....	.....			$34,886.33	$0.00	$34,886.33
Medical.....	.....			$62,816.39	$0.00	$62,816.39
				$98,018.07	$0.00	$98,018.07
# of Claims	92					
# Open	0	Recovery Amount:	-$1,117.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$33,687.24	$0.00	$33,687.24
Indemnity.....	.....			$360,674.54	$0.00	$360,674.54
Medical.....	.....			$331,610.70	$0.00	$331,610.70
				$725,972.48	$0.00	$725,972.48
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$6,451.33	$0.00	$6,451.33
Indemnity.....	.....			$95,745.16	$0.00	$95,745.16
Medical.....	.....			$261,691.33	$0.00	$261,691.33
				$363,887.82	$0.00	$363,887.82
# of Claims	74					
# Open	0	Recovery Amount:	-$26,024.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,511.39	$0.00	$8,511.39
Medical.....	.....			$79,774.32	$0.00	$79,774.32
				$88,285.71	$0.00	$88,285.71
# of Claims	23					
# Open	0	Recovery Amount:	-$69.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$600.00	$0.00	$600.00
Indemnity.....	.....			$89,158.23	$0.00	$89,158.23
Medical.....	.....			$33,917.37	$0.00	$33,917.37
				$123,675.60	$0.00	$123,675.60
# of Claims	30					
# Open	0	Recovery Amount:	-$18,302.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$5,651.62	$0.00	$5,651.62
Indemnity.....	.....			$1,182.48	$0.00	$1,182.48
Medical.....	.....			$9,313.98	$0.00	$9,313.98
				$16,148.08	$0.00	$16,148.08
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$272.86	$0.00	$272.86
Indemnity.....	.....			$142,918.22	$0.00	$142,918.22
Medical.....	.....			$59,302.31	$0.00	$59,302.31
				$202,493.39	$0.00	$202,493.39
# of Claims	32					
# Open	0	Recovery Amount:	-$4,212.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,127.21	$0.00	$1,127.21
Medical.....	.....			$6,884.61	$0.00	$6,884.61
				$8,011.82	$0.00	$8,011.82
# of Claims	20					
# Open	0	Recovery Amount:	-$2,585.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$46.80	$0.00	$46.80
Indemnity.....	.....			$26,120.54	$0.00	$26,120.54
Medical.....	.....			$28,395.67	$0.00	$28,395.67
				$54,563.01	$0.00	$54,563.01
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,598.78	$0.00	$1,598.78
				$1,598.78	$0.00	$1,598.78
# of Claims	13					
# Open	0	Recovery Amount:	-$709.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,270.55	$0.00	$7,270.55
Medical.....	.....			$9,059.41	$0.00	$9,059.41
				$16,329.96	$0.00	$16,329.96
# of Claims	5					
# Open	0	Recovery Amount:	-$2,855.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8.00	$192.00	$200.00
Indemnity.....	.....			$49,344.81	$0.00	$49,344.81
Medical.....	.....			$165,329.57	$46,176.60	$211,506.17
				$214,682.38	$46,368.60	$261,050.98
# of Claims	13					
# Open	1	Recovery Amount:	-$4,583.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$56.70	$0.00	$56.70
				$56.70	$0.00	$56.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,019.12	$0.00	$2,019.12
				$2,019.12	$0.00	$2,019.12
# of Claims	5					
# Open	0	Recovery Amount:	-$437.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$1,877.63	$0.00	$1,877.63
Medical.....	.....			$20,417.19	$0.00	$20,417.19
				$22,330.82	$0.00	$22,330.82
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$339.64	$0.00	$339.64
Medical.....	.....			$10,216.12	$0.00	$10,216.12
				$10,579.76	$0.00	$10,579.76
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$16.36	$0.00	$16.36
Medical.....	.....			$11,737.36	$0.00	$11,737.36
				$11,789.72	$0.00	$11,789.72
# of Claims	22					
# Open	0	Recovery Amount:	-$4,243.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$2,801.59	$0.00	$2,801.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$59,231.38	$0.00	$59,231.38
				$62,032.97	$0.00	$62,032.97
# of Claims	16					
# Open	0	Recovery Amount:	-$1,280.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

S262 - Dept of Aging and Rehab Service

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,586.42	$0.00	$2,586.42
				$2,618.42	$0.00	$2,618.42
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$59.00	$0.00	$59.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,518.16	$0.00	$11,518.16
				$11,577.16	$0.00	$11,577.16
# of Claims	21					
# Open	0	Recovery Amount:	-$5,472.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$92.64	$0.00	$92.64
Medical.....	.....			$5,391.42	$0.00	$5,391.42
				$5,492.06	$0.00	$5,492.06
# of Claims	13					
# Open	0	Recovery Amount:	-$3,346.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,806.38	$0.00	$3,806.38
				$3,842.38	$0.00	$3,842.38
# of Claims	24					
# Open	0	Recovery Amount:	-$656.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,018.20	$0.00	$2,018.20
Indemnity.....	.....			$56,744.79	$0.00	$56,744.79
Medical.....	.....			$98,025.72	$0.00	$98,025.72
				$156,788.71	$0.00	$156,788.71
# of Claims	15					
# Open	0	Recovery Amount:	-$279.96			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

S262 - Dept of Aging and Rehab Service

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,902.55	$4,347.45	$6,250.00
Indemnity.....	.....			$100,489.37	$120,760.63	$221,250.00
Medical.....	.....			$194,649.30	$75,024.20	$269,673.50
				$297,041.22	$200,132.28	$497,173.50
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$693.34	$0.00	$693.34
				$701.34	$0.00	$701.34
# of Claims	2					
# Open	0	Recovery Amount:	-$693.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$202.20	$0.00	$202.20
Indemnity.....	.....			$1,425.74	$0.00	$1,425.74
Medical.....	.....			$2,450.96	$0.00	$2,450.96
				$4,078.90	$0.00	$4,078.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

262 - Dept of Aging and Rehab Service

S262 - Dept of Aging and Rehab Service

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$54,204.74**	**$4,539.45**	**$58,744.19**
Indemnity.....	.....			**$977,925.63**	**$120,760.63**	**$1,098,686.26**
Medical.....	.....			**$1,472,494.01**	**$121,200.80**	**$1,593,694.81**
				$2,504,624.38	**$246,500.88**	**$2,751,125.26**
# of Claims	**624**					
# Open	**2**	**Recovery Amount:**	**-$76,869.71**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

263 - VA REHAB CENTER FOR THE BLIND

S263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$175.36	$0.00	$175.36
				$175.36	$0.00	$175.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.96	$0.00	$263.96
				$263.96	$0.00	$263.96
# of Claims	2					
# Open	0	Recovery Amount:	-$263.96			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

263 - VA REHAB CENTER FOR THE BLIND

S263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$58.62	$0.00	$58.62
Indemnity.....	.....			$193.94	$0.00	$193.94
Medical.....	.....			$7,818.18	$0.00	$7,818.18
				$8,070.74	$0.00	$8,070.74
# of Claims	8					
# Open	0	Recovery Amount:	-$425.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$23.90	$0.00	$23.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.48	$0.00	$593.48
				$617.38	$0.00	$617.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,620.79	$0.00	$4,620.79
				$4,628.79	$0.00	$4,628.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

263 - VA REHAB CENTER FOR THE BLIND

S263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,113.55**	**$0.00**	**$2,113.55**
				$2,113.55	**$0.00**	**$2,113.55**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$90.52**	**$0.00**	**$90.52**
Indemnity				**$193.94**	**$0.00**	**$193.94**
Medical				**$15,585.32**	**$0.00**	**$15,585.32**
				$15,869.78	**$0.00**	**$15,869.78**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$689.36**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$462.16	$0.00	$462.16
				$462.16	$0.00	$462.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$996.24	$0.00	$996.24
				$996.24	$0.00	$996.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$12,616.94	$0.00	$12,616.94
Indemnity.....	.....			$114,394.72	$0.00	$114,394.72
Medical.....	.....			$1,068,517.63	$0.00	$1,068,517.63
				$1,195,529.29	$0.00	$1,195,529.29
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,643.12	$0.00	$3,643.12
Indemnity.....	.....			$147,574.73	$0.00	$147,574.73
Medical.....	.....			$33,164.12	$0.00	$33,164.12
				$184,381.97	$0.00	$184,381.97
# of Claims	25					
# Open	0	Recovery Amount:	-$257.53			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$36.25**	**$0.00**	**$36.25**
Indemnity				**$2,610.60**	**$0.00**	**$2,610.60**
Medical				**$15,274.59**	**$0.00**	**$15,274.59**
				$17,921.44	**$0.00**	**$17,921.44**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$8.10**	**$0.00**	**$8.10**
Indemnity				**$18,006.59**	**$0.00**	**$18,006.59**
Medical				**$79,638.37**	**$0.00**	**$79,638.37**
				$97,653.06	**$0.00**	**$97,653.06**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$1,059.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$305.84**	**$0.00**	**$305.84**
Indemnity				**$35,973.27**	**$0.00**	**$35,973.27**
Medical				**$212,027.95**	**$6.66**	**$212,034.61**
				$248,307.06	**$6.66**	**$248,313.72**
# of Claims	**99**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,957.28**	**$0.00**	**$1,957.28**
Medical				**$9,771.41**	**$0.00**	**$9,771.41**
				$11,728.69	**$0.00**	**$11,728.69**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$47.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,003.69	$0.00	$3,003.69
Medical.....	.....			$15,266.66	$0.00	$15,266.66
				$18,270.35	$0.00	$18,270.35
# of Claims	78					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,532.68	$0.00	$1,532.68
Medical.....	.....			$38,723.40	$0.00	$38,723.40
				$40,256.08	$0.00	$40,256.08
# of Claims	58					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,969.31	$0.00	$2,969.31
Medical.....	.....			$33,521.25	$0.00	$33,521.25
				$36,490.56	$0.00	$36,490.56
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,988.49	$0.00	$6,988.49
Medical.....	.....			$33,541.46	$0.00	$33,541.46
				$40,529.95	$0.00	$40,529.95
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$258.14	$0.00	$258.14
Medical.....	.....			$9,944.71	$0.00	$9,944.71
				$10,202.85	$0.00	$10,202.85
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,036.74	$0.00	$6,036.74
				$6,036.74	$0.00	$6,036.74
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,688.88	$0.00	$3,688.88
Medical.....	.....			$52,523.53	$0.00	$52,523.53
				$56,212.41	$0.00	$56,212.41
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,442.20	$0.00	$2,442.20
Medical.....	.....			$18,144.98	$0.00	$18,144.98
				$20,587.18	$0.00	$20,587.18
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,921.78	$0.00	$11,921.78
Medical.....	.....			$26,029.46	$0.00	$26,029.46
				$37,951.24	$0.00	$37,951.24
# of Claims	36					
# Open	0	Recovery Amount:	-$152.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$99.05	$0.00	$99.05
Indemnity.....	.....			$24,745.59	$0.00	$24,745.59
Medical.....	.....			$23,165.95	$0.00	$23,165.95
				$48,010.59	$0.00	$48,010.59
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,268.08	$0.00	$6,268.08
				$6,268.08	$0.00	$6,268.08
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,101.29	$0.00	$18,101.29
				$18,109.29	$0.00	$18,109.29
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$47.14	$0.00	$47.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22,108.39	$0.00	$22,108.39
				$22,155.53	$0.00	$22,155.53
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$45.93	$0.00	$45.93
Indemnity.....	.....			$12,008.74	$0.00	$12,008.74
Medical.....	.....			$43,948.71	$0.00	$43,948.71
				$56,003.38	$0.00	$56,003.38
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,750.52	$0.00	$4,750.52
Medical.....	.....			$17,187.43	$0.00	$17,187.43
				$21,945.95	$0.00	$21,945.95
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$17,350.72	$0.00	$17,350.72
Medical.....	.....			$89,632.44	$0.00	$89,632.44
				$107,007.16	$0.00	$107,007.16
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$44.36	$0.00	$44.36
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,169.99	$0.00	$18,169.99
				$18,214.35	$0.00	$18,214.35
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$89.20	$0.00	$89.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,796.80	$0.00	$12,796.80
				$12,886.00	$0.00	$12,886.00
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$25.22	$0.00	$25.22
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,561.98	$0.00	$3,561.98
				$3,587.20	$0.00	$3,587.20
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,613.82	$0.00	$15,613.82
				$15,661.82	$0.00	$15,661.82
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

268 - MARINE SCIENCE, VA INST. OF

S268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,947.82**	**$0.00**	**$5,947.82**
				$5,955.82	**$0.00**	**$5,955.82**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$26.82**	**$892.00**	**$918.82**
Indemnity				**$14,108.38**	**$40,639.59**	**$54,747.97**
Medical				**$43,466.42**	**$53,610.42**	**$97,076.84**
				$57,601.62	**$95,142.01**	**$152,743.63**
# of Claims	**15**					
# Open	**5**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$17,083.97**	**$892.00**	**$17,975.97**
Indemnity				**$426,286.31**	**$40,639.59**	**$466,925.90**
Medical				**$1,973,553.78**	**$53,617.08**	**$2,027,170.86**
				$2,416,924.06	**$95,148.67**	**$2,512,072.73**
# of Claims	**1,089**					
# Open	**6**	**Recovery Amount:**	**-$1,516.58**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$3,564.96	$0.00	$3,564.96
Indemnity.....	.....			$12,831.68	$0.00	$12,831.68
Medical.....	.....			$22,025.40	$0.00	$22,025.40
				$38,422.04	$0.00	$38,422.04
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$521.20	$0.00	$521.20
Indemnity.....	.....			$15,238.19	$0.00	$15,238.19
Medical.....	.....			$39,021.17	$0.00	$39,021.17
				$54,780.56	$0.00	$54,780.56
# of Claims	47					
# Open	0	Recovery Amount:	-$1,411.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$45.90	$0.00	$45.90
Indemnity.....	.....			$14,762.58	$0.00	$14,762.58
Medical.....	.....			$49,148.99	$0.00	$49,148.99
				$63,957.47	$0.00	$63,957.47
# of Claims	36					
# Open	0	Recovery Amount:	-$3,070.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,187.36	$0.00	$10,187.36
Medical.....	.....			$40,610.12	$0.00	$40,610.12
				$50,797.48	$0.00	$50,797.48
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,215.45	$0.00	$1,215.45
Indemnity.....	.....			$209,560.42	$0.00	$209,560.42
Medical.....	.....			$98,692.77	$0.00	$98,692.77
				$309,468.64	$0.00	$309,468.64
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,804.52	$0.00	$2,804.52
Indemnity.....	.....			$210,863.27	$0.00	$210,863.27
Medical.....	.....			$46,284.25	$0.00	$46,284.25
				$259,952.04	$0.00	$259,952.04
# of Claims	54					
# Open	0	Recovery Amount:	-$16,600.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,963.72	$0.00	$12,963.72
Medical.....	.....			$25,577.87	$0.00	$25,577.87
				$38,541.59	$0.00	$38,541.59
# of Claims	45					
# Open	0	Recovery Amount:	-$364.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$52,445.87	$0.00	$52,445.87
Medical.....	.....			$80,421.06	$0.00	$80,421.06
				$132,866.93	$0.00	$132,866.93
# of Claims	38					
# Open	0	Recovery Amount:	-$3,005.69			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$2,395.00	$0.00	$2,395.00
Indemnity.....	.....			$410,665.03	$0.00	$410,665.03
Medical.....	.....			$103,378.16	$0.00	$103,378.16
				$516,438.19	$0.00	$516,438.19
# of Claims	40					
# Open	0	Recovery Amount:	-$1,263.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$125.63	$0.00	$125.63
Indemnity.....	.....			$5,930.25	$0.00	$5,930.25
Medical.....	.....			$19,014.43	$0.00	$19,014.43
				$25,070.31	$0.00	$25,070.31
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$418.00	$0.00	$418.00
Indemnity.....	.....			$1,088.88	$0.00	$1,088.88
Medical.....	.....			$13,424.06	$0.00	$13,424.06
				$14,930.94	$0.00	$14,930.94
# of Claims	38					
# Open	0	Recovery Amount:	-$3,427.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,687.14	$0.00	$3,687.14
Indemnity.....	.....			$122,258.08	$0.00	$122,258.08
Medical.....	.....			$98,023.67	$0.00	$98,023.67
				$223,968.89	$0.00	$223,968.89
# of Claims	29					
# Open	0	Recovery Amount:	-$16,811.95			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,478.21	$0.00	$4,478.21
Medical.....	.....			$10,048.03	$0.00	$10,048.03
				$14,526.24	$0.00	$14,526.24
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$9,797.29	$0.00	$9,797.29
Indemnity.....	.....			$261,293.14	$0.00	$261,293.14
Medical.....	.....			$47,217.50	$0.00	$47,217.50
				$318,307.93	$0.00	$318,307.93
# of Claims	35					
# Open	0	Recovery Amount:	-$674.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$5,994.00	$0.00	$5,994.00
Indemnity.....	.....			$552,552.67	$0.00	$552,552.67
Medical.....	.....			$477,355.96	$0.00	$477,355.96
				$1,035,902.63	$0.00	$1,035,902.63
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$12,388.23	$0.00	$12,388.23
Indemnity.....	.....			$190,094.29	$0.00	$190,094.29
Medical.....	.....			$537,494.11	$0.00	$537,494.11
				$739,976.63	$0.00	$739,976.63
# of Claims	30					
# Open	0	Recovery Amount:	-$10,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$17,072.64	$0.00	$17,072.64
Medical.....	.....			$96,580.78	$0.00	$96,580.78
				$113,661.42	$0.00	$113,661.42
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,538.84	$0.00	$20,538.84
Medical.....	.....			$109,610.26	$0.00	$109,610.26
				$130,149.10	$0.00	$130,149.10
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,931.37	$0.00	$2,931.37
Medical.....	.....			$33,659.45	$0.00	$33,659.45
				$36,590.82	$0.00	$36,590.82
# of Claims	18					
# Open	0	Recovery Amount:	-$245.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,742.75	$0.00	$26,742.75
Medical.....	.....			$105,571.05	$0.00	$105,571.05
				$132,313.80	$0.00	$132,313.80
# of Claims	36					
# Open	0	Recovery Amount:	-$75.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$12,434.80	$0.00	$12,434.80
Indemnity.....	.....			$14,013.31	$0.00	$14,013.31
Medical.....	.....			$23,994.82	$0.00	$23,994.82
				$50,442.93	$0.00	$50,442.93
# of Claims	20					
# Open	0	Recovery Amount:	-$11,027.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$632.00	$0.00	$632.00
Indemnity.....	.....			$8,303.69	$0.00	$8,303.69
Medical.....	.....			$65,706.93	$0.00	$65,706.93
				$74,642.62	$0.00	$74,642.62
# of Claims	30					
# Open	0	Recovery Amount:	-$5,287.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$16,624.00	$0.00	$16,624.00
Medical.....	.....			$75,473.54	$0.00	$75,473.54
				$92,145.54	$0.00	$92,145.54
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,273.59	$0.00	$1,273.59
Medical.....	.....			$23,595.71	$0.00	$23,595.71
				$24,869.30	$0.00	$24,869.30
# of Claims	26					
# Open	1	Recovery Amount:	-$8,935.09			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$6,327.84	$0.00	$6,327.84
Indemnity.....	.....			$139,358.89	$0.00	$139,358.89
Medical.....	.....			$168,184.22	$0.00	$168,184.22
				$313,870.95	$0.00	$313,870.95
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.48	$0.00	$8.48
Indemnity.....	.....			$2,729.62	$0.00	$2,729.62
Medical.....	.....			$9,358.41	$0.00	$9,358.41
				$12,096.51	$0.00	$12,096.51
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$962.71	$0.00	$962.71
Indemnity.....	.....			$44,731.17	$0.00	$44,731.17
Medical.....	.....			$882,722.83	$0.00	$882,722.83
				$928,416.71	$0.00	$928,416.71
# of Claims	25					
# Open	0	Recovery Amount:	-$25,280.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,269.55	$0.00	$5,269.55
Medical.....	.....			$8,803.64	$0.00	$8,803.64
				$14,081.19	$0.00	$14,081.19
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,159.10	$0.00	$4,159.10
				$4,159.10	$0.00	$4,159.10
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$524.25	$0.00	$524.25
Indemnity.....	.....			$5,521.17	$0.00	$5,521.17
Medical.....	.....			$48,483.79	$0.00	$48,483.79
				$54,529.21	$0.00	$54,529.21
# of Claims	33					
# Open	0	Recovery Amount:	-$3,939.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$193.21	$0.00	$193.21
Indemnity.....	.....			$413.70	$0.00	$413.70
Medical.....	.....			$1,940.54	$0.00	$1,940.54
				$2,547.45	$0.00	$2,547.45
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$13,039.79	$0.00	$13,039.79
Medical.....	.....			$33,918.48	$0.00	$33,918.48
				$46,990.27	$0.00	$46,990.27
# of Claims	24					
# Open	0	Recovery Amount:	-$456.76			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$258.74	$60.25	$318.99
Indemnity.....	.....			$13,433.67	$0.00	$13,433.67
Medical.....	.....			$119,649.10	$53,184.20	$172,833.30
				$133,341.51	$53,244.45	$186,585.96
# of Claims	28					
# Open	1	Recovery Amount:	-$11,990.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$4,929.39	$0.00	$4,929.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,451.80	$0.00	$7,451.80
				$12,381.19	$0.00	$12,381.19
# of Claims	33					
# Open	0	Recovery Amount:	-$6,374.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$160.60	$0.00	$160.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,503.56	$0.00	$16,503.56
				$16,664.16	$0.00	$16,664.16
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,590.13	$3,046.51	$9,636.64
Indemnity.....	.....			$55,661.60	$3,228.04	$58,889.64
Medical.....	.....			$78,997.18	$21,008.26	$100,005.44
				$141,248.91	$27,282.81	$168,531.72
# of Claims	36					
# Open	4	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

301 - AGRIC & CONSUMER SERVS, DEPT. OF

S301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$109.68**	**$500.00**	**$609.68**
Indemnity				**$0.00**	**$29,780.00**	**$29,780.00**
Medical				**$11,695.68**	**$30,717.96**	**$42,413.64**
				$11,805.36	**$60,997.96**	**$72,803.32**
# of Claims	**41**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$76,185.15**	**$3,606.76**	**$79,791.91**
Indemnity				**$2,474,872.99**	**$33,008.04**	**$2,507,881.03**
Medical				**$3,633,798.42**	**$104,910.42**	**$3,738,708.84**
				$6,184,856.56	**$141,525.22**	**$6,326,381.78**
# of Claims	**1,177**					
# Open	**11**	**Recovery Amount:**	**-$130,241.59**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

305 - STATE MILK COMMISSION

S305 - STATE MILK COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

330 - VA ISRAEL ADVISORY BOARD

S330 - VA ISRAEL ADVISORY BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$5,663.67**	**$0.00**	**$5,663.67**
				$5,663.67	**$0.00**	**$5,663.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$5,663.67**	**$0.00**	**$5,663.67**
				$5,663.67	**$0.00**	**$5,663.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$71.00	$0.00	$71.00
				$71.00	$0.00	$71.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,453.04	$0.00	$1,453.04
				$1,453.04	$0.00	$1,453.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,370.28	$0.00	$1,370.28
Medical.....	.....			$782.25	$0.00	$782.25
				$2,152.53	$0.00	$2,152.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$392.85	$0.00	$392.85
Indemnity.....	.....			$48,815.29	$0.00	$48,815.29
Medical.....	.....			$82,213.76	$0.00	$82,213.76
				$131,421.90	$0.00	$131,421.90
# of Claims	1					
# Open	0	Recovery Amount:	-$360.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,914.87	$0.00	$7,914.87
Medical.....	.....			$7,123.23	$0.00	$7,123.23
				$15,038.10	$0.00	$15,038.10
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,159.58	$0.00	$14,159.58
Medical.....	.....			$3,294.61	$0.00	$3,294.61
				$17,454.19	$0.00	$17,454.19
# of Claims	2					
# Open	0	Recovery Amount:	-$10,513.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$311.62	$0.00	$311.62
Medical.....	.....			$4,301.21	$0.00	$4,301.21
				$4,612.83	$0.00	$4,612.83
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,253.30	$0.00	$1,253.30
				$1,253.30	$0.00	$1,253.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.00	$0.00	$37.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$130.00	$0.00	$130.00
				$167.00	$0.00	$167.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,281.80	$0.00	$7,281.80
Indemnity.....	.....			$129,667.98	$0.00	$129,667.98
Medical.....	.....			$59,084.39	$0.00	$59,084.39
				$196,034.17	$0.00	$196,034.17
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$903.01	$0.00	$903.01
Medical.....	.....			$8,530.22	$0.00	$8,530.22
				$9,433.23	$0.00	$9,433.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$36.00	$0.00	$36.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.42	$0.00	$378.42
				$378.42	$0.00	$378.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.87	$0.00	$38.87
				$38.87	$0.00	$38.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$516.22	$0.00	$516.22
				$516.22	$0.00	$516.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$12.68	$0.00	$12.68
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,922.60	$0.00	$1,922.60
				$1,935.28	$0.00	$1,935.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

350 - Dept of Small Bus. & Supplier Div.

S350 - Dept of Small Bus. & Supplier Div

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$18.00**	**$0.00**	**$18.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,338.22**	**$0.00**	**$2,338.22**
				$2,356.22	**$0.00**	**$2,356.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$360.04**	**$0.00**	**$360.04**
				$360.04	**$0.00**	**$360.04**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$7,841.83**	**$0.00**	**$7,841.83**
Indemnity				**$203,142.63**	**$0.00**	**$203,142.63**
Medical				**$173,791.38**	**$0.00**	**$173,791.38**
				$384,775.84	**$0.00**	**$384,775.84**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**-$10,874.20**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,051.57	$0.00	$3,051.57
Medical.....	.....			$4,209.53	$0.00	$4,209.53
				$7,261.10	$0.00	$7,261.10
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,153.56	$0.00	$1,153.56
Medical.....	.....			$2,004.90	$0.00	$2,004.90
				$3,158.46	$0.00	$3,158.46
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,190.85	$0.00	$1,190.85
Medical.....	.....			$1,713.47	$0.00	$1,713.47
				$2,904.32	$0.00	$2,904.32
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,071.48	$0.00	$3,071.48
Medical.....	.....			$4,829.18	$0.00	$4,829.18
				$7,900.66	$0.00	$7,900.66
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179,335.82	$0.00	$179,335.82
Medical.....	.....			$7,827.33	$0.00	$7,827.33
				$187,163.15	$0.00	$187,163.15
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,108.68	$0.00	$8,108.68
Medical.....	.....			$9,532.77	$0.00	$9,532.77
				$17,641.45	$0.00	$17,641.45
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,397.20	$0.00	$16,397.20
Medical.....	.....			$33,815.89	$0.00	$33,815.89
				$50,213.09	$0.00	$50,213.09
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.50	$0.00	$8.50
Indemnity.....	.....			$24,464.27	$0.00	$24,464.27
Medical.....	.....			$150,077.03	$0.00	$150,077.03
				$174,549.80	$0.00	$174,549.80
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,143.21	$0.00	$3,143.21
Medical.....	.....			$9,577.05	$0.00	$9,577.05
				$12,720.26	$0.00	$12,720.26
# of Claims	16					
# Open	0	Recovery Amount:	-$124.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$178,043.68	$0.00	$178,043.68
Medical.....	.....			$21,719.87	$0.00	$21,719.87
				$199,763.55	$0.00	$199,763.55
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$62.03	$0.00	$62.03
Indemnity.....	.....			$326,740.53	$0.00	$326,740.53
Medical.....	.....			$125,997.89	$0.00	$125,997.89
				$452,800.45	$0.00	$452,800.45
# of Claims	19					
# Open	0	Recovery Amount:	-$4,433.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$190,753.24	$0.00	$190,753.24
Medical.....	.....			$24,093.51	$0.00	$24,093.51
				$214,846.75	$0.00	$214,846.75
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,135.42	$0.00	$5,135.42
Medical.....	.....			$20,503.77	$0.00	$20,503.77
				$25,639.19	$0.00	$25,639.19
# of Claims	26					
# Open	0	Recovery Amount:	-$2,046.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,732.02	$0.00	$7,732.02
Medical.....	.....			$26,902.14	$0.00	$26,902.14
				$34,634.16	$0.00	$34,634.16
# of Claims	33					
# Open	0	Recovery Amount:	-$508.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,488.00	$0.00	$1,488.00
Indemnity.....	.....			$161,729.33	$0.00	$161,729.33
Medical.....	.....			$69,387.31	$0.00	$69,387.31
				$232,604.64	$0.00	$232,604.64
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$8,752.02	$42,744.62	$51,496.64
Indemnity.....	.....			$168,908.90	$0.00	$168,908.90
Medical.....	.....			$317,017.47	$105,722.62	$422,740.09
				$494,678.39	$148,467.24	$643,145.63
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$12,903.04	$0.00	$12,903.04
Indemnity.....	.....			$332,249.83	$0.00	$332,249.83
Medical.....	.....			$328,015.71	$0.00	$328,015.71
				$673,168.58	$0.00	$673,168.58
# of Claims	14					
# Open	0	Recovery Amount:	-$1,547.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$15,743.72	$0.00	$15,743.72
Medical.....	.....			$361,341.21	$0.00	$361,341.21
				$377,092.93	$0.00	$377,092.93
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,397.60	$0.00	$1,397.60
Medical.....	.....			$11,353.13	$0.00	$11,353.13
				$12,750.73	$0.00	$12,750.73
# of Claims	16					
# Open	0	Recovery Amount:	-$1,479.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$212.51	$0.00	$212.51
Medical.....	.....			$9,091.83	$0.00	$9,091.83
				$9,304.34	$0.00	$9,304.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,440.12	$0.00	$8,440.12
				$8,440.12	$0.00	$8,440.12
# of Claims	18					
# Open	0	Recovery Amount:	-$819.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$507.57	$0.00	$507.57
Medical.....	.....			$3,391.12	$0.00	$3,391.12
				$3,898.69	$0.00	$3,898.69
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$68.00	$0.00	$68.00
Indemnity.....	.....			$4,166.68	$0.00	$4,166.68
Medical.....	.....			$59,526.46	$0.00	$59,526.46
				$63,761.14	$0.00	$63,761.14
# of Claims	18					
# Open	1	Recovery Amount:	-$45.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$97.38	$0.00	$97.38
Indemnity.....	.....			$12,552.58	$0.00	$12,552.58
Medical.....	.....			$134,870.48	$0.00	$134,870.48
				$147,520.44	$0.00	$147,520.44
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$48.00	$144.00	$192.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28,650.45	$35,504.42	$64,154.87
				$28,698.45	$35,648.42	$64,346.87
# of Claims	12					
# Open	1	Recovery Amount:	-$173.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$15,167.53	$18.82	$15,186.35
Indemnity.....	.....			$237,004.74	$0.00	$237,004.74
Medical.....	.....			$425,591.08	$781,605.41	$1,207,196.49
				$677,763.35	$781,624.23	$1,459,387.58
# of Claims	12					
# Open	2	Recovery Amount:	-$2,363.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,687.60	$0.00	$3,687.60
				$3,687.60	$0.00	$3,687.60
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$31,437.05	$1,746.28	$33,183.33
Indemnity.....	.....			$567,074.16	$44,480.90	$611,555.06
Medical.....	.....			$245,321.72	$99,986.64	$345,308.36
				$843,832.93	$146,213.82	$990,046.75
# of Claims	14					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$600.80	$0.00	$600.80
Medical.....	.....			$32,657.75	$0.00	$32,657.75
				$33,294.55	$0.00	$33,294.55
# of Claims	8					
# Open	0	Recovery Amount:	-$28,316.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$83.50	$0.00	$83.50
Indemnity.....	.....			$17,881.40	$0.00	$17,881.40
Medical.....	.....			$59,032.84	$0.00	$59,032.84
				$76,997.74	$0.00	$76,997.74
# of Claims	14					
# Open	0	Recovery Amount:	-$655.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$13.70	$0.00	$13.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,746.03	$0.00	$3,746.03
				$3,759.73	$0.00	$3,759.73
# of Claims	10					
# Open	0	Recovery Amount:	-$1,626.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$262.16	$0.00	$262.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,469.78	$0.00	$6,469.78
				$6,731.94	$0.00	$6,731.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$228.82	$0.00	$228.82
Indemnity.....	.....			$665.16	$0.00	$665.16
Medical.....	.....			$8,757.85	$0.00	$8,757.85
				$9,651.83	$0.00	$9,651.83
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$47.85	$0.00	$47.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,992.49	$0.00	$2,992.49
				$3,040.34	$0.00	$3,040.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,492.19	$0.00	$3,492.19
Indemnity.....	.....			$24,613.82	$0.00	$24,613.82
Medical.....	.....			$51,029.39	$0.00	$51,029.39
				$79,135.40	$0.00	$79,135.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,057.47	$0.00	$11,057.47
				$11,057.47	$0.00	$11,057.47
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

402 - MARINE RESOURCES COMMISSION

S402 - MARINE RESOURCES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$50.60**	**$79.40**	**$130.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$2,785.61**	**$2,262.94**	**$5,048.55**
				$2,836.21	**$2,342.34**	**$5,178.55**
# of Claims	**6**					
# Open	**2**	**Recovery Amount:**	**-$2,785.61**			
Grand Totals						
Expense.....	.....			**$74,254.37**	**$44,733.12**	**$118,987.49**
Indemnity.....	.....			**$2,493,630.33**	**$44,480.90**	**$2,538,111.23**
Medical.....	.....			**$2,627,019.23**	**$1,025,082.03**	**$3,652,101.26**
				$5,194,903.93	**$1,114,296.05**	**$6,309,199.98**
# of Claims	**535**					
# Open	**9**	**Recovery Amount:**	**-$46,926.37**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

000 - DWR Headquarters

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$150.10**	**$280.70**	**$430.80**
Indemnity				**$0.00**	**$2,200.00**	**$2,200.00**
Medical				**$7,626.01**	**$17,204.10**	**$24,830.11**
				$7,776.11	**$19,684.80**	**$27,460.91**
# of Claims	**14**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$150.10**	**$280.70**	**$430.80**
Indemnity				**$0.00**	**$2,200.00**	**$2,200.00**
Medical				**$7,626.01**	**$17,204.10**	**$24,830.11**
				$7,776.11	**$19,684.80**	**$27,460.91**
# of Claims	**16**					
# Open	**4**	**Recovery Amount:**	**$0.00**			

001 - DWR Region 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$41.30**	**$0.00**	**$41.30**
Indemnity				**$27,958.95**	**$0.00**	**$27,958.95**
Medical				**$32,710.98**	**$0.00**	**$32,710.98**
				$60,711.23	**$0.00**	**$60,711.23**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

001 - DWR Region 1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$128.00	$0.00	$128.00
Indemnity.....	.....			$1,045.16	$0.00	$1,045.16
Medical.....	.....			$6,525.56	$0.00	$6,525.56
				$7,698.72	$0.00	$7,698.72
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$55.81	$0.00	$55.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,529.74	$5,000.00	$6,529.74
				$1,585.55	$5,000.00	$6,585.55
# of Claims	23					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$24.82	$201.18	$226.00
Indemnity.....	.....			$0.00	$7,150.00	$7,150.00
Medical.....	.....			$2,094.48	$12,499.72	$14,594.20
				$2,119.30	$19,850.90	$21,970.20
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$249.93	$201.18	$451.11
Indemnity.....	.....			$29,004.11	$7,150.00	$36,154.11
Medical.....	.....			$42,860.76	$17,499.72	$60,360.48
				$72,114.80	$24,850.90	$96,965.70
# of Claims	65					
# Open	2	Recovery Amount:	$0.00			

002 - DWR Region 2

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

002 - DWR Region 2

WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$51.70**	**$0.00**	**$51.70**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,762.85**	**$0.00**	**$1,762.85**
				$1,814.55	**$0.00**	**$1,814.55**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$124.90**	**$0.00**	**$124.90**
Indemnity				**$471.20**	**$0.00**	**$471.20**
Medical				**$16,995.37**	**$0.00**	**$16,995.37**
				$17,591.47	**$0.00**	**$17,591.47**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**-$4,782.94**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$69.25**	**$0.00**	**$69.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,280.95**	**$0.00**	**$3,280.95**
				$3,350.20	**$0.00**	**$3,350.20**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$22.50**	**$0.00**	**$22.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$90.86**	**$0.00**	**$90.86**
				$113.36	**$0.00**	**$113.36**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$268.35**	**$0.00**	**$268.35**
Indemnity				**$471.20**	**$0.00**	**$471.20**
Medical				**$22,130.03**	**$0.00**	**$22,130.03**
				$22,869.58	**$0.00**	**$22,869.58**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$4,782.94**			

003 - DWR Region 3

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

003 - DWR Region 3

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$13,345.67	$29,376.05	$42,721.72
Indemnity.....	.....			$344,001.61	$344,113.54	$688,115.15
Medical.....	.....			$180,366.20	$406,096.39	$586,462.59
				$537,713.48	$779,585.98	$1,317,299.46
# of Claims	24					
# Open	2	Recovery Amount:	-$14,857.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$191.25	$0.00	$191.25
Indemnity.....	.....			$83.05	$0.00	$83.05
Medical.....	.....			$5,478.34	$0.00	$5,478.34
				$5,752.64	$0.00	$5,752.64
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$49.30	$0.00	$49.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,301.87	$0.00	$11,301.87
				$11,351.17	$0.00	$11,351.17
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,586.22	$29,376.05	$42,962.27
Indemnity.....	.....			$344,084.66	$344,113.54	$688,198.20
Medical.....	.....			$197,146.41	$406,096.39	$603,242.80
				$554,817.29	$779,585.98	$1,334,403.27
# of Claims	42					
# Open	2	Recovery Amount:	-$14,857.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

003 - DWR Region 3

004 - DWR Region 4

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$7,521.18**	**$0.00**	**$7,521.18**
Indemnity				**$36,367.05**	**$0.00**	**$36,367.05**
Medical				**$23,212.12**	**$0.00**	**$23,212.12**
				$67,100.35	**$0.00**	**$67,100.35**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$3,692.78**	**$0.00**	**$3,692.78**
Indemnity				**$20,705.36**	**$0.00**	**$20,705.36**
Medical				**$48,153.99**	**$0.00**	**$48,153.99**
				$72,552.13	**$0.00**	**$72,552.13**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$30.50**	**$75.00**	**$105.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,516.12**	**$5,804.97**	**$9,321.09**
				$3,546.62	**$5,879.97**	**$9,426.59**
# of Claims	**11**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$26.82**	**$201.18**	**$228.00**
Indemnity				**$0.00**	**$22,550.00**	**$22,550.00**
Medical				**$4,911.14**	**$39,712.51**	**$44,623.65**
				$4,937.96	**$62,463.69**	**$67,401.65**
# of Claims	**12**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$11,271.28**	**$276.18**	**$11,547.46**
Indemnity				**$57,072.41**	**$22,550.00**	**$79,622.41**
Medical				**$79,793.37**	**$45,517.48**	**$125,310.85**
				$148,137.06	**$68,343.66**	**$216,480.72**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

004 - DWR Region 4

# of Claims 51

 # Open 4 **Recovery Amount:** $0.00

S403 - Department of Wildlife Resources

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$5,708.60	$0.00	$5,708.60
Medical.....	.....	$8,016.62	$0.00	$8,016.62
		$13,725.22	$0.00	$13,725.22

# of Claims 36

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988			
Expense.....	.....	$728.56	$0.00	$728.56
Indemnity.....	.....	$3,276.29	$0.00	$3,276.29
Medical.....	.....	$27,282.47	$0.00	$27,282.47
		$31,287.32	$0.00	$31,287.32

# of Claims 41

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989			
Expense.....	.....	$144.00	$0.00	$144.00
Indemnity.....	.....	$36,103.72	$0.00	$36,103.72
Medical.....	.....	$44,507.01	$0.00	$44,507.01
		$80,754.73	$0.00	$80,754.73

# of Claims 47

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990			
Expense.....	.....	$1,213.38	$0.00	$1,213.38
Indemnity.....	.....	$19,171.30	$0.00	$19,171.30
Medical.....	.....	$31,796.34	$0.00	$31,796.34
		$52,181.02	$0.00	$52,181.02

# of Claims 58

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$562.50**	**$0.00**	**$562.50**
Indemnity				**$18,294.33**	**$0.00**	**$18,294.33**
Medical				**$60,346.85**	**$0.00**	**$60,346.85**
				$79,203.68	**$0.00**	**$79,203.68**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,771.27**	**$0.00**	**$11,771.27**
Medical				**$40,366.61**	**$0.00**	**$40,366.61**
				$52,137.88	**$0.00**	**$52,137.88**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$8.00**	**$8.00**	**$16.00**
Indemnity				**$27,991.24**	**$0.00**	**$27,991.24**
Medical				**$51,482.68**	**$8,866.36**	**$60,349.04**
				$79,481.92	**$8,874.36**	**$88,356.28**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**-$179.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,896.52**	**$0.00**	**$16,896.52**
Medical				**$64,939.91**	**$0.00**	**$64,939.91**
				$81,836.43	**$0.00**	**$81,836.43**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**-$1,545.13**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$7,556.95	$316.52	$7,873.47
Indemnity.....	.....			$261,640.89	$0.00	$261,640.89
Medical.....	.....			$648,794.96	$247,653.58	$896,448.54
				$917,992.80	$247,970.10	$1,165,962.90
# of Claims	62					
# Open	1	Recovery Amount:	-$282.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$44,644.63	$0.00	$44,644.63
Medical.....	.....			$187,126.64	$0.00	$187,126.64
				$231,779.27	$0.00	$231,779.27
# of Claims	82					
# Open	0	Recovery Amount:	-$1,985.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$30,037.43	$0.00	$30,037.43
Medical.....	.....			$115,063.75	$0.00	$115,063.75
				$145,109.18	$0.00	$145,109.18
# of Claims	62					
# Open	0	Recovery Amount:	-$253.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$514.23	$0.00	$514.23
Indemnity.....	.....			$43,573.81	$0.00	$43,573.81
Medical.....	.....			$121,011.93	$0.00	$121,011.93
				$165,099.97	$0.00	$165,099.97
# of Claims	80					
# Open	0	Recovery Amount:	-$901.58			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,776.45**	**$0.00**	**$1,776.45**
Indemnity				**$87,068.60**	**$0.00**	**$87,068.60**
Medical				**$101,565.46**	**$2,798.39**	**$104,363.85**
				$190,410.51	**$2,798.39**	**$193,208.90**
# of Claims	**72**					
# Open	**1**	**Recovery Amount:**	**-$6,414.13**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,255.83**	**$0.00**	**$18,255.83**
Medical				**$96,993.69**	**$0.00**	**$96,993.69**
				$115,249.52	**$0.00**	**$115,249.52**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**-$874.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$2,260.00**	**$0.00**	**$2,260.00**
Indemnity				**$371,373.94**	**$0.00**	**$371,373.94**
Medical				**$95,646.68**	**$0.00**	**$95,646.68**
				$469,280.62	**$0.00**	**$469,280.62**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$5,700.00**	**$0.00**	**$5,700.00**
Indemnity				**$255,167.15**	**$0.00**	**$255,167.15**
Medical				**$570,816.55**	**$128,056.44**	**$698,872.99**
				$831,683.70	**$128,056.44**	**$959,740.14**
# of Claims	**65**					
# Open	**1**	**Recovery Amount:**	**-$2,026.72**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$11,550.97	$0.00	$11,550.97
Indemnity.....	.....			$29,152.61	$0.00	$29,152.61
Medical.....	.....			$240,043.42	$0.00	$240,043.42
				$280,747.00	$0.00	$280,747.00
# of Claims	59					
# Open	0	Recovery Amount:	-$48,165.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$6,007.52	$40.00	$6,047.52
Indemnity.....	.....			$216,261.69	$0.00	$216,261.69
Medical.....	.....			$620,470.78	$439,510.01	$1,059,980.79
				$842,739.99	$439,550.01	$1,282,290.00
# of Claims	41					
# Open	2	Recovery Amount:	-$206.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$40,451.74	$20.00	$40,471.74
Indemnity.....	.....			$598,075.91	$0.00	$598,075.91
Medical.....	.....			$1,072,268.13	$462,766.72	$1,535,034.85
				$1,710,795.78	$462,786.72	$2,173,582.50
# of Claims	62					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,080.68	$0.00	$10,080.68
Medical.....	.....			$184,103.53	$25,044.52	$209,148.05
				$194,192.21	$25,044.52	$219,236.73
# of Claims	53					
# Open	1	Recovery Amount:	-$3,317.84			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$541.81**	**$0.00**	**$541.81**
Indemnity				**$25,710.28**	**$0.00**	**$25,710.28**
Medical				**$64,828.95**	**$0.00**	**$64,828.95**
				$91,081.04	**$0.00**	**$91,081.04**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**-$292.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$4,303.14**	**$0.00**	**$4,303.14**
Indemnity				**$347,466.83**	**$0.00**	**$347,466.83**
Medical				**$374,934.64**	**$0.00**	**$374,934.64**
				$726,704.61	**$0.00**	**$726,704.61**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**-$16,666.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$44.50**	**$0.00**	**$44.50**
Indemnity				**$59,382.36**	**$0.00**	**$59,382.36**
Medical				**$179,025.76**	**$0.00**	**$179,025.76**
				$238,452.62	**$0.00**	**$238,452.62**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$28,385.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$6,156.14**	**$15,386.58**	**$21,542.72**
Indemnity				**$21,965.71**	**$0.00**	**$21,965.71**
Medical				**$299,395.43**	**$246,218.72**	**$545,614.15**
				$327,517.28	**$261,605.30**	**$589,122.58**
# of Claims	**40**					
# Open	**2**	**Recovery Amount:**	**-$836.42**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$501.52	$0.00	$501.52
Indemnity.....	.....			$881.06	$0.00	$881.06
Medical.....	.....			$28,181.37	$0.00	$28,181.37
				$29,563.95	$0.00	$29,563.95
# of Claims	47					
# Open	0	Recovery Amount:	-$1,356.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$101.24	$2,039.00	$2,140.24
Indemnity.....	.....			$123,725.94	$0.00	$123,725.94
Medical.....	.....			$221,267.78	$1,794.02	$223,061.80
				$345,094.96	$3,833.02	$348,927.98
# of Claims	45					
# Open	1	Recovery Amount:	-$94.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,627.36	$0.00	$3,627.36
Indemnity.....	.....			$109,111.41	$0.00	$109,111.41
Medical.....	.....			$250,928.02	$0.00	$250,928.02
				$363,666.79	$0.00	$363,666.79
# of Claims	42					
# Open	0	Recovery Amount:	-$70,126.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$7,680.64	$2,016.10	$9,696.74
Indemnity.....	.....			$120,425.36	$0.00	$120,425.36
Medical.....	.....			$279,480.69	$37,930.50	$317,411.19
				$407,586.69	$39,946.60	$447,533.29
# of Claims	37					
# Open	1	Recovery Amount:	-$974.81			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$3,556.21	$80.00	$3,636.21
Indemnity.....	.....			$109,580.18	$0.00	$109,580.18
Medical.....	.....			$353,744.17	$492,445.46	$846,189.63
				$466,880.56	$492,525.46	$959,406.02
# of Claims	44					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$10,733.07	$4,298.93	$15,032.00
Indemnity.....	.....			$98,463.75	$36,280.50	$134,744.25
Medical.....	.....			$61,597.43	$86,462.20	$148,059.63
				$170,794.25	$127,041.63	$297,835.88
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,502.60	$0.00	$2,502.60
Indemnity.....	.....			$44,775.90	$0.00	$44,775.90
Medical.....	.....			$105,050.62	$0.00	$105,050.62
				$152,329.12	$0.00	$152,329.12
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$3,807.89	$96.93	$3,904.82
Indemnity.....	.....			$27,087.21	$0.00	$27,087.21
Medical.....	.....			$84,095.19	$107,812.89	$191,908.08
				$114,990.29	$107,909.82	$222,900.11
# of Claims	61					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

403 - Department of Wildlife Resources

S403 - Department of Wildlife Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$3,449.29**	**$210.72**	**$3,660.01**
Indemnity				**$292,461.51**	**$36,872.69**	**$329,334.20**
Medical				**$217,168.40**	**$98,304.52**	**$315,472.92**
				$513,079.20	**$135,387.93**	**$648,467.13**
# of Claims	**64**					
# Open	**2**	**Recovery Amount:**	**-$5,713.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$44.55**	**$0.00**	**$44.55**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,960.88**	**$0.00**	**$3,960.88**
				$4,005.43	**$0.00**	**$4,005.43**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$125,548.26**	**$24,512.78**	**$150,061.04**
Indemnity				**$3,485,583.94**	**$73,153.19**	**$3,558,737.13**
Medical				**$6,906,303.34**	**$2,385,664.33**	**$9,291,967.67**
				$10,517,435.54	**$2,483,330.30**	**$13,000,765.84**
# of Claims	**1,777**					
# Open	**19**	**Recovery Amount:**	**-$190,600.30**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

405 - VIRGINIA RACING COMMISSION

S405 - VIRGINIA RACING COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$309.90**	**$0.00**	**$309.90**
				$309.90	**$0.00**	**$309.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$371.14**	**$0.00**	**$371.14**
				$371.14	**$0.00**	**$371.14**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

405 - VIRGINIA RACING COMMISSION

S405 - VIRGINIA RACING COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$681.04	$0.00	$681.04
				$681.04	$0.00	$681.04
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

407 - VIRGINIA PORT AUTHORITY

S407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,254.60	$0.00	$4,254.60
Indemnity.....	.....			$65,353.35	$0.00	$65,353.35
Medical.....	.....			$33,319.48	$0.00	$33,319.48
				$102,927.43	$0.00	$102,927.43
# of Claims	11					
# Open	0	Recovery Amount:	-$13,590.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$140.49	$0.00	$140.49
Indemnity.....	.....			$14,450.90	$0.00	$14,450.90
Medical.....	.....			$19,843.84	$0.00	$19,843.84
				$34,435.23	$0.00	$34,435.23
# of Claims	10					
# Open	0	Recovery Amount:	-$50.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$5,267.59	$0.00	$5,267.59
Indemnity.....	.....			$176,794.98	$0.00	$176,794.98
Medical.....	.....			$146,868.95	$0.00	$146,868.95
				$328,931.52	$0.00	$328,931.52
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$892.00	$0.00	$892.00
Indemnity.....	.....			$23,356.49	$0.00	$23,356.49
Medical.....	.....			$18,796.39	$0.00	$18,796.39
				$43,044.88	$0.00	$43,044.88
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

407 - VIRGINIA PORT AUTHORITY

S407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,785.40	$0.00	$2,785.40
Indemnity.....	.....			$191,949.95	$0.00	$191,949.95
Medical.....	.....			$11,393.01	$0.00	$11,393.01
				$206,128.36	$0.00	$206,128.36
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$17,929.63	$0.00	$17,929.63
Indemnity.....	.....			$257,340.30	$0.00	$257,340.30
Medical.....	.....			$32,580.74	$0.00	$32,580.74
				$307,850.67	$0.00	$307,850.67
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$880.00	$0.00	$880.00
Indemnity.....	.....			$134,415.14	$0.00	$134,415.14
Medical.....	.....			$45,431.60	$0.00	$45,431.60
				$180,726.74	$0.00	$180,726.74
# of Claims	17					
# Open	0	Recovery Amount:	-$289.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$537.93	$0.00	$537.93
Medical.....	.....			$2,019.35	$0.00	$2,019.35
				$2,557.28	$0.00	$2,557.28
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

407 - VIRGINIA PORT AUTHORITY

S407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,240.51	$0.00	$6,240.51
Medical.....	.....			$23,556.29	$0.00	$23,556.29
				$29,796.80	$0.00	$29,796.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$798.79	$0.00	$798.79
Medical.....	.....			$5,225.28	$0.00	$5,225.28
				$6,024.07	$0.00	$6,024.07
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$767.07	$0.00	$767.07
				$767.07	$0.00	$767.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32,149.71	$0.00	$32,149.71
Indemnity.....	.....			$871,238.34	$0.00	$871,238.34
Medical.....	.....			$339,802.00	$0.00	$339,802.00
				$1,243,190.05	$0.00	$1,243,190.05
# of Claims	146					
# Open	0	Recovery Amount:	-$13,929.82			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

407 - VIRGINIA PORT AUTHORITY

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

408 - CHESAPEAKE BAY LOCAL ASST.

S408 - CHESAPEAKE BAY LOCAL ASST.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

10 - VDOE Mined, Land, Reclam., Div Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$13,151.71**	**$0.00**	**$13,151.71**
Medical				**$9,362.52**	**$0.00**	**$9,362.52**
				$22,897.73	**$0.00**	**$22,897.73**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$144.00**	**$0.00**	**$144.00**
				$144.00	**$0.00**	**$144.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$230.00**	**$0.00**	**$230.00**
Indemnity				**$201,939.42**	**$0.00**	**$201,939.42**
Medical				**$30,830.18**	**$0.00**	**$30,830.18**
				$232,999.60	**$0.00**	**$232,999.60**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

10 - VDOE Mined, Land, Reclam., Div Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,134.72	$0.00	$5,134.72
Medical.....	.....			$1,333.07	$0.00	$1,333.07
				$6,467.79	$0.00	$6,467.79
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$467.15	$0.00	$467.15
Medical.....	.....			$286.83	$0.00	$286.83
				$753.98	$0.00	$753.98
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,300.00	$0.00	$1,300.00
Indemnity.....	.....			$344,587.81	$0.00	$344,587.81
Medical.....	.....			$41,149.11	$0.00	$41,149.11
				$387,036.92	$0.00	$387,036.92
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,961.43	$0.00	$2,961.43
Medical.....	.....			$5,241.69	$0.00	$5,241.69
				$8,203.12	$0.00	$8,203.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

10 - VDOE Mined, Land, Reclam., Div Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,474.00	$0.00	$20,474.00
Medical.....	.....			$25,915.35	$0.00	$25,915.35
				$46,389.35	$0.00	$46,389.35
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$841.14	$0.00	$841.14
Medical.....	.....			$5,021.39	$0.00	$5,021.39
				$5,862.53	$0.00	$5,862.53
# of Claims	2					
# Open	0	Recovery Amount:	-$4,061.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$722.80	$0.00	$722.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,304.96	$0.00	$1,304.96
				$2,027.76	$0.00	$2,027.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$76,562.10	$0.00	$76,562.10
Medical.....	.....			$23,654.06	$0.00	$23,654.06
				$100,216.16	$0.00	$100,216.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

10 - VDOE Mined, Land, Reclam., Div Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$20,300.63	$0.00	$20,300.63
Medical.....	.....			$8,259.24	$0.00	$8,259.24
				$28,607.87	$0.00	$28,607.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$460.27	$0.00	$460.27
Medical.....	.....			$3,412.02	$0.00	$3,412.02
				$3,872.29	$0.00	$3,872.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,075.45	$0.00	$2,075.45
				$2,075.45	$0.00	$2,075.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

10 - VDOE Mined, Land, Reclam., Div Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$201.93	$0.00	$201.93
Medical.....	.....			$8,528.50	$0.00	$8,528.50
				$8,738.43	$0.00	$8,738.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$54.40	$0.00	$54.40
Indemnity.....	.....			$378.45	$0.00	$378.45
Medical.....	.....			$10,336.86	$0.00	$10,336.86
				$10,769.71	$0.00	$10,769.71
# of Claims	2					
# Open	0	Recovery Amount:	-$3,887.38			

Grand Totals						
Expense.....	.....			$2,746.70	$0.00	$2,746.70
Indemnity.....	.....			$687,460.76	$0.00	$687,460.76
Medical.....	.....			$176,855.23	$0.00	$176,855.23
				$867,062.69	$0.00	$867,062.69
# of Claims	62					
# Open	0	Recovery Amount:	-$7,948.46			

11 - VDOE Mineral Resources, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

11 - VDOE Mineral Resources, Division Of

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,746.26**	**$0.00**	**$1,746.26**
Medical		**$1,067.33**	**$0.00**	**$1,067.33**
		$2,813.59	**$0.00**	**$2,813.59**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$189.75**	**$0.00**	**$189.75**
		$189.75	**$0.00**	**$189.75**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

11 - VDOE Mineral Resources, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,020.70**	**$0.00**	**$17,020.70**
Medical				**$73,483.47**	**$0.00**	**$73,483.47**
				$90,504.17	**$0.00**	**$90,504.17**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$23,475.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$559.85**	**$0.00**	**$559.85**
				$559.85	**$0.00**	**$559.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$218.40**	**$0.00**	**$218.40**
				$218.40	**$0.00**	**$218.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

11 - VDOE Mineral Resources, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$75.00**	**$0.00**	**$75.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,992.60**	**$0.00**	**$6,992.60**
Medical				**$19,944.69**	**$0.00**	**$19,944.69**
				$26,937.29	**$0.00**	**$26,937.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$208.68**	**$0.00**	**$208.68**
				$208.68	**$0.00**	**$208.68**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$678.09**	**$0.00**	**$678.09**
Medical				**$5,863.58**	**$0.00**	**$5,863.58**
				$6,549.67	**$0.00**	**$6,549.67**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

11 - VDOE Mineral Resources, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.09	$0.00	$472.09
				$472.09	$0.00	$472.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.55	$0.00	$274.55
				$274.55	$0.00	$274.55
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$83.00	$0.00	$83.00
Indemnity.....	.....			$26,437.65	$0.00	$26,437.65
Medical.....	.....			$102,282.39	$0.00	$102,282.39
				$128,803.04	$0.00	$128,803.04
# of Claims	35					
# Open	0	Recovery Amount:	-$23,475.48			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

12 - VDOE Division Of Mines

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$2,927.42**	**$0.00**	**$2,927.42**
Indemnity				**$14,856.47**	**$0.00**	**$14,856.47**
Medical				**$33,995.13**	**$0.00**	**$33,995.13**
				$51,779.02	**$0.00**	**$51,779.02**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$544.64**	**$0.00**	**$544.64**
Indemnity				**$15,476.55**	**$0.00**	**$15,476.55**
Medical				**$73,517.34**	**$0.00**	**$73,517.34**
				$89,538.53	**$0.00**	**$89,538.53**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$2,598.84**	**$0.00**	**$2,598.84**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$2,598.84	**$0.00**	**$2,598.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$20,000.00**	**$0.00**	**$20,000.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20,028.00	**$0.00**	**$20,028.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

12 - VDOE Division Of Mines

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$14,567.04**	**$0.00**	**$14,567.04**
Indemnity				**$68,109.89**	**$0.00**	**$68,109.89**
Medical				**$63,585.50**	**$0.00**	**$63,585.50**
				$146,262.43	**$0.00**	**$146,262.43**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$5,000.00**	**$0.00**	**$5,000.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$5,008.00	**$0.00**	**$5,008.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$50.00**	**$0.00**	**$50.00**
Indemnity				**$8,768.46**	**$0.00**	**$8,768.46**
Medical				**$3,315.21**	**$0.00**	**$3,315.21**
				$12,133.67	**$0.00**	**$12,133.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

12 - VDOE Division Of Mines

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$4,890.88**	**$0.00**	**$4,890.88**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$4,890.88	**$0.00**	**$4,890.88**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$12,588.85**	**$0.00**	**$12,588.85**
Indemnity				**$587,122.45**	**$0.00**	**$587,122.45**
Medical				**$5,012.95**	**$0.00**	**$5,012.95**
				$604,724.25	**$0.00**	**$604,724.25**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$2,398.24**	**$0.00**	**$2,398.24**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$2,398.24	**$0.00**	**$2,398.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$40,601.91**	**$0.00**	**$40,601.91**
Indemnity				**$719,333.82**	**$0.00**	**$719,333.82**
Medical				**$179,426.13**	**$0.00**	**$179,426.13**
				$939,361.86	**$0.00**	**$939,361.86**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

24 - VDOE Administration, Division Of

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

24 - VDOE Administration, Division Of

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$61.00**	**$0.00**	**$61.00**
				$61.00	**$0.00**	**$61.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$8.76**	**$0.00**	**$8.76**
		$8.76	**$0.00**	**$8.76**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,137.43**	**$0.00**	**$6,137.43**
Medical		**$15,312.43**	**$0.00**	**$15,312.43**
		$21,449.86	**$0.00**	**$21,449.86**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**			
Expense		**$1,389.48**	**$0.00**	**$1,389.48**
Indemnity		**$17,101.39**	**$0.00**	**$17,101.39**
Medical		**$70,916.97**	**$0.00**	**$70,916.97**
		$89,407.84	**$0.00**	**$89,407.84**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

24 - VDOE Administration, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$603.70**	**$0.00**	**$603.70**
				$603.70	**$0.00**	**$603.70**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$42.73**	**$0.00**	**$42.73**
Medical				**$6,077.47**	**$0.00**	**$6,077.47**
				$6,120.20	**$0.00**	**$6,120.20**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.20**	**$0.00**	**$295.20**
				$295.20	**$0.00**	**$295.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

24 - VDOE Administration, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,010.90	$0.00	$18,010.90
Medical.....	.....			$1,498.06	$0.00	$1,498.06
				$19,508.96	$0.00	$19,508.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$33.91	$0.00	$33.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,775.68	$0.00	$11,775.68
				$11,809.59	$0.00	$11,809.59
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$256.87	$0.00	$256.87
Medical.....	.....			$3,957.00	$0.00	$3,957.00
				$4,221.87	$0.00	$4,221.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

24 - VDOE Administration, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.11	$0.00	$83.11
				$83.11	$0.00	$83.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,431.39	$0.00	$1,431.39
Indemnity.....	.....			$41,549.32	$0.00	$41,549.32
Medical.....	.....			$110,589.38	$0.00	$110,589.38
				$153,570.09	$0.00	$153,570.09
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

8 - VDOE Energy, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

8 - VDOE Energy, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,073.59**	**$0.00**	**$9,073.59**
Medical				**$65,437.59**	**$0.00**	**$65,437.59**
				$74,511.18	**$0.00**	**$74,511.18**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$286,616.21**	**$0.00**	**$286,616.21**
Medical				**$13,925.30**	**$0.00**	**$13,925.30**
				$300,541.51	**$0.00**	**$300,541.51**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$69.75**	**$0.00**	**$69.75**
				$69.75	**$0.00**	**$69.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

8 - VDOE Energy, Division Of

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$156.00**	**$0.00**	**$156.00**
				$156.00	**$0.00**	**$156.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$368.07**	**$0.00**	**$368.07**
				$368.07	**$0.00**	**$368.07**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$295,689.80**	**$0.00**	**$295,689.80**
Medical				**$79,956.71**	**$0.00**	**$79,956.71**
				$375,646.51	**$0.00**	**$375,646.51**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

S409 - Virginia Department of Energy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$9,051.91	$0.00	$9,051.91
Indemnity.....	.....			$178,051.87	$0.00	$178,051.87
Medical.....	.....			$247,157.53	$0.00	$247,157.53
				$434,261.31	$0.00	$434,261.31
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$6,094.55	$3,834.29	$9,928.84
Indemnity.....	.....			$172,098.28	$0.00	$172,098.28
Medical.....	.....			$124,625.31	$5,365.18	$129,990.49
				$302,818.14	$9,199.47	$312,017.61
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$459.81	$0.00	$459.81
Indemnity.....	.....			$13,755.94	$0.00	$13,755.94
Medical.....	.....			$36,216.34	$0.00	$36,216.34
				$50,432.09	$0.00	$50,432.09
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$89,545.38	$0.00	$89,545.38
Medical.....	.....			$104,874.52	$0.00	$104,874.52
				$194,419.90	$0.00	$194,419.90
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

S409 - Virginia Department of Energy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,503.38	$0.00	$17,503.38
Medical.....	.....			$29,498.34	$0.00	$29,498.34
				$47,001.72	$0.00	$47,001.72
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,647.39	$0.00	$6,647.39
Medical.....	.....			$20,118.45	$0.00	$20,118.45
				$26,765.84	$0.00	$26,765.84
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$214,316.74	$0.00	$214,316.74
Medical.....	.....			$42,910.09	$0.00	$42,910.09
				$257,226.83	$0.00	$257,226.83
# of Claims	13					
# Open	0	Recovery Amount:	-$33,555.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$425.16	$0.00	$425.16
Medical.....	.....			$1,966.69	$0.00	$1,966.69
				$2,391.85	$0.00	$2,391.85
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,926.91	$0.00	$1,926.91
Medical.....	.....			$12,539.91	$0.00	$12,539.91
				$14,466.82	$0.00	$14,466.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

S409 - Virginia Department of Energy

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$415.85**	**$0.00**	**$415.85**
				$415.85	**$0.00**	**$415.85**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$3,300.00**	**$3,300.00**
Medical				**$0.00**	**$3,400.00**	**$3,400.00**
				$18.82	**$6,901.18**	**$6,920.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$15,625.09**	**$4,035.47**	**$19,660.56**
Indemnity				**$694,271.05**	**$3,300.00**	**$697,571.05**
Medical				**$620,323.03**	**$8,765.18**	**$629,088.21**
				$1,330,219.17	**$16,100.65**	**$1,346,319.82**
# of Claims	**146**					
# Open	**2**	**Recovery Amount:**	**-$33,555.20**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

409 - Virginia Department of Energy

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$954.35	$0.00	$954.35
Indemnity.....	.....			$25,670.70	$0.00	$25,670.70
Medical.....	.....			$71,122.79	$0.00	$71,122.79
				$97,747.84	$0.00	$97,747.84
# of Claims	115					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,380.83	$0.00	$10,380.83
Medical.....	.....			$39,930.91	$0.00	$39,930.91
				$50,311.74	$0.00	$50,311.74
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$2,360.89	$0.00	$2,360.89
Indemnity.....	.....			$49,935.62	$0.00	$49,935.62
Medical.....	.....			$114,864.29	$0.00	$114,864.29
				$167,160.80	$0.00	$167,160.80
# of Claims	179					
# Open	0	Recovery Amount:	-$855.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,771.05	$0.00	$1,771.05
Indemnity.....	.....			$23,597.62	$0.00	$23,597.62
Medical.....	.....			$41,328.63	$0.00	$41,328.63
				$66,697.30	$0.00	$66,697.30
# of Claims	279					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,675.47	$0.00	$1,675.47
Indemnity.....	.....			$156,903.95	$0.00	$156,903.95
Medical.....	.....			$223,693.93	$0.00	$223,693.93
				$382,273.35	$0.00	$382,273.35
# of Claims	221					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,608.30	$0.00	$20,608.30
Medical.....	.....			$71,333.47	$0.00	$71,333.47
				$91,941.77	$0.00	$91,941.77
# of Claims	220					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$96.39	$0.00	$96.39
Indemnity.....	.....			$73,404.75	$0.00	$73,404.75
Medical.....	.....			$122,837.59	$0.00	$122,837.59
				$196,338.73	$0.00	$196,338.73
# of Claims	277					
# Open	0	Recovery Amount:	-$19,293.76			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$35,776.31	$0.00	$35,776.31
Medical.....	.....			$67,722.74	$0.00	$67,722.74
				$103,519.05	$0.00	$103,519.05
# of Claims	273					
# Open	0	Recovery Amount:	-$377.28			

Policy Cost Summary

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7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,787.34	$0.00	$2,787.34
Medical.....	.....			$25,339.47	$0.00	$25,339.47
				$28,126.81	$0.00	$28,126.81
# of Claims	210					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1.00	$0.00	$1.00
Indemnity.....	.....			$5,021.49	$0.00	$5,021.49
Medical.....	.....			$44,418.69	$0.00	$44,418.69
				$49,441.18	$0.00	$49,441.18
# of Claims	246					
# Open	0	Recovery Amount:	-$174.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$10.50	$0.00	$10.50
Indemnity.....	.....			$6,038.30	$0.00	$6,038.30
Medical.....	.....			$44,179.63	$0.00	$44,179.63
				$50,228.43	$0.00	$50,228.43
# of Claims	161					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,811.20	$0.00	$8,811.20
Medical.....	.....			$31,672.03	$0.00	$31,672.03
				$40,483.23	$0.00	$40,483.23
# of Claims	203					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,176.41**	**$0.00**	**$9,176.41**
Medical				**$49,018.08**	**$0.00**	**$49,018.08**
				$58,194.49	**$0.00**	**$58,194.49**
# of Claims	**187**					
# Open	**0**	**Recovery Amount:**	**-$88.95**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,014.52**	**$0.00**	**$4,014.52**
Medical				**$41,748.22**	**$0.00**	**$41,748.22**
				$45,762.74	**$0.00**	**$45,762.74**
# of Claims	**170**					
# Open	**0**	**Recovery Amount:**	**-$62.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$12,730.06**	**$0.00**	**$12,730.06**
Medical				**$52,243.33**	**$0.00**	**$52,243.33**
				$64,981.39	**$0.00**	**$64,981.39**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**-$1,307.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$98,208.84**	**$0.00**	**$98,208.84**
Medical				**$68,366.79**	**$0.00**	**$68,366.79**
				$166,575.63	**$0.00**	**$166,575.63**
# of Claims	**152**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$748.80	$0.00	$748.80
Indemnity.....	.....			$681.57	$0.00	$681.57
Medical.....	.....			$22,753.93	$0.00	$22,753.93
				$24,184.30	$0.00	$24,184.30
# of Claims	118					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,540.18	$0.00	$3,540.18
Medical.....	.....			$23,585.24	$0.00	$23,585.24
				$27,125.42	$0.00	$27,125.42
# of Claims	119					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$20,914.21	$0.00	$20,914.21
Indemnity.....	.....			$257,760.96	$0.00	$257,760.96
Medical.....	.....			$343,494.64	$17,206.17	$360,700.81
				$622,169.81	$17,206.17	$639,375.98
# of Claims	120					
# Open	1	Recovery Amount:	-$481.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,587.61	$0.00	$9,587.61
Medical.....	.....			$49,892.61	$0.00	$49,892.61
				$59,480.22	$0.00	$59,480.22
# of Claims	121					
# Open	1	Recovery Amount:	-$3,794.28			

Policy Cost Summary

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Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$3,613.60	$0.00	$3,613.60
Indemnity.....	.....			$8,536.27	$0.00	$8,536.27
Medical.....	.....			$203,549.31	$0.00	$203,549.31
				$215,699.18	$0.00	$215,699.18
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,678.00	$0.00	$1,678.00
Indemnity.....	.....			$5,021.74	$0.00	$5,021.74
Medical.....	.....			$185,560.42	$0.00	$185,560.42
				$192,260.16	$0.00	$192,260.16
# of Claims	105					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$15,444.39	$0.00	$15,444.39
Medical.....	.....			$137,546.17	$0.00	$137,546.17
				$153,006.56	$0.00	$153,006.56
# of Claims	141					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,276.89	$1,544.00	$5,820.89
Indemnity.....	.....			$24,028.66	$0.00	$24,028.66
Medical.....	.....			$562,511.77	$8,760.94	$571,272.71
				$590,817.32	$10,304.94	$601,122.26
# of Claims	115					
# Open	1	Recovery Amount:	-$16,471.30			

Policy Cost Summary

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7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$124.23	$40.00	$164.23
Indemnity.....	.....			$3,314.11	$0.00	$3,314.11
Medical.....	.....			$64,228.93	$77,876.62	$142,105.55
				$67,667.27	$77,916.62	$145,583.89
# of Claims	95					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$277.14	$0.00	$277.14
Indemnity.....	.....			$28,413.76	$0.00	$28,413.76
Medical.....	.....			$174,249.64	$0.00	$174,249.64
				$202,940.54	$0.00	$202,940.54
# of Claims	117					
# Open	0	Recovery Amount:	-$7,776.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$25,244.29	$0.00	$25,244.29
Medical.....	.....			$94,095.48	$0.00	$94,095.48
				$119,383.77	$0.00	$119,383.77
# of Claims	111					
# Open	0	Recovery Amount:	-$184.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$4,183.27	$0.00	$4,183.27
Medical.....	.....			$35,587.48	$0.00	$35,587.48
				$39,802.75	$0.00	$39,802.75
# of Claims	134					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$1,874.22**	**$0.00**	**$1,874.22**
Medical				**$46,625.68**	**$0.00**	**$46,625.68**
				$48,547.90	**$0.00**	**$48,547.90**
# of Claims	**128**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$74.50**	**$0.00**	**$74.50**
Indemnity				**$2,597.30**	**$0.00**	**$2,597.30**
Medical				**$58,808.94**	**$0.00**	**$58,808.94**
				$61,480.74	**$0.00**	**$61,480.74**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,303.61**	**$5,979.94**	**$17,283.55**
Indemnity				**$136,778.36**	**$1,024,644.97**	**$1,161,423.33**
Medical				**$184,995.57**	**$621,012.40**	**$806,007.97**
				$333,077.54	**$1,651,637.31**	**$1,984,714.85**
# of Claims	**37**					
# Open	**1**	**Recovery Amount:**	**-$16,494.40**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$39.84**	**$0.00**	**$39.84**
Indemnity				**$7,788.08**	**$0.00**	**$7,788.08**
Medical				**$46,517.79**	**$0.00**	**$46,517.79**
				$54,345.71	**$0.00**	**$54,345.71**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$111.85	$0.00	$111.85
Indemnity.....	.....			$2,789.48	$0.00	$2,789.48
Medical.....	.....			$18,073.45	$0.00	$18,073.45
				$20,974.78	$0.00	$20,974.78
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,093.90	$0.00	$3,093.90
Indemnity.....	.....			$44,445.81	$0.00	$44,445.81
Medical.....	.....			$1,130,840.30	$0.00	$1,130,840.30
				$1,178,380.01	$0.00	$1,178,380.01
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$197.65	$0.00	$197.65
Indemnity.....	.....			$2,936.72	$0.00	$2,936.72
Medical.....	.....			$64,427.03	$0.00	$64,427.03
				$67,561.40	$0.00	$67,561.40
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$132.85	$0.00	$132.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,442.59	$0.00	$10,442.59
				$10,575.44	$0.00	$10,575.44
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

411 - FORESTRY, DEPARTMENT OF

S411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$96.82**	**$12,781.18**	**$12,878.00**
Indemnity.....	.....			**$1,286.11**	**$81,400.00**	**$82,686.11**
Medical.....	.....			**$24,121.87**	**$228,238.38**	**$252,360.25**
				$25,504.80	**$322,419.56**	**$347,924.36**
# of Claims	**14**					
# Open	**4**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$53,721.54**	**$20,345.12**	**$74,066.66**
Indemnity.....	.....			**$1,129,319.13**	**$1,106,044.97**	**$2,235,364.10**
Medical.....	.....			**$4,591,729.43**	**$953,094.51**	**$5,544,823.94**
				$5,774,770.10	**$2,079,484.60**	**$7,854,254.70**
# of Claims	**4,926**					
# Open	**9**	**Recovery Amount:**	**-$67,362.34**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

412 - ECONOMIC DEVELOPMENT, DEPT OF

S412 - ECONOMIC DEVELOPMENT, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

413 - COMMISSION ON VASAP

S413 - COMMISSION ON VASAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$94.00**	**$0.00**	**$94.00**
				$94.00	**$0.00**	**$94.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$94.00**	**$0.00**	**$94.00**
				$94.00	**$0.00**	**$94.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

414 - STATE WATER CONTROL BOARD

S414 - STATE WATER CONTROL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$536.20**	**$0.00**	**$536.20**
				$536.20	**$0.00**	**$536.20**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,582.74**	**$0.00**	**$2,582.74**
				$2,582.74	**$0.00**	**$2,582.74**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$392.64**	**$0.00**	**$392.64**
Indemnity				**$3,633.66**	**$0.00**	**$3,633.66**
Medical				**$6,863.46**	**$0.00**	**$6,863.46**
				$10,889.76	**$0.00**	**$10,889.76**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,052.50**	**$0.00**	**$2,052.50**
				$2,052.50	**$0.00**	**$2,052.50**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

414 - STATE WATER CONTROL BOARD

S414 - STATE WATER CONTROL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$316.89**	**$0.00**	**$316.89**
Medical				**$5,574.81**	**$0.00**	**$5,574.81**
				$5,891.70	**$0.00**	**$5,891.70**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$357.92**	**$0.00**	**$357.92**
Medical				**$2,744.03**	**$0.00**	**$2,744.03**
				$3,101.95	**$0.00**	**$3,101.95**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,414.44**	**$0.00**	**$2,414.44**
Medical				**$921.80**	**$0.00**	**$921.80**
				$3,336.24	**$0.00**	**$3,336.24**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$392.64**	**$0.00**	**$392.64**
Indemnity				**$6,722.91**	**$0.00**	**$6,722.91**
Medical				**$21,275.54**	**$0.00**	**$21,275.54**
				$28,391.09	**$0.00**	**$28,391.09**
# of Claims	**90**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

414 - STATE WATER CONTROL BOARD

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$395.85	$0.00	$395.85
				$395.85	$0.00	$395.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.34	$0.00	$138.34
				$138.34	$0.00	$138.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.92	$0.00	$138.92
Medical.....	.....			$347.63	$0.00	$347.63
				$486.55	$0.00	$486.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$106.25	$0.00	$106.25
				$106.25	$0.00	$106.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.91	$0.00	$96.91
Medical.....	.....			$723.21	$0.00	$723.21
				$820.12	$0.00	$820.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,881.72	$0.00	$8,881.72
Medical.....	.....			$9,392.33	$0.00	$9,392.33
				$18,274.05	$0.00	$18,274.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$648.67	$0.00	$648.67
				$648.67	$0.00	$648.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.96	$0.00	$171.96
				$171.96	$0.00	$171.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,101.56	$0.00	$2,101.56
				$2,101.56	$0.00	$2,101.56
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$451.22	$0.00	$451.22
				$451.22	$0.00	$451.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$906.00	$0.00	$906.00
				$906.00	$0.00	$906.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26.01	$0.00	$26.01
				$26.01	$0.00	$26.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

417 - GUNSTON HALL

S417 - GUNSTON HALL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$9,117.55**	**$0.00**	**$9,117.55**
Medical				**$15,409.03**	**$0.00**	**$15,409.03**
				$24,545.08	**$0.00**	**$24,545.08**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

421 - WASTE MANAGEMENT, DEPT. OF

S421 - WASTE MANAGEMENT, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,245.72	$0.00	$1,245.72
				$1,245.72	$0.00	$1,245.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$307.05	$0.00	$307.05
				$307.05	$0.00	$307.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$148.75	$0.00	$148.75
				$148.75	$0.00	$148.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,346.90	$0.00	$1,346.90
				$1,346.90	$0.00	$1,346.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

421 - WASTE MANAGEMENT, DEPT. OF

S421 - WASTE MANAGEMENT, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$446.75**	**$0.00**	**$446.75**
				$446.75	**$0.00**	**$446.75**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,189.61**	**$0.00**	**$3,189.61**
Medical				**$5,400.69**	**$0.00**	**$5,400.69**
				$8,590.30	**$0.00**	**$8,590.30**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,189.61**	**$0.00**	**$3,189.61**
Medical				**$8,895.86**	**$0.00**	**$8,895.86**
				$12,085.47	**$0.00**	**$12,085.47**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

422 - STATE AIR POLLUTION CNTRL BOARD

S422 - STATE AIR POLLUTION CNTRL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$196.00	$0.00	$196.00
				$196.00	$0.00	$196.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,044.88	$0.00	$2,044.88
Medical.....	.....			$7,025.71	$0.00	$7,025.71
				$9,070.59	$0.00	$9,070.59
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.00	$0.00	$538.00
				$538.00	$0.00	$538.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$609.00	$0.00	$609.00
				$609.00	$0.00	$609.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

422 - STATE AIR POLLUTION CNTRL BOARD

S422 - STATE AIR POLLUTION CNTRL BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.75	$0.00	$128.75
				$128.75	$0.00	$128.75
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38.00	$0.00	$38.00
				$38.00	$0.00	$38.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.86	$0.00	$313.86
				$313.86	$0.00	$313.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,044.88	$0.00	$2,044.88
Medical.....	.....			$8,849.32	$0.00	$8,849.32
				$10,894.20	$0.00	$10,894.20
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

S423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.05	$0.00	$193.05
				$193.05	$0.00	$193.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.77	$0.00	$155.77
				$155.77	$0.00	$155.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$705.62	$0.00	$705.62
				$705.62	$0.00	$705.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

S423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$867.93	$0.00	$867.93
				$867.93	$0.00	$867.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$961.17	$0.00	$961.17
				$961.17	$0.00	$961.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.53	$0.00	$392.53
				$392.53	$0.00	$392.53
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

S423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.00	$0.00	$64.00
				$64.00	$0.00	$64.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,097.97	$0.00	$1,097.97
				$1,097.97	$0.00	$1,097.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

S423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

S423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$43.05**	**$0.00**	**$43.05**
Indemnity				**$7,409.16**	**$0.00**	**$7,409.16**
Medical				**$9,562.23**	**$0.00**	**$9,562.23**
				$17,014.44	**$0.00**	**$17,014.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$382.28**	**$0.00**	**$382.28**
				$382.28	**$0.00**	**$382.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$43.05**	**$0.00**	**$43.05**
Indemnity				**$7,409.16**	**$0.00**	**$7,409.16**
Medical				**$14,382.55**	**$0.00**	**$14,382.55**
				$21,834.76	**$0.00**	**$21,834.76**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

423 - HISTORIC RESOURCE, DEPARTMENT OF

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

400 - Jamestown-Yorktown Commemorations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,794.54**	**$0.00**	**$2,794.54**
				$2,794.54	**$0.00**	**$2,794.54**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,731.66**	**$0.00**	**$3,731.66**
				$3,731.66	**$0.00**	**$3,731.66**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,683.48	$0.00	$5,683.48
Medical.....	.....			$10,368.16	$0.00	$10,368.16
				$16,051.64	$0.00	$16,051.64
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$13,498.81	$0.00	$13,498.81
Medical.....	.....			$15,465.10	$0.00	$15,465.10
				$29,347.41	$0.00	$29,347.41
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,517.50	$0.00	$1,517.50
Indemnity.....	.....			$9,281.86	$0.00	$9,281.86
Medical.....	.....			$6,254.35	$0.00	$6,254.35
				$17,053.71	$0.00	$17,053.71
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$785.70	$0.00	$785.70
Medical.....	.....			$7,707.13	$0.00	$7,707.13
				$8,492.83	$0.00	$8,492.83
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$901.07	$0.00	$901.07
Medical.....	.....			$14,487.18	$0.00	$14,487.18
				$15,388.25	$0.00	$15,388.25
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$184.24	$0.00	$184.24
Medical.....	.....			$6,746.51	$0.00	$6,746.51
				$6,930.75	$0.00	$6,930.75
# of Claims	28					
# Open	0	Recovery Amount:	-$44.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,520.78	$0.00	$5,520.78
Medical.....	.....			$17,991.94	$0.00	$17,991.94
				$23,512.72	$0.00	$23,512.72
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,024.94	$0.00	$1,024.94
Medical.....	.....			$8,608.10	$0.00	$8,608.10
				$9,633.04	$0.00	$9,633.04
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$26,659.67	$0.00	$26,659.67
				$26,659.67	$0.00	$26,659.67
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,607.35	$0.00	$7,607.35
				$7,607.35	$0.00	$7,607.35
# of Claims	27					
# Open	0	Recovery Amount:	-$40.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$414.99	$0.00	$414.99
Medical.....	.....			$4,512.63	$0.00	$4,512.63
				$4,927.62	$0.00	$4,927.62
# of Claims	23					
# Open	0	Recovery Amount:	-$41.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,038.62	$0.00	$4,038.62
Medical.....	.....			$14,983.87	$0.00	$14,983.87
				$19,022.49	$0.00	$19,022.49
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,354.03	$0.00	$3,354.03
Medical.....	.....			$29,648.05	$0.00	$29,648.05
				$33,002.08	$0.00	$33,002.08
# of Claims	29					
# Open	0	Recovery Amount:	-$281.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$27,717.98	$0.00	$27,717.98
				$27,717.98	$0.00	$27,717.98
# of Claims	48					
# Open	0	Recovery Amount:	-$40.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,779.87	$0.00	$2,779.87
Medical.....	.....			$24,137.56	$0.00	$24,137.56
				$26,917.43	$0.00	$26,917.43
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,977.92	$0.00	$1,977.92
Medical.....	.....			$37,217.50	$0.00	$37,217.50
				$39,195.42	$0.00	$39,195.42
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$13,502.60	$0.00	$13,502.60
Indemnity.....	.....			$87,706.81	$0.00	$87,706.81
Medical.....	.....			$47,594.20	$0.00	$47,594.20
				$148,803.61	$0.00	$148,803.61
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,792.00	$0.00	$1,792.00
Indemnity.....	.....			$13,446.07	$0.00	$13,446.07
Medical.....	.....			$179,786.06	$0.00	$179,786.06
				$195,024.13	$0.00	$195,024.13
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,465.51	$1,376.00	$2,841.51
Indemnity.....	.....			$6,664.83	$0.00	$6,664.83
Medical.....	.....			$373,773.72	$86,562.36	$460,336.08
				$381,904.06	$87,938.36	$469,842.42
# of Claims	66					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,165.75	$0.00	$10,165.75
Medical.....	.....			$23,774.73	$0.00	$23,774.73
				$33,940.48	$0.00	$33,940.48
# of Claims	58					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$157.25	$0.00	$157.25
Indemnity.....	.....			$4,546.72	$0.00	$4,546.72
Medical.....	.....			$50,358.74	$0.00	$50,358.74
				$55,062.71	$0.00	$55,062.71
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$746.42	$0.00	$746.42
Indemnity.....	.....			$411.46	$0.00	$411.46
Medical.....	.....			$26,054.52	$0.00	$26,054.52
				$27,212.40	$0.00	$27,212.40
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$530.23	$0.00	$530.23
Indemnity.....	.....			$2,252.97	$0.00	$2,252.97
Medical.....	.....			$129,561.58	$0.00	$129,561.58
				$132,344.78	$0.00	$132,344.78
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$516.76	$0.00	$516.76
Indemnity.....	.....			$22,175.75	$0.00	$22,175.75
Medical.....	.....			$82,362.62	$0.00	$82,362.62
				$105,055.13	$0.00	$105,055.13
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$293.48	$0.00	$293.48
Indemnity.....	.....			$9,875.03	$0.00	$9,875.03
Medical.....	.....			$50,557.25	$0.00	$50,557.25
				$60,725.76	$0.00	$60,725.76
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$14.57	$0.00	$14.57
Indemnity.....	.....			$34.11	$0.00	$34.11
Medical.....	.....			$6,206.38	$0.00	$6,206.38
				$6,255.06	$0.00	$6,255.06
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,914.85	$0.00	$8,914.85
				$8,922.85	$0.00	$8,922.85
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,628.40	$0.00	$6,628.40
				$6,628.40	$0.00	$6,628.40
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$97.39	$0.00	$97.39
Indemnity.....	.....			$963.04	$0.00	$963.04
Medical.....	.....			$8,555.06	$0.00	$8,555.06
				$9,615.49	$0.00	$9,615.49
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$71.40	$0.00	$71.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,386.09	$0.00	$5,386.09
				$5,457.49	$0.00	$5,457.49
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$334.79	$0.00	$334.79
Indemnity.....	.....			$2,493.16	$0.00	$2,493.16
Medical.....	.....			$32,796.73	$0.00	$32,796.73
				$35,624.68	$0.00	$35,624.68
# of Claims	22					
# Open	0	Recovery Amount:	-$5,949.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$5,650.37	$2,192.00	$7,842.37
Indemnity.....	.....			$57,156.49	$6,300.00	$63,456.49
Medical.....	.....			$13,272.16	$2,973.33	$16,245.49
				$76,079.02	$11,465.33	$87,544.35
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

425 - JAMESTOWN-YORKTOWN FOUNDATION

S425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$215.05	$0.00	$215.05
Indemnity.....	.....			$3,965.08	$0.00	$3,965.08
Medical.....	.....			$128,585.77	$0.00	$128,585.77
				$132,765.90	$0.00	$132,765.90
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$53.00	$0.00	$53.00
Indemnity.....	.....			$2,710.46	$0.00	$2,710.46
Medical.....	.....			$19,313.61	$7,064.09	$26,377.70
				$22,077.07	$7,064.09	$29,141.16
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$38.82	$300.00	$338.82
Indemnity.....	.....			$0.00	$12,650.00	$12,650.00
Medical.....	.....			$16,349.27	$24,980.73	$41,330.00
				$16,388.09	$37,930.73	$54,318.82
# of Claims	13					
# Open	3	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$27,388.64	$3,868.00	$31,256.64
Indemnity.....	.....			$274,014.04	$18,950.00	$292,964.04
Medical.....	.....			$1,476,471.02	$121,580.51	$1,598,051.53
				$1,777,873.70	$144,398.51	$1,922,272.21
# of Claims	1,158					
# Open	6	Recovery Amount:	-$6,397.68			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$78.75	$0.00	$78.75
Indemnity.....	.....			$4,794.60	$0.00	$4,794.60
Medical.....	.....			$5,342.50	$0.00	$5,342.50
				$10,215.85	$0.00	$10,215.85
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,310.06	$0.00	$1,310.06
				$1,310.06	$0.00	$1,310.06
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,449.36	$0.00	$1,449.36
				$1,449.36	$0.00	$1,449.36
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$859.04	$0.00	$859.04
Medical.....	.....			$17,906.11	$0.00	$17,906.11
				$18,765.15	$0.00	$18,765.15
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,321.84	$0.00	$1,321.84
Medical.....	.....			$5,736.19	$0.00	$5,736.19
				$7,058.03	$0.00	$7,058.03
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,239.35	$0.00	$8,239.35
Medical.....	.....			$102,512.04	$0.00	$102,512.04
				$110,751.39	$0.00	$110,751.39
# of Claims	17					
# Open	0	Recovery Amount:	-$18,482.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$688.63	$0.00	$688.63
Medical.....	.....			$9,959.17	$0.00	$9,959.17
				$10,647.80	$0.00	$10,647.80
# of Claims	15					
# Open	0	Recovery Amount:	-$3,563.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$84.96	$0.00	$84.96
Medical.....	.....			$4,743.50	$0.00	$4,743.50
				$4,828.46	$0.00	$4,828.46
# of Claims	19					
# Open	0	Recovery Amount:	-$2,835.12			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$2,887.51	$1,082.98	$3,970.49
Indemnity.....	.....			$18,855.73	$0.00	$18,855.73
Medical.....	.....			$299,249.42	$224,870.04	$524,119.46
				$320,992.66	$225,953.02	$546,945.68
# of Claims	17					
# Open	1	Recovery Amount:	-$1,161.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,064.98	$0.00	$1,064.98
				$1,064.98	$0.00	$1,064.98
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,631.74	$0.00	$3,631.74
Medical.....	.....			$18,973.38	$0.00	$18,973.38
				$22,623.62	$0.00	$22,623.62
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,263.87	$0.00	$3,263.87
				$3,263.87	$0.00	$3,263.87
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,927.19	$0.00	$5,927.19
				$5,927.19	$0.00	$5,927.19
# of Claims	66					
# Open	0	Recovery Amount:	-$1,966.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,622.44	$0.00	$1,622.44
				$1,640.94	$0.00	$1,640.94
# of Claims	13					
# Open	0	Recovery Amount:	-$264.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$706.16	$0.00	$706.16
				$706.16	$0.00	$706.16
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$16.00	$1,984.00	$2,000.00
Indemnity.....	.....			$2,274.80	$0.00	$2,274.80
Medical.....	.....			$73,373.76	$215,122.72	$288,496.48
				$75,664.56	$217,106.72	$292,771.28
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$86.95	$0.00	$86.95
Indemnity.....	.....			$53.42	$0.00	$53.42
Medical.....	.....			$12,925.20	$0.00	$12,925.20
				$13,065.57	$0.00	$13,065.57
# of Claims	11					
# Open	0	Recovery Amount:	-$3,560.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,817.17	$0.00	$4,817.17
				$4,817.17	$0.00	$4,817.17
# of Claims	10					
# Open	0	Recovery Amount:	-$1,000.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,585.80	$0.00	$1,585.80
				$1,585.80	$0.00	$1,585.80
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,081.42	$0.00	$1,081.42
				$1,081.42	$0.00	$1,081.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$5,056.83	$0.00	$5,056.83
Medical.....	.....			$107,705.43	$0.00	$107,705.43
				$112,778.26	$0.00	$112,778.26
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$624.92	$0.00	$624.92
Medical.....	.....			$9,047.68	$0.00	$9,047.68
				$9,680.60	$0.00	$9,680.60
# of Claims	13					
# Open	0	Recovery Amount:	-$367.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,652.32	$0.00	$10,652.32
Medical.....	.....			$79,537.12	$0.00	$79,537.12
				$90,197.44	$0.00	$90,197.44
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$50.39	$0.00	$50.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,001.70	$0.00	$11,001.70
				$11,052.09	$0.00	$11,052.09
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,347.57	$0.00	$6,347.57
				$6,347.57	$0.00	$6,347.57
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$37.54	$0.00	$37.54
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,886.62	$0.00	$16,886.62
				$16,924.16	$0.00	$16,924.16
# of Claims	9					
# Open	0	Recovery Amount:	-$10,754.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$157.17	$0.00	$157.17
Medical.....	.....			$2,218.36	$0.00	$2,218.36
				$2,383.53	$0.00	$2,383.53
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$72.06	$2,152.00	$2,224.06
Indemnity.....	.....			$7,238.97	$9,751.31	$16,990.28
Medical.....	.....			$80,266.24	$41,608.86	$121,875.10
				$87,577.27	$53,512.17	$141,089.44
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

440 - ENVIRONMENTAL QUALITY, DEPT OF

S440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$52.45	$0.00	$52.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,112.01	$0.00	$11,112.01
				$11,164.46	$0.00	$11,164.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$29.23	$50.00	$79.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,336.86	$1,200.00	$2,536.86
				$1,366.09	$1,250.00	$2,616.09
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,387.88	$5,268.98	$8,656.86
Indemnity.....	.....			$64,534.32	$9,751.31	$74,285.63
Medical.....	.....			$899,009.31	$482,801.62	$1,381,810.93
				$966,931.51	$497,821.91	$1,464,753.42
# of Claims	384					
# Open	4	Recovery Amount:	-$43,956.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

10000 - VDOT Central Office Orgs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$53.50	$0.00	$53.50
Indemnity.....	.....			$3,282.04	$0.00	$3,282.04
Medical.....	.....			$24,332.10	$0.00	$24,332.10
				$27,667.64	$0.00	$27,667.64
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,724.18	$0.00	$3,724.18
Indemnity.....	.....			$127,544.88	$0.00	$127,544.88
Medical.....	.....			$248,151.78	$0.00	$248,151.78
				$379,420.84	$0.00	$379,420.84
# of Claims	27					
# Open	0	Recovery Amount:	-$82,960.24			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$135.75	$3,000.00	$3,135.75
Indemnity.....	.....			$31,981.79	$58,429.52	$90,411.31
Medical.....	.....			$391,203.55	$1,792,022.39	$2,183,225.94
				$423,321.09	$1,853,451.91	$2,276,773.00
# of Claims	32					
# Open	2	Recovery Amount:	-$1,380.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$7,661.21	$0.00	$7,661.21
Medical.....	.....			$64,546.08	$0.00	$64,546.08
				$72,231.29	$0.00	$72,231.29
# of Claims	20					
# Open	0	Recovery Amount:	-$9,969.39			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

10000 - VDOT Central Office Orgs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$73.14	$8.00	$81.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$42,349.00	$67,289.42	$109,638.42
				$42,422.14	$67,297.42	$109,719.56
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$93.95	$0.00	$93.95
Indemnity.....	.....			$1,446.86	$0.00	$1,446.86
Medical.....	.....			$22,975.44	$0.00	$22,975.44
				$24,516.25	$0.00	$24,516.25
# of Claims	23					
# Open	0	Recovery Amount:	-$1,218.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$484.91	$0.00	$484.91
Indemnity.....	.....			$6,448.07	$0.00	$6,448.07
Medical.....	.....			$9,096.44	$0.00	$9,096.44
				$16,029.42	$0.00	$16,029.42
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$99.00	$0.00	$99.00
Indemnity.....	.....			$29,902.32	$0.00	$29,902.32
Medical.....	.....			$145,825.38	$0.00	$145,825.38
				$175,826.70	$0.00	$175,826.70
# of Claims	28					
# Open	0	Recovery Amount:	-$2,439.22			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

10000 - VDOT Central Office Orgs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$248.71	$0.00	$248.71
Indemnity.....	.....			$148.99	$0.00	$148.99
Medical.....	.....			$22,623.96	$0.00	$22,623.96
				$23,021.66	$0.00	$23,021.66
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$27.60	$0.00	$27.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$837.88	$0.00	$837.88
				$865.48	$0.00	$865.48
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$178.39	$277.00	$455.39
Indemnity.....	.....			$7,780.57	$17,780.57	$25,561.14
Medical.....	.....			$7,044.30	$14,890.29	$21,934.59
				$15,003.26	$32,947.86	$47,951.12
# of Claims	12					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,143.13	$3,285.00	$8,428.13
Indemnity.....	.....			$216,196.73	$76,210.09	$292,406.82
Medical.....	.....			$978,985.91	$1,874,202.10	$2,853,188.01
				$1,200,325.77	$1,953,697.19	$3,154,022.96
# of Claims	214					
# Open	7	Recovery Amount:	-$97,967.68			

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$8,789.91**	**$0.00**	**$8,789.91**
Indemnity				**$297,731.57**	**$0.00**	**$297,731.57**
Medical				**$72,956.56**	**$0.00**	**$72,956.56**
				$379,478.04	**$0.00**	**$379,478.04**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,023.19**	**$0.00**	**$2,023.19**
Medical		**$14,340.56**	**$0.00**	**$14,340.56**
		$16,363.75	**$0.00**	**$16,363.75**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$9,553.83**	**$0.00**	**$9,553.83**
Indemnity		**$114,273.57**	**$0.00**	**$114,273.57**
Medical		**$62,537.10**	**$0.00**	**$62,537.10**
		$186,364.50	**$0.00**	**$186,364.50**
# of Claims	**21**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$10,823.22**	**$0.00**	**$10,823.22**
Medical		**$43,234.10**	**$0.00**	**$43,234.10**
		$54,057.32	**$0.00**	**$54,057.32**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**-$74.28**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$110,644.71**	**$0.00**	**$110,644.71**
Medical		**$77,515.37**	**$0.00**	**$77,515.37**
		$188,160.08	**$0.00**	**$188,160.08**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**-$37.29**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$119,663.36	$0.00	$119,663.36
Medical.....	.....			$122,881.92	$0.00	$122,881.92
				$242,545.28	$0.00	$242,545.28
# of Claims	22					
# Open	0	Recovery Amount:	-$211.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$139,276.71	$0.00	$139,276.71
Medical.....	.....			$58,925.41	$0.00	$58,925.41
				$198,202.12	$0.00	$198,202.12
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$115.78	$0.00	$115.78
Indemnity.....	.....			$22,800.97	$0.00	$22,800.97
Medical.....	.....			$122,906.45	$0.00	$122,906.45
				$145,823.20	$0.00	$145,823.20
# of Claims	13					
# Open	0	Recovery Amount:	-$19,978.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,040.00	$0.00	$1,040.00
Indemnity.....	.....			$309,902.28	$0.00	$309,902.28
Medical.....	.....			$215,941.67	$0.00	$215,941.67
				$526,883.95	$0.00	$526,883.95
# of Claims	24					
# Open	0	Recovery Amount:	-$342.71			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$75,709.84	$0.00	$75,709.84
Medical.....	.....			$32,358.21	$0.00	$32,358.21
				$108,068.05	$0.00	$108,068.05
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,634.07	$0.00	$1,634.07
Indemnity.....	.....			$250,377.06	$0.00	$250,377.06
Medical.....	.....			$129,677.56	$0.00	$129,677.56
				$381,688.69	$0.00	$381,688.69
# of Claims	21					
# Open	0	Recovery Amount:	-$4,579.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$6,944.15	$1,000.00	$7,944.15
Indemnity.....	.....			$567,511.87	$0.00	$567,511.87
Medical.....	.....			$154,737.23	$24,739.27	$179,476.50
				$729,193.25	$25,739.27	$754,932.52
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$717.70	$0.00	$717.70
Medical.....	.....			$6,395.58	$0.00	$6,395.58
				$7,113.28	$0.00	$7,113.28
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$190.32	$0.00	$190.32
Indemnity.....	.....			$26,214.33	$0.00	$26,214.33
Medical.....	.....			$46,298.64	$0.00	$46,298.64
				$72,703.29	$0.00	$72,703.29
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$9,778.00	$0.00	$9,778.00
Indemnity.....	.....			$523,391.23	$0.00	$523,391.23
Medical.....	.....			$427,868.31	$0.00	$427,868.31
				$961,037.54	$0.00	$961,037.54
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$4,156.88	$0.00	$4,156.88
Indemnity.....	.....			$223,909.90	$0.00	$223,909.90
Medical.....	.....			$50,223.89	$0.00	$50,223.89
				$278,290.67	$0.00	$278,290.67
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,410.02	$3,360.00	$5,770.02
Indemnity.....	.....			$40,206.41	$0.00	$40,206.41
Medical.....	.....			$173,542.03	$124,595.32	$298,137.35
				$216,158.46	$127,955.32	$344,113.78
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,514.44	$0.00	$2,514.44
Medical.....	.....			$9,898.19	$0.00	$9,898.19
				$12,412.63	$0.00	$12,412.63
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,371.59	$0.00	$1,371.59
Indemnity.....	.....			$13,462.19	$0.00	$13,462.19
Medical.....	.....			$77,731.22	$0.00	$77,731.22
				$92,565.00	$0.00	$92,565.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$25,768.16	$0.00	$25,768.16
Indemnity.....	.....			$424,597.32	$0.00	$424,597.32
Medical.....	.....			$336,773.64	$76,676.13	$413,449.77
				$787,139.12	$76,676.13	$863,815.25
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$153.77	$0.00	$153.77
Indemnity.....	.....			$55,019.57	$0.00	$55,019.57
Medical.....	.....			$91,259.37	$0.00	$91,259.37
				$146,432.71	$0.00	$146,432.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

101 - VDOT - WISE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,008.70	$0.00	$4,008.70
Medical.....	.....			$18,707.42	$0.00	$18,707.42
				$22,716.12	$0.00	$22,716.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$3,087.21	$0.00	$3,087.21
Indemnity.....	.....			$37,055.21	$0.00	$37,055.21
Medical.....	.....			$91,339.91	$0.00	$91,339.91
				$131,482.33	$0.00	$131,482.33
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$74,993.69	$4,360.00	$79,353.69
Indemnity.....	.....			$3,371,835.35	$0.00	$3,371,835.35
Medical.....	.....			$2,438,050.34	$226,010.72	$2,664,061.06
				$5,884,879.38	$230,370.72	$6,115,250.10
# of Claims	362					
# Open	3	Recovery Amount:	-$25,222.77			

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$2,243.14	$0.00	$2,243.14
Medical.....	.....			$8,306.88	$0.00	$8,306.88
				$10,996.02	$0.00	$10,996.02
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,747.60	$0.00	$6,747.60
Indemnity.....	.....			$217,167.22	$0.00	$217,167.22
Medical.....	.....			$104,601.60	$0.00	$104,601.60
				$328,516.42	$0.00	$328,516.42
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,730.45	$0.00	$2,730.45
Indemnity.....	.....			$49,985.52	$0.00	$49,985.52
Medical.....	.....			$30,802.47	$0.00	$30,802.47
				$83,518.44	$0.00	$83,518.44
# of Claims	27					
# Open	0	Recovery Amount:	-$200.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,330.75	$0.00	$6,330.75
Medical.....	.....			$15,495.50	$0.00	$15,495.50
				$21,826.25	$0.00	$21,826.25
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,018.52	$0.00	$1,018.52
Indemnity.....	.....			$139,622.05	$0.00	$139,622.05
Medical.....	.....			$110,819.86	$0.00	$110,819.86
				$251,460.43	$0.00	$251,460.43
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,510.06	$0.00	$7,510.06
Medical.....	.....			$23,866.36	$0.00	$23,866.36
				$31,376.42	$0.00	$31,376.42
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,262.39	$0.00	$3,262.39
Medical.....	.....			$10,290.85	$0.00	$10,290.85
				$13,553.24	$0.00	$13,553.24
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,218.41	$0.00	$3,218.41
Indemnity.....	.....			$214,189.64	$0.00	$214,189.64
Medical.....	.....			$102,278.47	$0.00	$102,278.47
				$319,686.52	$0.00	$319,686.52
# of Claims	34					
# Open	0	Recovery Amount:	-$15,724.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,700.17	$0.00	$2,700.17
Medical.....	.....			$14,423.52	$0.00	$14,423.52
				$17,123.69	$0.00	$17,123.69
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29.48	$0.00	$29.48
Medical.....	.....			$3,122.14	$0.00	$3,122.14
				$3,151.62	$0.00	$3,151.62
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,659.96	$0.00	$7,659.96
Medical.....	.....			$24,829.83	$0.00	$24,829.83
				$32,489.79	$0.00	$32,489.79
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,449.81	$0.00	$3,449.81
Medical.....	.....			$10,362.89	$0.00	$10,362.89
				$13,812.70	$0.00	$13,812.70
# of Claims	30					
# Open	0	Recovery Amount:	-$656.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$86,870.69	$0.00	$86,870.69
Medical.....	.....			$208,079.42	$0.00	$208,079.42
				$294,950.11	$0.00	$294,950.11
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$2,393.40	$0.00	$2,393.40
Indemnity.....	.....			$105,442.66	$0.00	$105,442.66
Medical.....	.....			$293,928.97	$0.00	$293,928.97
				$401,765.03	$0.00	$401,765.03
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$27,647.22	$1,318.59	$28,965.81
Indemnity.....	.....			$480,987.23	$0.00	$480,987.23
Medical.....	.....			$1,693,118.99	$410,429.30	$2,103,548.29
				$2,201,753.44	$411,747.89	$2,613,501.33
# of Claims	35					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$42,553.54	$0.00	$42,553.54
Medical.....	.....			$97,230.80	$0.00	$97,230.80
				$139,784.34	$0.00	$139,784.34
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,424.00	$0.00	$2,424.00
Indemnity.....	.....			$207,921.59	$0.00	$207,921.59
Medical.....	.....			$285,734.81	$0.00	$285,734.81
				$496,080.40	$0.00	$496,080.40
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$146.04	$276.36	$422.40
Indemnity.....	.....			$13,193.80	$0.00	$13,193.80
Medical.....	.....			$240,930.42	$57,314.38	$298,244.80
				$254,270.26	$57,590.74	$311,861.00
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.70	$29.30	$48.00
Indemnity.....	.....			$13,111.76	$0.00	$13,111.76
Medical.....	.....			$59,440.71	$29,522.82	$88,963.53
				$72,571.17	$29,552.12	$102,123.29
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,553.44	$0.00	$6,553.44
				$6,573.44	$0.00	$6,573.44
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$32.00	$56.00
Indemnity.....	.....			$39,939.05	$0.00	$39,939.05
Medical.....	.....			$114,712.97	$64,339.50	$179,052.47
				$154,676.02	$64,371.50	$219,047.52
# of Claims	12					
# Open	1	Recovery Amount:	-$1,000.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

102 - VDOT - BRISTOL District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,003.98	$0.00	$1,003.98
Indemnity.....	.....			$54,906.68	$0.00	$54,906.68
Medical.....	.....			$187,499.06	$0.00	$187,499.06
				$243,409.72	$0.00	$243,409.72
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$6,136.31	$0.00	$6,136.31
Indemnity.....	.....			$255,190.16	$0.00	$255,190.16
Medical.....	.....			$245,407.25	$0.00	$245,407.25
				$506,733.72	$0.00	$506,733.72
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$53,974.63	$1,656.25	$55,630.88
Indemnity.....	.....			$1,954,267.35	$0.00	$1,954,267.35
Medical.....	.....			$3,891,837.21	$561,606.00	$4,453,443.21
				$5,900,079.19	$563,262.25	$6,463,341.44
# of Claims	499					
# Open	4	Recovery Amount:	-$17,580.54			

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,194.62	$0.00	$1,194.62
Medical.....	.....			$4,658.37	$0.00	$4,658.37
				$5,852.99	$0.00	$5,852.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,150.50	$0.00	$1,150.50
Indemnity.....	.....			$10,486.63	$0.00	$10,486.63
Medical.....	.....			$20,864.65	$0.00	$20,864.65
				$32,501.78	$0.00	$32,501.78
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,588.61	$0.00	$1,588.61
Indemnity.....	.....			$28,252.75	$0.00	$28,252.75
Medical.....	.....			$16,798.00	$0.00	$16,798.00
				$46,639.36	$0.00	$46,639.36
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$4,795.36	$87.93	$4,883.29
Indemnity.....	.....			$168,445.85	$0.00	$168,445.85
Medical.....	.....			$499,726.71	$86,491.06	$586,217.77
				$672,967.92	$86,578.99	$759,546.91
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$3,308.52	$1,691.48	$5,000.00
Indemnity.....	.....			$298,333.20	$0.00	$298,333.20
Medical.....	.....			$425,386.90	$44,354.85	$469,741.75
				$727,028.62	$46,046.33	$773,074.95
# of Claims	36					
# Open	1	Recovery Amount:	-$13,746.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$7,485.32	$0.00	$7,485.32
Indemnity.....	.....			$409,192.09	$0.00	$409,192.09
Medical.....	.....			$511,144.52	$0.00	$511,144.52
				$927,821.93	$0.00	$927,821.93
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,672.09	$0.00	$8,672.09
Medical.....	.....			$15,035.44	$0.00	$15,035.44
				$23,707.53	$0.00	$23,707.53
# of Claims	36					
# Open	0	Recovery Amount:	-$1,042.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$16.00	$92.00	$108.00
Indemnity.....	.....			$8,819.36	$0.00	$8,819.36
Medical.....	.....			$64,112.96	$20,829.23	$84,942.19
				$72,948.32	$20,921.23	$93,869.55
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,441.78	$0.00	$11,441.78
Medical.....	.....			$78,187.32	$0.00	$78,187.32
				$89,629.10	$0.00	$89,629.10
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.50	$0.00	$0.50
Indemnity.....	.....			$17,238.62	$0.00	$17,238.62
Medical.....	.....			$87,257.94	$0.00	$87,257.94
				$104,497.06	$0.00	$104,497.06
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,989.99	$0.00	$20,989.99
Medical.....	.....			$28,018.57	$0.00	$28,018.57
				$49,008.56	$0.00	$49,008.56
# of Claims	23					
# Open	0	Recovery Amount:	-$2,812.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$970.09	$0.00	$970.09
Medical.....	.....			$5,717.70	$0.00	$5,717.70
				$6,687.79	$0.00	$6,687.79
# of Claims	19					
# Open	0	Recovery Amount:	-$298.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,677.12	$0.00	$14,677.12
Medical.....	.....			$27,691.66	$0.00	$27,691.66
				$42,368.78	$0.00	$42,368.78
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,685.24	$0.00	$23,685.24
Medical.....	.....			$89,725.57	$0.00	$89,725.57
				$113,410.81	$0.00	$113,410.81
# of Claims	17					
# Open	0	Recovery Amount:	-$25,125.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$12,850.40	$0.00	$12,850.40
Indemnity.....	.....			$121,456.38	$0.00	$121,456.38
Medical.....	.....			$120,262.75	$0.00	$120,262.75
				$254,569.53	$0.00	$254,569.53
# of Claims	24					
# Open	0	Recovery Amount:	-$8,278.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,560.00	$8.00	$1,568.00
Indemnity.....	.....			$191,982.89	$0.00	$191,982.89
Medical.....	.....			$190,685.53	$4,619.50	$195,305.03
				$384,228.42	$4,627.50	$388,855.92
# of Claims	25					
# Open	1	Recovery Amount:	-$470.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,576.00	$0.00	$1,576.00
Indemnity.....	.....			$216,460.05	$0.00	$216,460.05
Medical.....	.....			$149,893.60	$0.00	$149,893.60
				$367,929.65	$0.00	$367,929.65
# of Claims	19					
# Open	0	Recovery Amount:	-$0.03			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,275.23	$0.00	$9,275.23
Medical.....	.....			$105,110.58	$0.00	$105,110.58
				$114,393.81	$0.00	$114,393.81
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,277.73	$0.00	$7,277.73
Medical.....	.....			$8,266.99	$0.00	$8,266.99
				$15,544.72	$0.00	$15,544.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$6,442.73	$0.00	$6,442.73
Indemnity.....	.....			$288,184.47	$0.00	$288,184.47
Medical.....	.....			$195,907.71	$230,468.83	$426,376.54
				$490,534.91	$230,468.83	$721,003.74
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54.07	$0.00	$54.07
Medical.....	.....			$3,795.38	$0.00	$3,795.38
				$3,849.45	$0.00	$3,849.45
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

103 - VDOT - ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,434.03	$0.00	$15,434.03
Medical.....	.....			$26,259.06	$0.00	$26,259.06
				$41,693.09	$0.00	$41,693.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$40,781.94	$1,879.41	$42,661.35
Indemnity.....	.....			$1,872,524.28	$0.00	$1,872,524.28
Medical.....	.....			$2,674,507.91	$386,763.47	$3,061,271.38
				$4,587,814.13	$388,642.88	$4,976,457.01
# of Claims	474					
# Open	5	Recovery Amount:	-$51,773.55			

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$6,216.51	$0.00	$6,216.51
Indemnity.....	.....			$178,929.25	$0.00	$178,929.25
Medical.....	.....			$82,398.28	$0.00	$82,398.28
				$267,544.04	$0.00	$267,544.04
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$3,745.00	$0.00	$3,745.00
Indemnity.....	.....			$272,057.25	$0.00	$272,057.25
Medical.....	.....			$265,979.02	$0.00	$265,979.02
				$541,781.27	$0.00	$541,781.27
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$31,796.26	$8.00	$31,804.26
Indemnity.....	.....			$397,893.71	$0.00	$397,893.71
Medical.....	.....			$638,429.73	$331,816.17	$970,245.90
				$1,068,119.70	$331,824.17	$1,399,943.87
# of Claims	24					
# Open	1	Recovery Amount:	-$17.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$56,559.42	$0.00	$56,559.42
Medical.....	.....			$62,469.65	$0.00	$62,469.65
				$119,029.07	$0.00	$119,029.07
# of Claims	17					
# Open	0	Recovery Amount:	-$112.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,887.41	$0.00	$3,887.41
Medical.....	.....			$10,921.04	$0.00	$10,921.04
				$14,808.45	$0.00	$14,808.45
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,510.45	$0.00	$4,510.45
Medical.....	.....			$21,280.36	$0.00	$21,280.36
				$25,790.81	$0.00	$25,790.81
# of Claims	19					
# Open	0	Recovery Amount:	-$30.31			

Policy Cost Summary

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$303.10	$24.00	$327.10
Indemnity.....	.....			$152,657.46	$0.00	$152,657.46
Medical.....	.....			$152,239.87	$60,107.40	$212,347.27
				$305,200.43	$60,131.40	$365,331.83
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8.00	$2,059.20	$2,067.20
Indemnity.....	.....			$138,613.57	$0.00	$138,613.57
Medical.....	.....			$81,288.72	$11,790.97	$93,079.69
				$219,910.29	$13,850.17	$233,760.46
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,293.10	$0.00	$2,293.10
Medical.....	.....			$8,554.63	$0.00	$8,554.63
				$10,847.73	$0.00	$10,847.73
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,258.51	$0.00	$4,258.51
Medical.....	.....			$14,110.21	$0.00	$14,110.21
				$18,368.72	$0.00	$18,368.72
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,316.36	$0.00	$4,316.36
				$4,316.36	$0.00	$4,316.36
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$2,986.89	$79.59	$3,066.48
Indemnity.....	.....			$280,544.88	$0.00	$280,544.88
Medical.....	.....			$106,378.07	$27,330.78	$133,708.85
				$389,909.84	$27,410.37	$417,320.21
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,458.92	$0.00	$9,458.92
				$9,458.92	$0.00	$9,458.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,841.02	$9,654.98	$15,496.00
Indemnity.....	.....			$231,998.21	$0.00	$231,998.21
Medical.....	.....			$151,561.03	$63,168.41	$214,729.44
				$389,400.26	$72,823.39	$462,223.65
# of Claims	7					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,205.02	$0.00	$3,205.02
				$3,205.02	$0.00	$3,205.02
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$661.86	$0.00	$661.86
Indemnity.....	.....			$82,843.97	$0.00	$82,843.97
Medical.....	.....			$122,472.41	$0.00	$122,472.41
				$205,978.24	$0.00	$205,978.24
# of Claims	11					
# Open	0	Recovery Amount:	-$82,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,699.19	$0.00	$1,699.19
Medical.....	.....			$23,731.16	$0.00	$23,731.16
				$25,430.35	$0.00	$25,430.35
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,216.75	$0.00	$14,216.75
Medical.....	.....			$15,448.96	$0.00	$15,448.96
				$29,665.71	$0.00	$29,665.71
# of Claims	5					
# Open	0	Recovery Amount:	-$1,250.61			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,720.73	$0.00	$22,720.73
Medical.....	.....			$29,446.54	$0.00	$29,446.54
				$52,167.27	$0.00	$52,167.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,572.83	$0.00	$16,572.83
Medical.....	.....			$46,564.40	$0.00	$46,564.40
				$63,137.23	$0.00	$63,137.23
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,441.26	$0.00	$9,441.26
Medical.....	.....			$9,175.84	$0.00	$9,175.84
				$18,617.10	$0.00	$18,617.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,082.29	$0.00	$7,082.29
				$7,082.29	$0.00	$7,082.29
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

104 - VDOT - LEBANON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$51.50	$0.00	$51.50
Indemnity.....	.....			$24,882.87	$0.00	$24,882.87
Medical.....	.....			$82,102.57	$0.00	$82,102.57
				$107,036.94	$0.00	$107,036.94
# of Claims	18					
# Open	0	Recovery Amount:	-$6,910.26			
Grand Totals						
Expense.....	.....			$51,610.14	$11,825.77	$63,435.91
Indemnity.....	.....			$1,896,580.82	$0.00	$1,896,580.82
Medical.....	.....			$1,948,615.08	$494,213.73	$2,442,828.81
				$3,896,806.04	$506,039.50	$4,402,845.54
# of Claims	309					
# Open	6	Recovery Amount:	-$90,821.36			

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$475.89	$0.00	$475.89
Medical.....	.....			$892.01	$0.00	$892.01
				$1,367.90	$0.00	$1,367.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$6,712.68	$0.00	$6,712.68
Medical.....	.....			$17,590.81	$0.00	$17,590.81
				$24,686.99	$0.00	$24,686.99
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$14,277.60	$16.00	$14,293.60
Indemnity.....	.....			$122,637.30	$0.00	$122,637.30
Medical.....	.....			$197,824.21	$24,054.50	$221,878.71
				$334,739.11	$24,070.50	$358,809.61
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,299.72	$0.00	$6,299.72
Medical.....	.....			$16,135.51	$0.00	$16,135.51
				$22,435.23	$0.00	$22,435.23
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,239.78	$0.00	$9,239.78
Medical.....	.....			$13,049.10	$0.00	$13,049.10
				$22,288.88	$0.00	$22,288.88
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$4,678.19	$0.00	$4,678.19
Indemnity.....	.....			$42,405.92	$0.00	$42,405.92
Medical.....	.....			$470,347.81	$0.00	$470,347.81
				$517,431.92	$0.00	$517,431.92
# of Claims	22					
# Open	0	Recovery Amount:	-$6,002.38			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,553.87	$0.00	$14,553.87
Medical.....	.....			$172,508.06	$0.00	$172,508.06
				$187,061.93	$0.00	$187,061.93
# of Claims	14					
# Open	0	Recovery Amount:	-$939.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,320.28	$0.00	$7,320.28
Medical.....	.....			$10,441.50	$0.00	$10,441.50
				$17,761.78	$0.00	$17,761.78
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$205,956.38	$0.00	$205,956.38
Medical.....	.....			$107,450.50	$0.00	$107,450.50
				$313,406.88	$0.00	$313,406.88
# of Claims	18					
# Open	0	Recovery Amount:	-$3,544.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$18.00	$0.00	$18.00
Indemnity.....	.....			$13,610.68	$0.00	$13,610.68
Medical.....	.....			$17,078.22	$0.00	$17,078.22
				$30,706.90	$0.00	$30,706.90
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$8,140.03	$3,341.53	$11,481.56
Indemnity.....	.....			$231,584.12	$0.00	$231,584.12
Medical.....	.....			$392,705.12	$64,859.69	$457,564.81
				$632,429.27	$68,201.22	$700,630.49
# of Claims	15					
# Open	1	Recovery Amount:	-$58.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$5,767.60	$72.00	$5,839.60
Indemnity.....	.....			$127,636.22	$0.00	$127,636.22
Medical.....	.....			$301,723.82	$198,625.16	$500,348.98
				$435,127.64	$198,697.16	$633,824.80
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,269.34	$0.00	$1,269.34
Medical.....	.....			$15,187.28	$0.00	$15,187.28
				$16,456.62	$0.00	$16,456.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$191,648.31	$0.00	$191,648.31
Medical.....	.....			$45,360.65	$0.00	$45,360.65
				$238,568.96	$0.00	$238,568.96
# of Claims	12					
# Open	0	Recovery Amount:	-$16,383.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$186.65	$0.00	$186.65
Indemnity.....	.....			$17,673.58	$0.00	$17,673.58
Medical.....	.....			$82,489.20	$0.00	$82,489.20
				$100,349.43	$0.00	$100,349.43
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$6,842.00	$0.00	$6,842.00
Indemnity.....	.....			$181,306.80	$0.00	$181,306.80
Medical.....	.....			$128,820.71	$0.00	$128,820.71
				$316,969.51	$0.00	$316,969.51
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,966.07	$0.00	$1,966.07
Indemnity.....	.....			$85,664.74	$0.00	$85,664.74
Medical.....	.....			$42,252.88	$0.00	$42,252.88
				$129,883.69	$0.00	$129,883.69
# of Claims	13					
# Open	0	Recovery Amount:	-$2,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,537.40	$0.00	$1,537.40
Indemnity.....	.....			$21,136.93	$0.00	$21,136.93
Medical.....	.....			$35,424.51	$0.00	$35,424.51
				$58,098.84	$0.00	$58,098.84
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

106 - VDOT - TAZEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,793.82	$0.00	$4,793.82
				$4,793.82	$0.00	$4,793.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,900.87	$0.00	$28,900.87
Medical.....	.....			$59,269.13	$0.00	$59,269.13
				$88,170.00	$0.00	$88,170.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$926.46	$0.00	$926.46
Indemnity.....	.....			$16,158.83	$0.00	$16,158.83
Medical.....	.....			$70,651.67	$0.00	$70,651.67
				$87,736.96	$0.00	$87,736.96
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$21,095.49	$3,172.80	$24,268.29
Indemnity.....	.....			$259,706.36	$0.00	$259,706.36
Medical.....	.....			$297,671.65	$384,449.80	$682,121.45
				$578,473.50	$387,622.60	$966,096.10
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$67,378.99	$6,602.33	$73,981.32
Indemnity.....	.....			$1,591,898.60	$0.00	$1,591,898.60
Medical.....	.....			$2,499,668.17	$671,989.15	$3,171,657.32
				$4,158,945.76	$678,591.48	$4,837,537.24
# of Claims	266					
# Open	4	Recovery Amount:	-$28,927.23			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

108 - VDOT - WYTHEVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,142.00	$0.00	$1,142.00
Indemnity.....	.....			$134,071.76	$0.00	$134,071.76
Medical.....	.....			$18,475.39	$0.00	$18,475.39
				$153,689.15	$0.00	$153,689.15
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$143.86	$0.00	$143.86
Medical.....	.....			$1,533.58	$0.00	$1,533.58
				$1,677.44	$0.00	$1,677.44
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$857.13	$0.00	$857.13
				$857.13	$0.00	$857.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$124,987.34	$0.00	$124,987.34
Medical.....	.....			$41,898.80	$0.00	$41,898.80
				$166,886.14	$0.00	$166,886.14
# of Claims	13					
# Open	0	Recovery Amount:	-$25,261.80			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

108 - VDOT - WYTHEVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,494.81	$0.00	$1,494.81
Medical.....	.....			$7,833.26	$0.00	$7,833.26
				$9,328.07	$0.00	$9,328.07
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,499.00	$0.00	$4,499.00
Medical.....	.....			$13,675.68	$0.00	$13,675.68
				$18,174.68	$0.00	$18,174.68
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,417.33	$0.00	$3,417.33
Medical.....	.....			$3,337.75	$0.00	$3,337.75
				$6,755.08	$0.00	$6,755.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6.50	$0.00	$6.50
Indemnity.....	.....			$3,329.26	$0.00	$3,329.26
Medical.....	.....			$15,408.14	$0.00	$15,408.14
				$18,743.90	$0.00	$18,743.90
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$16.50	$0.00	$16.50
Indemnity.....	.....			$4,493.98	$0.00	$4,493.98
Medical.....	.....			$9,562.99	$0.00	$9,562.99
				$14,073.47	$0.00	$14,073.47
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

108 - VDOT - WYTHEVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$53.35	$0.00	$53.35
Medical.....	.....			$4,696.65	$0.00	$4,696.65
				$4,750.00	$0.00	$4,750.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,681.50	$0.00	$1,681.50
Indemnity.....	.....			$211,662.58	$0.00	$211,662.58
Medical.....	.....			$64,530.63	$0.00	$64,530.63
				$277,874.71	$0.00	$277,874.71
# of Claims	13					
# Open	0	Recovery Amount:	-$26.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,252.46	$0.00	$5,252.46
Medical.....	.....			$2,413.94	$0.00	$2,413.94
				$7,666.40	$0.00	$7,666.40
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,056.43	$0.00	$2,056.43
Medical.....	.....			$4,027.21	$0.00	$4,027.21
				$6,083.64	$0.00	$6,083.64
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,505.22	$0.00	$4,505.22
Medical.....	.....			$8,371.25	$0.00	$8,371.25
				$12,876.47	$0.00	$12,876.47
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

108 - VDOT - WYTHEVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$823.27	$0.00	$823.27
Medical.....	.....			$3,212.26	$0.00	$3,212.26
				$4,035.53	$0.00	$4,035.53
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$910.54	$0.00	$910.54
Indemnity.....	.....			$28,317.73	$0.00	$28,317.73
Medical.....	.....			$54,226.12	$0.00	$54,226.12
				$83,454.39	$0.00	$83,454.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,201.94	$0.00	$9,201.94
Medical.....	.....			$25,273.09	$0.00	$25,273.09
				$34,475.03	$0.00	$34,475.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,488.09	$0.00	$7,488.09
Medical.....	.....			$16,015.50	$0.00	$16,015.50
				$23,503.59	$0.00	$23,503.59
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,358.58	$0.00	$1,358.58
				$1,358.58	$0.00	$1,358.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

108 - VDOT - WYTHEVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$118.93	$0.00	$118.93
Indemnity.....	.....			$12,459.96	$0.00	$12,459.96
Medical.....	.....			$29,642.27	$0.00	$29,642.27
				$42,221.16	$0.00	$42,221.16
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,885.57	$0.00	$2,885.57
Medical.....	.....			$8,517.84	$0.00	$8,517.84
				$11,403.41	$0.00	$11,403.41
# of Claims	12					
# Open	0	Recovery Amount:	-$7,852.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,120.86	$0.00	$10,120.86
Medical.....	.....			$23,076.73	$0.00	$23,076.73
				$33,197.59	$0.00	$33,197.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$665.84	$0.00	$665.84
Indemnity.....	.....			$16,392.22	$0.00	$16,392.22
Medical.....	.....			$92,770.19	$0.00	$92,770.19
				$109,828.25	$0.00	$109,828.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,541.81	$0.00	$4,541.81
Indemnity.....	.....			$587,657.02	$0.00	$587,657.02
Medical.....	.....			$450,714.98	$0.00	$450,714.98
				$1,042,913.81	$0.00	$1,042,913.81
# of Claims	233					
# Open	0	Recovery Amount:	-$33,140.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

11 - VDOT - RIGHT OF WAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$555.88**	**$0.00**	**$555.88**
Medical				**$5,725.56**	**$0.00**	**$5,725.56**
				$6,281.44	**$0.00**	**$6,281.44**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$330.45**	**$0.00**	**$330.45**
				$330.45	**$0.00**	**$330.45**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,548.32**	**$0.00**	**$6,548.32**
				$6,548.32	**$0.00**	**$6,548.32**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,203.31**	**$0.00**	**$6,203.31**
				$6,203.31	**$0.00**	**$6,203.31**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$4,055.55**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$555.88**	**$0.00**	**$555.88**
Medical				**$18,807.64**	**$0.00**	**$18,807.64**
				$19,363.52	**$0.00**	**$19,363.52**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$4,055.55**			

12 - VDOT - LOCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

12 - VDOT - LOCATION

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$512.69**	**$0.00**	**$512.69**
				$512.69	**$0.00**	**$512.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$398.20**	**$0.00**	**$398.20**
Medical		**$690.60**	**$0.00**	**$690.60**
		$1,088.80	**$0.00**	**$1,088.80**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$128.00**	**$0.00**	**$128.00**
		$128.00	**$0.00**	**$128.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$163.21**	**$0.00**	**$163.21**
		$163.21	**$0.00**	**$163.21**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

12 - VDOT - LOCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,189.23	$0.00	$1,189.23
				$1,189.23	$0.00	$1,189.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,356.88	$0.00	$1,356.88
				$1,356.88	$0.00	$1,356.88
# of Claims	5					
# Open	0	Recovery Amount:	-$349.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$567.00	$0.00	$567.00
Medical.....	.....			$1,426.00	$0.00	$1,426.00
				$1,993.00	$0.00	$1,993.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

12 - VDOT - LOCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$425.47	$0.00	$425.47
				$425.47	$0.00	$425.47
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$217.95	$0.00	$217.95
				$217.95	$0.00	$217.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.00	$0.00	$153.00
				$153.00	$0.00	$153.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,072.12	$0.00	$1,072.12
				$1,072.12	$0.00	$1,072.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

12 - VDOT - LOCATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$925.09	$0.00	$925.09
Medical.....	.....			$8,978.34	$0.00	$8,978.34
				$9,903.43	$0.00	$9,903.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$9.74	$0.00	$9.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.10	$0.00	$786.10
				$795.84	$0.00	$795.84
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,063.26	$0.00	$4,063.26
				$4,063.26	$0.00	$4,063.26
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$9.74	$0.00	$9.74
Indemnity.....	.....			$1,890.29	$0.00	$1,890.29
Medical.....	.....			$21,162.85	$0.00	$21,162.85
				$23,062.88	$0.00	$23,062.88
# of Claims	31					
# Open	0	Recovery Amount:	-$349.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,420.62	$0.00	$4,420.62
				$4,420.62	$0.00	$4,420.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$397.18	$0.00	$397.18
Medical.....	.....			$1,595.07	$0.00	$1,595.07
				$2,054.75	$0.00	$2,054.75
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,896.63	$0.00	$5,896.63
Indemnity.....	.....			$182,950.10	$0.00	$182,950.10
Medical.....	.....			$27,037.47	$0.00	$27,037.47
				$215,884.20	$0.00	$215,884.20
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$551.70	$0.00	$551.70
Medical.....	.....			$1,061.26	$0.00	$1,061.26
				$1,612.96	$0.00	$1,612.96
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,265.86	$0.00	$8,265.86
Medical.....	.....			$13,863.20	$0.00	$13,863.20
				$22,129.06	$0.00	$22,129.06
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$58.56	$0.00	$58.56
Medical.....	.....			$1,451.18	$0.00	$1,451.18
				$1,509.74	$0.00	$1,509.74
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.69	$0.00	$138.69
Medical.....	.....			$3,971.36	$0.00	$3,971.36
				$4,110.05	$0.00	$4,110.05
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$751.80	$0.00	$751.80
				$751.80	$0.00	$751.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$745.34	$0.00	$745.34
				$745.34	$0.00	$745.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$162.78	$0.00	$162.78
				$162.78	$0.00	$162.78
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,387.64	$0.00	$4,387.64
Medical.....	.....			$24,006.14	$0.00	$24,006.14
				$28,393.78	$0.00	$28,393.78
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$32.40	$0.00	$32.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,753.54	$0.00	$10,753.54
				$10,785.94	$0.00	$10,785.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$857.35	$0.00	$857.35
				$857.35	$0.00	$857.35
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,117.19	$0.00	$4,117.19
				$4,117.19	$0.00	$4,117.19
# of Claims	9					
# Open	0	Recovery Amount:	-$3,012.09			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,239.54	$0.00	$2,239.54
				$2,239.54	$0.00	$2,239.54
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,180.00	$0.00	$5,180.00
Indemnity.....	.....			$44,715.11	$0.00	$44,715.11
Medical.....	.....			$5,429.23	$0.00	$5,429.23
				$55,324.34	$0.00	$55,324.34
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$442.82	$0.00	$442.82
Medical.....	.....			$4,600.81	$0.00	$4,600.81
				$5,043.63	$0.00	$5,043.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,459.44	$0.00	$1,459.44
				$1,459.44	$0.00	$1,459.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$3,763.22	$0.00	$3,763.22
Indemnity.....	.....			$7,128.80	$0.00	$7,128.80
Medical.....	.....			$41,482.08	$0.00	$41,482.08
				$52,374.10	$0.00	$52,374.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,071.92	$0.00	$1,071.92
				$1,071.92	$0.00	$1,071.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$20.34	$0.00	$20.34
Indemnity.....	.....			$231.45	$0.00	$231.45
Medical.....	.....			$2,176.91	$0.00	$2,176.91
				$2,428.70	$0.00	$2,428.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109.65	$0.00	$109.65
Medical.....	.....			$6,176.47	$0.00	$6,176.47
				$6,286.12	$0.00	$6,286.12
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$11.65	$0.00	$11.65
Indemnity.....	.....			$1,601.94	$0.00	$1,601.94
Medical.....	.....			$15,329.71	$0.00	$15,329.71
				$16,943.30	$0.00	$16,943.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

13 - VDOT - ADMIN S

Grand Totals

Expense	**$14,966.74**	**$0.00**	**$14,966.74**
Indemnity	**$250,979.50**	**$0.00**	**$250,979.50**
Medical	**$174,760.41**	**$0.00**	**$174,760.41**
	$440,706.65	**$0.00**	**$440,706.65**

# of Claims 137

 # Open 0 **Recovery Amount:** -$3,012.09

14 - VDOT - FISCAL

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,511.04**	**$0.00**	**$1,511.04**
		$1,511.04	**$0.00**	**$1,511.04**

# of Claims 7

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,398.00**	**$0.00**	**$3,398.00**
Medical		**$13,507.12**	**$0.00**	**$13,507.12**
		$16,905.12	**$0.00**	**$16,905.12**

# of Claims 7

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$378.85**	**$0.00**	**$378.85**
		$378.85	**$0.00**	**$378.85**

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

14 - VDOT - FISCAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$288.33	$0.00	$288.33
				$288.33	$0.00	$288.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.20	$0.00	$140.20
				$140.20	$0.00	$140.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.50	$0.00	$236.50
				$236.50	$0.00	$236.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

14 - VDOT - FISCAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,398.00	$0.00	$3,398.00
Medical.....	.....			$16,062.04	$0.00	$16,062.04
				$19,460.04	$0.00	$19,460.04
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

158 - VDOT JONESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.00	$0.00	$202.00
				$202.00	$0.00	$202.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$4,405.57	$0.00	$4,405.57
Indemnity.....	.....			$290,497.98	$0.00	$290,497.98
Medical.....	.....			$455,889.79	$0.00	$455,889.79
				$750,793.34	$0.00	$750,793.34
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32,421.68	$0.00	$32,421.68
Medical.....	.....			$20,223.70	$0.00	$20,223.70
				$52,645.38	$0.00	$52,645.38
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$17,259.22	$0.00	$17,259.22
Indemnity.....	.....			$159,637.81	$0.00	$159,637.81
Medical.....	.....			$30,000.03	$0.00	$30,000.03
				$206,897.06	$0.00	$206,897.06
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

158 - VDOT JONESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$16.00	$44.00	$60.00
Indemnity.....	.....			$102,870.36	$0.00	$102,870.36
Medical.....	.....			$175,172.37	$48,001.25	$223,173.62
				$278,058.73	$48,045.25	$326,103.98
# of Claims	13					
# Open	1	Recovery Amount:	-$36.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$2,364.00	$72.00	$2,436.00
Indemnity.....	.....			$145,596.45	$0.00	$145,596.45
Medical.....	.....			$318,047.11	$240,810.75	$558,857.86
				$466,007.56	$240,882.75	$706,890.31
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,936.98	$0.00	$6,936.98
Medical.....	.....			$15,264.03	$0.00	$15,264.03
				$22,201.01	$0.00	$22,201.01
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,873.00	$1,483.84	$3,356.84
Indemnity.....	.....			$347,402.10	$0.00	$347,402.10
Medical.....	.....			$227,896.52	$74,635.81	$302,532.33
				$577,171.62	$76,119.65	$653,291.27
# of Claims	8					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$454.23	$0.00	$454.23
Indemnity.....	.....			$144,779.54	$0.00	$144,779.54
Medical.....	.....			$81,597.65	$0.00	$81,597.65
				$226,831.42	$0.00	$226,831.42
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

158 - VDOT JONESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$801.22	$0.00	$801.22
Medical.....	.....			$10,452.85	$0.00	$10,452.85
				$11,254.07	$0.00	$11,254.07
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,348.00	$0.00	$2,348.00
Indemnity.....	.....			$119,111.95	$0.00	$119,111.95
Medical.....	.....			$218,882.70	$0.00	$218,882.70
				$340,342.65	$0.00	$340,342.65
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$175,550.67	$0.00	$175,550.67
Medical.....	.....			$82,297.29	$0.00	$82,297.29
				$257,847.96	$0.00	$257,847.96
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,458.17	$0.00	$29,458.17
Medical.....	.....			$28,754.72	$0.00	$28,754.72
				$58,212.89	$0.00	$58,212.89
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$15,403.44	$100.00	$15,503.44
Indemnity.....	.....			$539,646.03	$0.00	$539,646.03
Medical.....	.....			$250,187.93	$10,356.63	$260,544.56
				$805,237.40	$10,456.63	$815,694.03
# of Claims	10					
# Open	1	Recovery Amount:	-$148,046.37			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

158 - VDOT JONESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$13,338.06	$10,055.42	$23,393.48
Indemnity.....	.....			$460,601.10	$0.00	$460,601.10
Medical.....	.....			$243,342.00	$79,081.22	$322,423.22
				$717,281.16	$89,136.64	$806,417.80
# of Claims	11					
# Open	1	Recovery Amount:	-$51,630.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,887.09	$0.00	$1,887.09
Medical.....	.....			$3,089.68	$0.00	$3,089.68
				$4,976.77	$0.00	$4,976.77
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$58,516.44	$0.00	$58,516.44
Medical.....	.....			$23,100.17	$0.00	$23,100.17
				$81,616.61	$0.00	$81,616.61
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$5,682.90	$0.00	$5,682.90
Indemnity.....	.....			$181,138.74	$0.00	$181,138.74
Medical.....	.....			$144,142.60	$0.00	$144,142.60
				$330,964.24	$0.00	$330,964.24
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$12,064.35	$144.00	$12,208.35
Indemnity.....	.....			$184,304.73	$0.00	$184,304.73
Medical.....	.....			$232,706.15	$334,236.64	$566,942.79
				$429,075.23	$334,380.64	$763,455.87
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

158 - VDOT JONESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$2,118.77	$0.00	$2,118.77
Indemnity.....	.....			$10,914.19	$0.00	$10,914.19
Medical.....	.....			$20,219.28	$0.00	$20,219.28
				$33,252.24	$0.00	$33,252.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$231.62	$0.00	$231.62
Indemnity.....	.....			$17,438.83	$0.00	$17,438.83
Medical.....	.....			$52,873.30	$0.00	$52,873.30
				$70,543.75	$0.00	$70,543.75
# of Claims	7					
# Open	0	Recovery Amount:	-$83.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,321.35	$0.00	$2,321.35
Medical.....	.....			$6,762.08	$0.00	$6,762.08
				$9,083.43	$0.00	$9,083.43
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$77,559.16	$11,899.26	$89,458.42
Indemnity.....	.....			$3,011,833.41	$0.00	$3,011,833.41
Medical.....	.....			$2,641,103.95	$787,122.30	$3,428,226.25
				$5,730,496.52	$799,021.56	$6,529,518.08
# of Claims	206					
# Open	7	Recovery Amount:	-$199,796.21			

15 - VDOT - HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

15 - VDOT - HUMAN RESOURCES

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$104.27**	**$0.00**	**$104.27**
				$104.27	**$0.00**	**$104.27**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$605.10**	**$0.00**	**$605.10**
		$605.10	**$0.00**	**$605.10**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$995.45**	**$0.00**	**$995.45**
Medical		**$6,664.18**	**$0.00**	**$6,664.18**
		$7,659.63	**$0.00**	**$7,659.63**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$206.32**	**$0.00**	**$206.32**
		$206.32	**$0.00**	**$206.32**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

15 - VDOT - HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$232.00	$0.00	$232.00
				$232.00	$0.00	$232.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$499.19	$0.00	$499.19
Medical.....	.....			$2,762.26	$0.00	$2,762.26
				$3,261.45	$0.00	$3,261.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.00	$0.00	$350.00
				$350.00	$0.00	$350.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,473.05	$0.00	$3,473.05
				$3,473.05	$0.00	$3,473.05
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

15 - VDOT - HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$10,000.00	$0.00	$10,000.00
Indemnity.....	.....			$99,975.00	$0.00	$99,975.00
Medical.....	.....			$125.00	$0.00	$125.00
				$110,100.00	$0.00	$110,100.00
# of Claims	2					
# Open	0	Recovery Amount:	-$36,337.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.00	$0.00	$114.00
				$114.00	$0.00	$114.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

15 - VDOT - HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,091.28	$0.00	$5,091.28
				$5,091.28	$0.00	$5,091.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

15 - VDOT - HUMAN RESOURCES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$600.19	$0.00	$600.19
Medical.....	.....			$38,037.11	$0.00	$38,037.11
				$38,637.30	$0.00	$38,637.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$10,000.00	$0.00	$10,000.00
Indemnity.....	.....			$102,069.83	$0.00	$102,069.83
Medical.....	.....			$57,764.57	$0.00	$57,764.57
				$169,834.40	$0.00	$169,834.40
# of Claims	44					
# Open	0	Recovery Amount:	-$36,337.02			

16 - VDOT - BRIDGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$406.35	$0.00	$406.35
				$406.35	$0.00	$406.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

16 - VDOT - BRIDGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$522.83	$0.00	$522.83
				$522.83	$0.00	$522.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$469.00	$0.00	$469.00
Indemnity.....	.....			$10,170.98	$0.00	$10,170.98
Medical.....	.....			$534,226.19	$0.00	$534,226.19
				$544,866.17	$0.00	$544,866.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.52	$0.00	$123.52
				$123.52	$0.00	$123.52
# of Claims	1					
# Open	0	Recovery Amount:	-$101.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

16 - VDOT - BRIDGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$564.10	$0.00	$564.10
				$564.10	$0.00	$564.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.00	$0.00	$86.00
				$86.00	$0.00	$86.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,680.34	$0.00	$8,680.34
Medical.....	.....			$14,661.64	$0.00	$14,661.64
				$23,341.98	$0.00	$23,341.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

16 - VDOT - BRIDGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10.35	$0.00	$10.35
				$10.35	$0.00	$10.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

16 - VDOT - BRIDGE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$176.00	$0.00	$176.00
				$176.00	$0.00	$176.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,407.19	$0.00	$1,407.19
				$1,407.19	$0.00	$1,407.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$469.00	$0.00	$469.00
Indemnity.....	.....			$18,851.32	$0.00	$18,851.32
Medical.....	.....			$552,184.17	$0.00	$552,184.17
				$571,504.49	$0.00	$571,504.49
# of Claims	26					
# Open	0	Recovery Amount:	-$101.00			

17 - VDOT - CONSTRUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.50	$0.00	$60.50
				$60.50	$0.00	$60.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

17 - VDOT - CONSTRUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$139.83	$0.00	$139.83
Medical.....	.....			$4,165.25	$0.00	$4,165.25
				$4,305.08	$0.00	$4,305.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.20	$0.00	$84.20
				$84.20	$0.00	$84.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,535.63	$0.00	$1,535.63
Medical.....	.....			$6,672.04	$0.00	$6,672.04
				$8,207.67	$0.00	$8,207.67
# of Claims	1					
# Open	0	Recovery Amount:	-$8,176.17			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

17 - VDOT - CONSTRUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.00	$0.00	$90.00
				$90.00	$0.00	$90.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.80	$0.00	$254.80
				$254.80	$0.00	$254.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$285.81	$0.00	$285.81
				$285.81	$0.00	$285.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$530.00	$0.00	$530.00
				$530.00	$0.00	$530.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

17 - VDOT - CONSTRUCTION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$355.40	$0.00	$355.40
				$355.40	$0.00	$355.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.81	$0.00	$83.81
				$83.81	$0.00	$83.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,675.46	$0.00	$1,675.46
Medical.....	.....			$12,581.81	$0.00	$12,581.81
				$14,257.27	$0.00	$14,257.27
# of Claims	16					
# Open	0	Recovery Amount:	-$8,176.17			

18 - VDOT - MAINTENANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$819.22	$0.00	$819.22
Medical.....	.....			$370.11	$0.00	$370.11
				$1,189.33	$0.00	$1,189.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

18 - VDOT - MAINTENANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$496.77	$0.00	$496.77
				$496.77	$0.00	$496.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.58	$0.00	$104.58
				$104.58	$0.00	$104.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,942.06	$0.00	$5,942.06
Medical.....	.....			$15,447.27	$0.00	$15,447.27
				$21,389.33	$0.00	$21,389.33
# of Claims	8					
# Open	0	Recovery Amount:	-$1,486.02			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

18 - VDOT - MAINTENANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$859.76	$0.00	$859.76
Indemnity.....	.....			$82,772.28	$0.00	$82,772.28
Medical.....	.....			$65,582.33	$0.00	$65,582.33
				$149,214.37	$0.00	$149,214.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$276.71	$0.00	$276.71
Indemnity.....	.....			$288.85	$0.00	$288.85
Medical.....	.....			$1,139.41	$0.00	$1,139.41
				$1,704.97	$0.00	$1,704.97
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$178,486.80	$0.00	$178,486.80
Medical.....	.....			$10,708.61	$0.00	$10,708.61
				$189,195.41	$0.00	$189,195.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,157.62	$0.00	$1,157.62
Medical.....	.....			$6,165.76	$0.00	$6,165.76
				$7,323.38	$0.00	$7,323.38
# of Claims	10					
# Open	0	Recovery Amount:	-$23.80			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

18 - VDOT - MAINTENANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$84.21	$0.00	$84.21
Medical.....	.....			$1,226.52	$0.00	$1,226.52
				$1,310.73	$0.00	$1,310.73
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$238.99	$0.00	$238.99
				$238.99	$0.00	$238.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$196.90	$0.00	$196.90
				$196.90	$0.00	$196.90
# of Claims	2					
# Open	0	Recovery Amount:	-$196.90			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

18 - VDOT - MAINTENANCE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.12	$0.00	$144.12
Medical.....	.....			$1,762.91	$0.00	$1,762.91
				$1,907.03	$0.00	$1,907.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$169.95	$0.00	$169.95
				$169.95	$0.00	$169.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,136.47	$0.00	$1,136.47
Indemnity.....	.....			$269,695.16	$0.00	$269,695.16
Medical.....	.....			$103,610.11	$0.00	$103,610.11
				$374,441.74	$0.00	$374,441.74
# of Claims	58					
# Open	0	Recovery Amount:	-$1,706.72			

19 - VDOT - PUBLIC A

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

19 - VDOT - PUBLIC A

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$939.25**	**$0.00**	**$939.25**
				$939.25	**$0.00**	**$939.25**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$52.64**	**$0.00**	**$52.64**
		$52.64	**$0.00**	**$52.64**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$4,651.61**	**$0.00**	**$4,651.61**
		$4,651.61	**$0.00**	**$4,651.61**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,703.19**	**$0.00**	**$8,703.19**
Medical		**$13,202.07**	**$0.00**	**$13,202.07**
		$21,905.26	**$0.00**	**$21,905.26**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$129.45**	**$0.00**	**$129.45**
		$129.45	**$0.00**	**$129.45**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

19 - VDOT - PUBLIC A

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.98	$0.00	$146.98
				$146.98	$0.00	$146.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,348.62	$0.00	$2,348.62
				$2,348.62	$0.00	$2,348.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$579.80	$0.00	$579.80
				$579.80	$0.00	$579.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$359.00	$0.00	$359.00
				$359.00	$0.00	$359.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,703.19	$0.00	$8,703.19
Medical.....	.....			$22,409.42	$0.00	$22,409.42
				$31,112.61	$0.00	$31,112.61
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.55	$0.00	$168.55
				$168.55	$0.00	$168.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$5,073.90	$0.00	$5,073.90
Medical.....	.....			$11,174.58	$0.00	$11,174.58
				$16,310.98	$0.00	$16,310.98
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,554.19	$0.00	$4,554.19
Medical.....	.....			$15,778.12	$0.00	$15,778.12
				$20,332.31	$0.00	$20,332.31
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$780.90	$2,179.90	$2,960.80
Indemnity.....	.....			$27,051.35	$0.00	$27,051.35
Medical.....	.....			$297,008.37	$40,413.60	$337,421.97
				$324,840.62	$42,593.50	$367,434.12
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,056.77	$0.00	$12,056.77
Medical.....	.....			$26,774.10	$0.00	$26,774.10
				$38,830.87	$0.00	$38,830.87
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,284.55	$0.00	$11,284.55
Medical.....	.....			$27,422.63	$0.00	$27,422.63
				$38,707.18	$0.00	$38,707.18
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,450.59	$0.00	$2,450.59
Medical.....	.....			$4,827.65	$0.00	$4,827.65
				$7,278.24	$0.00	$7,278.24
# of Claims	23					
# Open	0	Recovery Amount:	-$28.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,453.30	$0.00	$8,453.30
Medical.....	.....			$19,322.61	$0.00	$19,322.61
				$27,775.91	$0.00	$27,775.91
# of Claims	27					
# Open	0	Recovery Amount:	-$5,899.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,891.11	$0.00	$9,891.11
Medical.....	.....			$12,054.31	$0.00	$12,054.31
				$21,945.42	$0.00	$21,945.42
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$151.74	$0.00	$151.74
Indemnity.....	.....			$5,633.06	$0.00	$5,633.06
Medical.....	.....			$33,593.51	$0.00	$33,593.51
				$39,378.31	$0.00	$39,378.31
# of Claims	28					
# Open	0	Recovery Amount:	-$1,947.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,979.98	$0.00	$15,979.98
Medical.....	.....			$14,744.92	$0.00	$14,744.92
				$30,724.90	$0.00	$30,724.90
# of Claims	12					
# Open	0	Recovery Amount:	-$11,404.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,249.40	$0.00	$6,249.40
Medical.....	.....			$6,010.25	$0.00	$6,010.25
				$12,259.65	$0.00	$12,259.65
# of Claims	16					
# Open	0	Recovery Amount:	-$1,110.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,159.96	$0.00	$4,159.96
Medical.....	.....			$8,407.20	$0.00	$8,407.20
				$12,567.16	$0.00	$12,567.16
# of Claims	18					
# Open	0	Recovery Amount:	-$1,521.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,603.54	$0.00	$28,603.54
Medical.....	.....			$33,991.30	$0.00	$33,991.30
				$62,594.84	$0.00	$62,594.84
# of Claims	15					
# Open	0	Recovery Amount:	-$15,392.20			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,736.00	$0.00	$1,736.00
Indemnity.....	.....			$222,740.45	$0.00	$222,740.45
Medical.....	.....			$69,063.34	$0.00	$69,063.34
				$293,539.79	$0.00	$293,539.79
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$4,580.00	$0.00	$4,580.00
Indemnity.....	.....			$241,635.52	$0.00	$241,635.52
Medical.....	.....			$225,997.06	$0.00	$225,997.06
				$472,212.58	$0.00	$472,212.58
# of Claims	23					
# Open	0	Recovery Amount:	-$146,527.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,825.10	$0.00	$4,825.10
Medical.....	.....			$14,478.45	$0.00	$14,478.45
				$19,303.55	$0.00	$19,303.55
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,103.44	$0.00	$6,103.44
Medical.....	.....			$43,752.92	$0.00	$43,752.92
				$49,856.36	$0.00	$49,856.36
# of Claims	18					
# Open	0	Recovery Amount:	-$1,333.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$405.00	$0.00	$405.00
Indemnity.....	.....			$33,865.12	$0.00	$33,865.12
Medical.....	.....			$182,327.83	$0.00	$182,327.83
				$216,597.95	$0.00	$216,597.95
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$13.65	$0.00	$13.65
Indemnity.....	.....			$31,277.94	$0.00	$31,277.94
Medical.....	.....			$50,488.99	$0.00	$50,488.99
				$81,780.58	$0.00	$81,780.58
# of Claims	28					
# Open	0	Recovery Amount:	-$2,274.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$611.39	$0.00	$611.39
Indemnity.....	.....			$10,164.07	$0.00	$10,164.07
Medical.....	.....			$61,737.62	$0.00	$61,737.62
				$72,513.08	$0.00	$72,513.08
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$119.04	$0.00	$119.04
Indemnity.....	.....			$51,581.88	$0.00	$51,581.88
Medical.....	.....			$53,683.25	$0.00	$53,683.25
				$105,384.17	$0.00	$105,384.17
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$11,264.40	$0.00	$11,264.40
Indemnity.....	.....			$296,464.00	$0.00	$296,464.00
Medical.....	.....			$785,899.45	$41,695.47	$827,594.92
				$1,093,627.85	$41,695.47	$1,135,323.32
# of Claims	46					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$392.36	$0.00	$392.36
Indemnity.....	.....			$25,502.84	$0.00	$25,502.84
Medical.....	.....			$132,178.49	$0.00	$132,178.49
				$158,073.69	$0.00	$158,073.69
# of Claims	45					
# Open	0	Recovery Amount:	-$6,567.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

202 - VDOT - Salem District

Grand Totals

Expense			**$20,116.98**	**$2,179.90**	**$22,296.88**
Indemnity			**$1,065,602.06**	**$0.00**	**$1,065,602.06**
Medical			**$2,130,885.50**	**$82,109.07**	**$2,212,994.57**
			$3,216,604.54	**$84,288.97**	**$3,300,893.51**
# of Claims	**631**				
# Open	**2**	**Recovery Amount:**	**-$194,007.09**		

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$111.75**	**$0.00**	**$111.75**
				$111.75	**$0.00**	**$111.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,205.60**	**$0.00**	**$2,205.60**
Medical				**$9,173.88**	**$0.00**	**$9,173.88**
				$11,379.48	**$0.00**	**$11,379.48**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,696.51**	**$0.00**	**$8,696.51**
Medical				**$3,880.81**	**$0.00**	**$3,880.81**
				$12,577.32	**$0.00**	**$12,577.32**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,669.10	$0.00	$1,669.10
				$1,669.10	$0.00	$1,669.10
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,019.25	$0.00	$1,019.25
Medical.....	.....			$1,546.51	$0.00	$1,546.51
				$2,565.76	$0.00	$2,565.76
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,183.58	$0.00	$7,183.58
Medical.....	.....			$10,964.49	$0.00	$10,964.49
				$18,148.07	$0.00	$18,148.07
# of Claims	17					
# Open	0	Recovery Amount:	-$45.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,511.75	$1,624.57	$5,136.32
Indemnity.....	.....			$313,128.56	$0.00	$313,128.56
Medical.....	.....			$219,574.72	$139,431.79	$359,006.51
				$536,215.03	$141,056.36	$677,271.39
# of Claims	25					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$166,701.32	$0.00	$166,701.32
Medical.....	.....			$39,968.65	$0.00	$39,968.65
				$206,669.97	$0.00	$206,669.97
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,799.39	$0.00	$6,799.39
Medical.....	.....			$22,939.83	$0.00	$22,939.83
				$29,739.22	$0.00	$29,739.22
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$30.25	$0.00	$30.25
Indemnity.....	.....			$23,289.20	$0.00	$23,289.20
Medical.....	.....			$21,731.73	$0.00	$21,731.73
				$45,051.18	$0.00	$45,051.18
# of Claims	38					
# Open	0	Recovery Amount:	-$545.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$875.79	$18.82	$894.61
Indemnity.....	.....			$38,289.57	$0.00	$38,289.57
Medical.....	.....			$165,139.01	$64,508.35	$229,647.36
				$204,304.37	$64,527.17	$268,831.54
# of Claims	20					
# Open	1	Recovery Amount:	-$376.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,596.00	$0.00	$1,596.00
Indemnity.....	.....			$215,552.65	$1.13	$215,553.78
Medical.....	.....			$70,028.69	$2,687.04	$72,715.73
				$287,177.34	$2,688.17	$289,865.51
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,618.42	$0.00	$6,618.42
Medical.....	.....			$18,459.10	$0.00	$18,459.10
				$25,077.52	$0.00	$25,077.52
# of Claims	10					
# Open	0	Recovery Amount:	-$1,079.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,978.14	$0.00	$12,978.14
Medical.....	.....			$6,618.98	$0.00	$6,618.98
				$19,597.12	$0.00	$19,597.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,574.20	$0.00	$19,574.20
Medical.....	.....			$33,271.21	$0.00	$33,271.21
				$52,845.41	$0.00	$52,845.41
# of Claims	13					
# Open	0	Recovery Amount:	-$1,609.35			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,628.53	$0.00	$4,628.53
Medical.....	.....			$7,218.94	$0.00	$7,218.94
				$11,847.47	$0.00	$11,847.47
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,715.33	$0.00	$5,715.33
Medical.....	.....			$1,646.28	$0.00	$1,646.28
				$7,361.61	$0.00	$7,361.61
# of Claims	4					
# Open	0	Recovery Amount:	-$516.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,531.76	$0.00	$6,531.76
Medical.....	.....			$6,802.64	$0.00	$6,802.64
				$13,334.40	$0.00	$13,334.40
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,225.46	$0.00	$3,225.46
Medical.....	.....			$24,048.46	$0.00	$24,048.46
				$27,273.92	$0.00	$27,273.92
# of Claims	15					
# Open	0	Recovery Amount:	-$14,069.91			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

209 - VDOT - HILLSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$6,599.26	$0.00	$6,599.26
Indemnity.....	.....			$195,650.35	$0.00	$195,650.35
Medical.....	.....			$140,529.50	$0.00	$140,529.50
				$342,779.11	$0.00	$342,779.11
# of Claims	14					
# Open	0	Recovery Amount:	-$92,701.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$840.21	$0.00	$840.21
				$840.21	$0.00	$840.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$67.69	$0.00	$67.69
Medical.....	.....			$726.06	$0.00	$726.06
				$793.75	$0.00	$793.75
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,613.05	$1,643.39	$14,256.44
Indemnity.....	.....			$1,037,855.51	$1.13	$1,037,856.64
Medical.....	.....			$806,890.55	$206,627.18	$1,013,517.73
				$1,857,359.11	$208,271.70	$2,065,630.81
# of Claims	334					
# Open	3	Recovery Amount:	-$110,944.29			

20 - VDOT -MATERIALS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

20 - VDOT -MATERIALS

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$106.41**	**$0.00**	**$106.41**
				$106.41	**$0.00**	**$106.41**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$116.61**	**$0.00**	**$116.61**
		$116.61	**$0.00**	**$116.61**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$559.33**	**$0.00**	**$559.33**
Medical		**$1,280.04**	**$0.00**	**$1,280.04**
		$1,839.37	**$0.00**	**$1,839.37**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$545.11**	**$0.00**	**$545.11**
		$545.11	**$0.00**	**$545.11**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**-$242.20**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$22,794.38**	**$0.00**	**$22,794.38**
Medical		**$6,166.14**	**$0.00**	**$6,166.14**
		$28,960.52	**$0.00**	**$28,960.52**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

20 - VDOT -MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,106.09	$0.00	$1,106.09
				$1,106.09	$0.00	$1,106.09
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.95	$0.00	$337.95
				$337.95	$0.00	$337.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$81.17	$0.00	$81.17
Medical.....	.....			$3,161.43	$0.00	$3,161.43
				$3,242.60	$0.00	$3,242.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,233.50	$0.00	$2,233.50
Indemnity.....	.....			$4,096.58	$0.00	$4,096.58
Medical.....	.....			$21,921.93	$0.00	$21,921.93
				$28,252.01	$0.00	$28,252.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

20 - VDOT -MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.98	$0.00	$116.98
				$116.98	$0.00	$116.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$660.35	$0.00	$660.35
				$660.35	$0.00	$660.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.90	$0.00	$242.90
				$242.90	$0.00	$242.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,870.42	$0.00	$1,870.42
				$1,870.42	$0.00	$1,870.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

20 - VDOT -MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$458.60	$0.00	$458.60
				$458.60	$0.00	$458.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$717.11	$0.00	$717.11
				$717.11	$0.00	$717.11
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,401.72	$0.00	$1,401.72
				$1,401.72	$0.00	$1,401.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

20 - VDOT -MATERIALS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,912.63	$0.00	$7,912.63
				$7,912.63	$0.00	$7,912.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,442.67	$0.00	$1,442.67
				$1,442.67	$0.00	$1,442.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$364.68	$0.00	$364.68
				$364.68	$0.00	$364.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.28	$0.00	$309.28
				$309.28	$0.00	$309.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,233.50	$0.00	$2,233.50
Indemnity.....	.....			$27,531.46	$0.00	$27,531.46
Medical.....	.....			$50,239.05	$0.00	$50,239.05
				$80,004.01	$0.00	$80,004.01
# of Claims	55					
# Open	0	Recovery Amount:	-$242.20			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,272.89	$0.00	$3,272.89
				$3,272.89	$0.00	$3,272.89
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,522.50	$0.00	$2,522.50
Indemnity.....	.....			$292,025.64	$0.00	$292,025.64
Medical.....	.....			$56,402.32	$0.00	$56,402.32
				$350,950.46	$0.00	$350,950.46
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,859.16	$0.00	$6,859.16
Medical.....	.....			$20,568.44	$0.00	$20,568.44
				$27,427.60	$0.00	$27,427.60
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$7,139.37	$0.00	$7,139.37
Indemnity.....	.....			$75,818.03	$0.00	$75,818.03
Medical.....	.....			$122,748.62	$0.00	$122,748.62
				$205,706.02	$0.00	$205,706.02
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$333.45	$0.00	$333.45
Indemnity.....	.....			$100,391.62	$0.00	$100,391.62
Medical.....	.....			$177,379.93	$0.00	$177,379.93
				$278,105.00	$0.00	$278,105.00
# of Claims	39					
# Open	0	Recovery Amount:	-$2,215.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$159,716.96	$0.00	$159,716.96
Medical.....	.....			$114,303.00	$0.00	$114,303.00
				$274,019.96	$0.00	$274,019.96
# of Claims	59					
# Open	0	Recovery Amount:	-$1,872.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$143,817.23	$0.00	$143,817.23
Medical.....	.....			$77,593.19	$0.00	$77,593.19
				$221,410.42	$0.00	$221,410.42
# of Claims	40					
# Open	0	Recovery Amount:	-$7,221.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,381.10	$8.00	$1,389.10
Indemnity.....	.....			$287,036.96	$0.00	$287,036.96
Medical.....	.....			$179,412.45	$402.35	$179,814.80
				$467,830.51	$410.35	$468,240.86
# of Claims	40					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$280.00	$0.00	$280.00
Indemnity.....	.....			$22,023.85	$0.00	$22,023.85
Medical.....	.....			$15,430.47	$0.00	$15,430.47
				$37,734.32	$0.00	$37,734.32
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$46,785.85	$0.00	$46,785.85
Medical.....	.....			$60,445.70	$0.00	$60,445.70
				$107,231.55	$0.00	$107,231.55
# of Claims	36					
# Open	0	Recovery Amount:	-$1,329.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$108,808.49	$0.00	$108,808.49
Medical.....	.....			$52,454.52	$0.00	$52,454.52
				$161,263.01	$0.00	$161,263.01
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$7,085.93	$6,237.57	$13,323.50
Indemnity.....	.....			$270,250.66	$0.00	$270,250.66
Medical.....	.....			$1,072,458.85	$369,269.43	$1,441,728.28
				$1,349,795.44	$375,507.00	$1,725,302.44
# of Claims	32					
# Open	1	Recovery Amount:	-$45,472.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$5,804.00	$0.00	$5,804.00
Indemnity.....	.....			$288,954.74	$0.00	$288,954.74
Medical.....	.....			$105,031.00	$0.00	$105,031.00
				$399,789.74	$0.00	$399,789.74
# of Claims	28					
# Open	0	Recovery Amount:	-$24,087.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$403.93	$0.00	$403.93
Indemnity.....	.....			$43,156.73	$0.00	$43,156.73
Medical.....	.....			$194,003.55	$0.00	$194,003.55
				$237,564.21	$0.00	$237,564.21
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,020.62	$0.00	$9,020.62
Medical.....	.....			$26,078.85	$0.00	$26,078.85
				$35,099.47	$0.00	$35,099.47
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$14,365.14	$26,995.07	$41,360.21
Indemnity.....	.....			$269,514.54	$0.00	$269,514.54
Medical.....	.....			$498,234.43	$480,509.78	$978,744.21
				$782,114.11	$507,504.85	$1,289,618.96
# of Claims	33					
# Open	2	Recovery Amount:	-$55,240.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$44,808.89	$0.00	$44,808.89
Medical.....	.....			$70,363.08	$0.00	$70,363.08
				$115,171.97	$0.00	$115,171.97
# of Claims	27					
# Open	0	Recovery Amount:	-$23,350.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$108,790.55	$0.00	$108,790.55
Medical.....	.....			$131,200.67	$0.00	$131,200.67
				$241,551.22	$0.00	$241,551.22
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$845.00	$0.00	$845.00
Indemnity.....	.....			$28,094.00	$0.00	$28,094.00
Medical.....	.....			$45,995.15	$0.00	$45,995.15
				$74,934.15	$0.00	$74,934.15
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18,839.24	$12.60	$18,851.84
Indemnity.....	.....			$194,926.37	$0.00	$194,926.37
Medical.....	.....			$265,971.21	$35,193.93	$301,165.14
				$479,736.82	$35,206.53	$514,943.35
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$877.80	$0.00	$877.80
Indemnity.....	.....			$1,489.36	$0.00	$1,489.36
Medical.....	.....			$78,810.92	$0.00	$78,810.92
				$81,178.08	$0.00	$81,178.08
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$14,574.78	$0.00	$14,574.78
Indemnity.....	.....			$76,103.50	$0.00	$76,103.50
Medical.....	.....			$172,478.34	$0.00	$172,478.34
				$263,156.62	$0.00	$263,156.62
# of Claims	13					
# Open	0	Recovery Amount:	-$78,287.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,954.97	$0.00	$10,954.97
Medical.....	.....			$14,807.13	$0.00	$14,807.13
				$25,762.10	$0.00	$25,762.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$38.00	$0.00	$38.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,722.98	$0.00	$4,722.98
				$4,760.98	$0.00	$4,760.98
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

211 - VDOT - CHRISTIANBURG

Grand Totals

Expense			**$76,050.24**	**$33,253.24**	**$109,303.48**
Indemnity			**$2,589,348.72**	**$0.00**	**$2,589,348.72**
Medical			**$3,560,167.69**	**$885,375.49**	**$4,445,543.18**
			$6,225,566.65	**$918,628.73**	**$7,144,195.38**
# of Claims	**704**				
# Open	**5**	**Recovery Amount:**	**-$239,077.52**		

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,479.84**	**$0.00**	**$1,479.84**
				$1,479.84	**$0.00**	**$1,479.84**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,420.50**	**$0.00**	**$2,420.50**
				$2,420.50	**$0.00**	**$2,420.50**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,688.20**	**$0.00**	**$2,688.20**
Medical				**$7,754.70**	**$0.00**	**$7,754.70**
				$10,442.90	**$0.00**	**$10,442.90**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,891.74	$0.00	$1,891.74
				$1,891.74	$0.00	$1,891.74
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,967.20	$0.00	$1,967.20
Indemnity.....	.....			$155,391.07	$0.00	$155,391.07
Medical.....	.....			$890,671.88	$0.00	$890,671.88
				$1,048,030.15	$0.00	$1,048,030.15
# of Claims	18					
# Open	0	Recovery Amount:	-$35,340.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$64.59	$0.00	$64.59
Medical.....	.....			$2,833.94	$0.00	$2,833.94
				$2,898.53	$0.00	$2,898.53
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$39,100.14	$0.00	$39,100.14
Medical.....	.....			$58,426.40	$0.00	$58,426.40
				$97,526.54	$0.00	$97,526.54
# of Claims	13					
# Open	0	Recovery Amount:	-$50,710.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$91.16	$0.00	$91.16
Medical.....	.....			$2,292.22	$0.00	$2,292.22
				$2,383.38	$0.00	$2,383.38
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,434.58	$0.00	$4,434.58
				$4,434.58	$0.00	$4,434.58
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,218.17	$0.00	$1,218.17
Medical.....	.....			$13,608.05	$0.00	$13,608.05
				$14,826.22	$0.00	$14,826.22
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$36.90	$40.00	$76.90
Indemnity.....	.....			$31,116.13	$0.00	$31,116.13
Medical.....	.....			$118,806.51	$154,007.86	$272,814.37
				$149,959.54	$154,047.86	$304,007.40
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$488.75	$0.00	$488.75
Indemnity.....	.....			$172,779.62	$0.00	$172,779.62
Medical.....	.....			$62,912.21	$0.00	$62,912.21
				$236,180.58	$0.00	$236,180.58
# of Claims	28					
# Open	1	Recovery Amount:	-$6,594.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$11,673.82	$17,745.21	$29,419.03
Indemnity.....	.....			$161,979.30	$0.00	$161,979.30
Medical.....	.....			$178,588.73	$70,559.12	$249,147.85
				$352,241.85	$88,304.33	$440,546.18
# of Claims	16					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,737.07	$0.00	$2,737.07
				$2,737.07	$0.00	$2,737.07
# of Claims	9					
# Open	0	Recovery Amount:	-$143.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,542.91	$0.00	$5,542.91
Indemnity.....	.....			$17,463.93	$0.00	$17,463.93
Medical.....	.....			$221,786.52	$0.00	$221,786.52
				$244,793.36	$0.00	$244,793.36
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$4,677.06	$0.00	$4,677.06
Indemnity.....	.....			$1,987.50	$0.00	$1,987.50
Medical.....	.....			$3,751.42	$0.00	$3,751.42
				$10,415.98	$0.00	$10,415.98
# of Claims	10					
# Open	0	Recovery Amount:	-$203.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,998.59	$0.00	$1,998.59
Medical.....	.....			$3,888.10	$0.00	$3,888.10
				$5,886.69	$0.00	$5,886.69
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,136.59	$0.00	$1,136.59
Indemnity.....	.....			$76,731.04	$0.00	$76,731.04
Medical.....	.....			$341,109.03	$0.00	$341,109.03
				$418,976.66	$0.00	$418,976.66
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$83.56	$0.00	$83.56
Indemnity.....	.....			$10,578.18	$0.00	$10,578.18
Medical.....	.....			$36,191.40	$0.00	$36,191.40
				$46,853.14	$0.00	$46,853.14
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

212 - VDOT - MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,384.63	$0.00	$7,384.63
Medical.....	.....			$26,122.76	$0.00	$26,122.76
				$33,507.39	$0.00	$33,507.39
# of Claims	13					
# Open	0	Recovery Amount:	-$6,606.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$170.00	$0.00	$170.00
Indemnity.....	.....			$3,225.67	$0.00	$3,225.67
Medical.....	.....			$24,532.43	$0.00	$24,532.43
				$27,928.10	$0.00	$27,928.10
# of Claims	7					
# Open	0	Recovery Amount:	-$14,500.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$205.23	$0.00	$205.23
				$205.23	$0.00	$205.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5,655.90	$0.00	$5,655.90
Indemnity.....	.....			$182,620.75	$0.00	$182,620.75
Medical.....	.....			$48,212.58	$0.00	$48,212.58
				$236,489.23	$0.00	$236,489.23
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$31,432.69	$17,785.21	$49,217.90
Indemnity.....	.....			$866,418.67	$0.00	$866,418.67
Medical.....	.....			$2,054,657.84	$224,566.98	$2,279,224.82
				$2,952,509.20	$242,352.19	$3,194,861.39
# of Claims	316					
# Open	4	Recovery Amount:	-$114,099.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

213 - VDOT - ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$40.64	$0.00	$40.64
				$40.64	$0.00	$40.64
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,560.43	$0.00	$3,560.43
				$3,560.43	$0.00	$3,560.43
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.18	$0.00	$96.18
Medical.....	.....			$3,993.23	$0.00	$3,993.23
				$4,089.41	$0.00	$4,089.41
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,051.35	$0.00	$1,051.35
				$1,051.35	$0.00	$1,051.35
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

213 - VDOT - ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$122.00	$0.00	$122.00
Indemnity.....	.....			$89,545.98	$0.00	$89,545.98
Medical.....	.....			$157,027.81	$0.00	$157,027.81
				$246,695.79	$0.00	$246,695.79
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,946.12	$0.00	$1,946.12
Medical.....	.....			$3,914.83	$0.00	$3,914.83
				$5,860.95	$0.00	$5,860.95
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,198.30	$0.00	$10,198.30
Medical.....	.....			$19,846.76	$0.00	$19,846.76
				$30,045.06	$0.00	$30,045.06
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$55.00	$0.00	$55.00
Indemnity.....	.....			$1,648.81	$0.00	$1,648.81
Medical.....	.....			$4,963.03	$0.00	$4,963.03
				$6,666.84	$0.00	$6,666.84
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,912.03	$0.00	$1,912.03
				$1,912.03	$0.00	$1,912.03
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

213 - VDOT - ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$11.32	$0.00	$11.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,022.41	$0.00	$1,022.41
				$1,033.73	$0.00	$1,033.73
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,027.40	$0.00	$6,027.40
Medical.....	.....			$16,838.43	$0.00	$16,838.43
				$22,865.83	$0.00	$22,865.83
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,271.48	$0.00	$1,271.48
Indemnity.....	.....			$181,442.61	$0.00	$181,442.61
Medical.....	.....			$27,251.73	$0.00	$27,251.73
				$209,965.82	$0.00	$209,965.82
# of Claims	21					
# Open	0	Recovery Amount:	-$117.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,215.81	$0.00	$15,215.81
Medical.....	.....			$57,393.86	$0.00	$57,393.86
				$72,609.67	$0.00	$72,609.67
# of Claims	14					
# Open	0	Recovery Amount:	-$24,200.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.72	$0.00	$529.72
				$529.72	$0.00	$529.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

213 - VDOT - ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,438.57	$0.00	$5,438.57
Medical.....	.....			$24,608.21	$0.00	$24,608.21
				$30,046.78	$0.00	$30,046.78
# of Claims	11					
# Open	0	Recovery Amount:	-$11,087.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$3,918.18	$0.00	$3,918.18
Indemnity.....	.....			$46,256.91	$0.00	$46,256.91
Medical.....	.....			$141,943.90	$0.00	$141,943.90
				$192,118.99	$0.00	$192,118.99
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$2,600.00	$0.00	$2,600.00
Indemnity.....	.....			$54,066.01	$0.00	$54,066.01
Medical.....	.....			$53,577.51	$0.00	$53,577.51
				$110,243.52	$0.00	$110,243.52
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,881.62	$0.00	$2,881.62
Indemnity.....	.....			$224,059.42	$0.00	$224,059.42
Medical.....	.....			$113,423.51	$0.00	$113,423.51
				$340,364.55	$0.00	$340,364.55
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,811.14	$0.00	$1,811.14
Indemnity.....	.....			$37,357.77	$0.00	$37,357.77
Medical.....	.....			$42,416.43	$0.00	$42,416.43
				$81,585.34	$0.00	$81,585.34
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

213 - VDOT - ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,346.40	$4,573.60	$7,920.00
Indemnity.....	.....			$26,089.78	$0.00	$26,089.78
Medical.....	.....			$275,976.17	$251,606.86	$527,583.03
				$305,412.35	$256,180.46	$561,592.81
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$266.76	$0.00	$266.76
Indemnity.....	.....			$8,547.84	$0.00	$8,547.84
Medical.....	.....			$45,940.81	$0.00	$45,940.81
				$54,755.41	$0.00	$54,755.41
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,825.17	$0.00	$1,825.17
Medical.....	.....			$15,902.46	$0.00	$15,902.46
				$17,727.63	$0.00	$17,727.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$16,283.90	$4,573.60	$20,857.50
Indemnity.....	.....			$709,762.68	$0.00	$709,762.68
Medical.....	.....			$1,013,135.26	$251,606.86	$1,264,742.12
				$1,739,181.84	$256,180.46	$1,995,362.30
# of Claims	316					
# Open	1	Recovery Amount:	-$35,405.36			

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$149.25**	**$0.00**	**$149.25**
				$149.25	**$0.00**	**$149.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$2,897.00**	**$0.00**	**$2,897.00**
Indemnity		**$29,661.42**	**$0.00**	**$29,661.42**
Medical		**$31,801.91**	**$0.00**	**$31,801.91**
		$64,360.33	**$0.00**	**$64,360.33**
# of Claims	**55**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,013.37**	**$0.00**	**$8,013.37**
Medical		**$12,114.46**	**$0.00**	**$12,114.46**
		$20,127.83	**$0.00**	**$20,127.83**
# of Claims	**33**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$45.71**	**$62.29**	**$108.00**
Indemnity		**$13,550.24**	**$0.00**	**$13,550.24**
Medical		**$244,670.10**	**$151,315.94**	**$395,986.04**
		$258,266.05	**$151,378.23**	**$409,644.28**
# of Claims	**61**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$8,075.28**	**$0.00**	**$8,075.28**
Medical		**$10,613.91**	**$0.00**	**$10,613.91**
		$18,689.19	**$0.00**	**$18,689.19**
# of Claims	**32**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$161,038.26	$0.00	$161,038.26
Medical.....	.....			$63,697.48	$0.00	$63,697.48
				$224,735.74	$0.00	$224,735.74
# of Claims	49					
# Open	0	Recovery Amount:	-$2,728.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,073.80	$0.00	$19,073.80
Medical.....	.....			$41,387.18	$0.00	$41,387.18
				$60,460.98	$0.00	$60,460.98
# of Claims	59					
# Open	0	Recovery Amount:	-$23,069.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$7,249.60	$0.00	$7,249.60
Indemnity.....	.....			$159,249.62	$0.00	$159,249.62
Medical.....	.....			$149,214.11	$0.00	$149,214.11
				$315,713.33	$0.00	$315,713.33
# of Claims	45					
# Open	0	Recovery Amount:	-$461.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1.50	$0.00	$1.50
Indemnity.....	.....			$9,589.62	$0.00	$9,589.62
Medical.....	.....			$11,839.94	$0.00	$11,839.94
				$21,431.06	$0.00	$21,431.06
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$962.55	$0.00	$962.55
Indemnity.....	.....			$212,284.01	$0.00	$212,284.01
Medical.....	.....			$71,383.75	$0.00	$71,383.75
				$284,630.31	$0.00	$284,630.31
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,697.13	$0.00	$28,697.13
Medical.....	.....			$53,103.70	$0.00	$53,103.70
				$81,800.83	$0.00	$81,800.83
# of Claims	39					
# Open	0	Recovery Amount:	-$128.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,331.37	$0.00	$10,331.37
Medical.....	.....			$8,514.70	$0.00	$8,514.70
				$18,846.07	$0.00	$18,846.07
# of Claims	51					
# Open	0	Recovery Amount:	-$120.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,997.84	$0.00	$1,997.84
Indemnity.....	.....			$211,249.31	$0.00	$211,249.31
Medical.....	.....			$412,527.68	$0.00	$412,527.68
				$625,774.83	$0.00	$625,774.83
# of Claims	17					
# Open	0	Recovery Amount:	-$484.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$7,715.00	$0.00	$7,715.00
Indemnity.....	.....			$229,960.34	$0.00	$229,960.34
Medical.....	.....			$494,516.05	$0.00	$494,516.05
				$732,191.39	$0.00	$732,191.39
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,432.00	$0.00	$5,432.00
Indemnity.....	.....			$185,047.93	$0.00	$185,047.93
Medical.....	.....			$103,793.03	$0.00	$103,793.03
				$294,272.96	$0.00	$294,272.96
# of Claims	39					
# Open	0	Recovery Amount:	-$2,066.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$7,537.48	$14,196.84	$21,734.32
Indemnity.....	.....			$350,561.56	$0.00	$350,561.56
Medical.....	.....			$250,158.94	$56,709.46	$306,868.40
				$608,257.98	$70,906.30	$679,164.28
# of Claims	44					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$31,992.68	$0.00	$31,992.68
Medical.....	.....			$31,497.00	$0.00	$31,497.00
				$63,489.68	$0.00	$63,489.68
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$28,158.44	$0.00	$28,158.44
Indemnity.....	.....			$227,573.43	$0.00	$227,573.43
Medical.....	.....			$38,680.22	$0.00	$38,680.22
				$294,412.09	$0.00	$294,412.09
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,259.41	$0.00	$12,259.41
Medical.....	.....			$67,197.87	$0.00	$67,197.87
				$79,457.28	$0.00	$79,457.28
# of Claims	16					
# Open	0	Recovery Amount:	-$4,424.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,815.70	$0.00	$2,815.70
				$2,815.70	$0.00	$2,815.70
# of Claims	11					
# Open	0	Recovery Amount:	-$1,365.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8,621.41	$0.00	$8,621.41
Indemnity.....	.....			$181,330.01	$0.00	$181,330.01
Medical.....	.....			$272,059.65	$207,522.15	$479,581.80
				$462,011.07	$207,522.15	$669,533.22
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

214 - VDOT - SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,257.72**	**$0.00**	**$8,257.72**
Medical				**$21,647.91**	**$0.00**	**$21,647.91**
				$29,905.63	**$0.00**	**$29,905.63**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,295.68**	**$0.00**	**$1,295.68**
Medical				**$8,769.54**	**$0.00**	**$8,769.54**
				$10,065.22	**$0.00**	**$10,065.22**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$949.90**	**$0.00**	**$949.90**
				$949.90	**$0.00**	**$949.90**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$70,618.53**	**$14,259.13**	**$84,877.66**
Indemnity				**$2,099,092.19**	**$0.00**	**$2,099,092.19**
Medical				**$2,403,103.98**	**$415,547.55**	**$2,818,651.53**
				$4,572,814.70	**$429,806.68**	**$5,002,621.38**
# of Claims	**782**					
# Open	**3**	**Recovery Amount:**	**-$34,850.05**			

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$103.28**	**$0.00**	**$103.28**
Medical				**$1,292.69**	**$0.00**	**$1,292.69**
				$1,395.97	**$0.00**	**$1,395.97**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$12,208.44**	**$0.00**	**$12,208.44**
Medical		**$4,141.69**	**$0.00**	**$4,141.69**
		$16,350.13	**$0.00**	**$16,350.13**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$12,927.54**	**$0.00**	**$12,927.54**
		$12,927.54	**$0.00**	**$12,927.54**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,687.53**	**$0.00**	**$1,687.53**
Medical		**$7,404.74**	**$0.00**	**$7,404.74**
		$9,092.27	**$0.00**	**$9,092.27**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$307.84**	**$0.00**	**$307.84**
Medical		**$7,527.50**	**$0.00**	**$7,527.50**
		$7,835.34	**$0.00**	**$7,835.34**
# of Claims	**30**			
# Open	**0**	**Recovery Amount:**	**-$695.83**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,497.08	$0.00	$9,497.08
Medical.....	.....			$21,383.93	$0.00	$21,383.93
				$30,881.01	$0.00	$30,881.01
# of Claims	22					
# Open	0	Recovery Amount:	-$22,995.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,242.64	$0.00	$7,242.64
Medical.....	.....			$14,754.57	$0.00	$14,754.57
				$21,997.21	$0.00	$21,997.21
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$74.20	$0.00	$74.20
Indemnity.....	.....			$1,470.43	$0.00	$1,470.43
Medical.....	.....			$3,391.02	$0.00	$3,391.02
				$4,935.65	$0.00	$4,935.65
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,671.67	$0.00	$3,671.67
Medical.....	.....			$23,569.08	$0.00	$23,569.08
				$27,240.75	$0.00	$27,240.75
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,932.45	$0.00	$7,932.45
				$7,932.45	$0.00	$7,932.45
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,143.81	$0.00	$3,143.81
				$3,143.81	$0.00	$3,143.81
# of Claims	6					
# Open	0	Recovery Amount:	-$1,791.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,381.27	$0.00	$8,381.27
Medical.....	.....			$3,238.79	$0.00	$3,238.79
				$11,620.06	$0.00	$11,620.06
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$129.97	$603.36	$733.33
Indemnity.....	.....			$38,223.91	$0.00	$38,223.91
Medical.....	.....			$100,627.81	$6,925.67	$107,553.48
				$138,981.69	$7,529.03	$146,510.72
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,117.64	$0.00	$5,117.64
Medical.....	.....			$7,353.46	$0.00	$7,353.46
				$12,471.10	$0.00	$12,471.10
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,586.24	$0.00	$1,586.24
Medical.....	.....			$2,719.36	$0.00	$2,719.36
				$4,305.60	$0.00	$4,305.60
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,826.12	$0.00	$2,826.12
				$2,826.12	$0.00	$2,826.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8,981.12	$8.00	$8,989.12
Indemnity.....	.....			$211,593.54	$0.00	$211,593.54
Medical.....	.....			$385,052.10	$84,969.96	$470,022.06
				$605,626.76	$84,977.96	$690,604.72
# of Claims	18					
# Open	1	Recovery Amount:	-$13,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$536.69	$0.00	$536.69
				$536.69	$0.00	$536.69
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.65	$0.00	$270.65
				$270.65	$0.00	$270.65
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,639.06	$0.00	$2,639.06
Medical.....	.....			$2,406.43	$0.00	$2,406.43
				$5,045.49	$0.00	$5,045.49
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.00	$0.00	$151.00
				$151.00	$0.00	$151.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

216 - VDOT -BEDFORD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,000.75	$0.00	$2,000.75
				$2,000.75	$0.00	$2,000.75
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8,087.75	$0.00	$8,087.75
Indemnity.....	.....			$186,087.52	$0.00	$186,087.52
Medical.....	.....			$134,209.74	$0.00	$134,209.74
				$328,385.01	$0.00	$328,385.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,273.04	$611.36	$17,884.40
Indemnity.....	.....			$489,818.09	$0.00	$489,818.09
Medical.....	.....			$748,861.92	$91,895.63	$840,757.55
				$1,255,953.05	$92,506.99	$1,348,460.04
# of Claims	281					
# Open	2	Recovery Amount:	-$38,483.53			

21 - VDOT - ENVIRONMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$127.30	$0.00	$127.30
				$127.30	$0.00	$127.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

21 - VDOT - ENVIRONMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$808.41	$0.00	$808.41
				$808.41	$0.00	$808.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.58	$0.00	$100.58
				$100.58	$0.00	$100.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$757.15	$0.00	$757.15
				$757.15	$0.00	$757.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109,389.14	$0.00	$109,389.14
Medical.....	.....			$219,555.40	$0.00	$219,555.40
				$328,944.54	$0.00	$328,944.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

21 - VDOT - ENVIRONMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.59	$0.00	$92.59
				$92.59	$0.00	$92.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.00	$0.00	$140.00
				$140.00	$0.00	$140.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$101.68	$0.00	$101.68
				$101.68	$0.00	$101.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

21 - VDOT - ENVIRONMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.21	$0.00	$241.21
				$241.21	$0.00	$241.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$109,389.14	$0.00	$109,389.14
Medical.....	.....			$221,924.32	$0.00	$221,924.32
				$331,313.46	$0.00	$331,313.46
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

22 - VDOT - PROGRAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

22 - VDOT - PROGRAM

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.00**	**$0.00**	**$172.00**
				$172.00	**$0.00**	**$172.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.00**	**$0.00**	**$172.00**
				$172.00	**$0.00**	**$172.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

29 - VDOT - SAFETY

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.62	$0.00	$149.62
				$149.62	$0.00	$149.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.00	$0.00	$131.00
				$131.00	$0.00	$131.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,876.54	$0.00	$2,876.54
				$2,876.54	$0.00	$2,876.54
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$603.80	$0.00	$603.80
				$603.80	$0.00	$603.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$409.42	$0.00	$409.42
Medical.....	.....			$1,219.91	$0.00	$1,219.91
				$1,629.33	$0.00	$1,629.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$677.08	$0.00	$677.08
				$677.08	$0.00	$677.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$407.04	$0.00	$407.04
				$407.04	$0.00	$407.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$110.00	$0.00	$110.00
				$110.00	$0.00	$110.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,359.58	$0.00	$2,359.58
				$2,359.58	$0.00	$2,359.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.40	$0.00	$236.40
				$236.40	$0.00	$236.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.77	$0.00	$289.77
				$289.77	$0.00	$289.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$386.89	$0.00	$386.89
				$386.89	$0.00	$386.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

29 - VDOT - SAFETY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$409.42	$0.00	$409.42
Medical.....	.....			$9,447.63	$0.00	$9,447.63
				$9,857.05	$0.00	$9,857.05
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

2 - VDOT - SECONDARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

2 - VDOT - SECONDARY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.50	$0.00	$193.50
				$193.50	$0.00	$193.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.28	$0.00	$547.28
				$547.28	$0.00	$547.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$740.78	$0.00	$740.78
				$740.78	$0.00	$740.78
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,017.84	$0.00	$5,017.84
Indemnity.....	.....			$120,077.08	$0.00	$120,077.08
Medical.....	.....			$109,615.58	$0.00	$109,615.58
				$234,710.50	$0.00	$234,710.50
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,062.23	$0.00	$2,062.23
				$2,062.23	$0.00	$2,062.23
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,395.00	$0.00	$1,395.00
Indemnity.....	.....			$13,269.47	$0.00	$13,269.47
Medical.....	.....			$16,422.91	$0.00	$16,422.91
				$31,087.38	$0.00	$31,087.38
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,218.37	$0.00	$1,218.37
Medical.....	.....			$12,788.14	$0.00	$12,788.14
				$14,006.51	$0.00	$14,006.51
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,035.45	$0.00	$1,035.45
Medical.....	.....			$10,130.04	$0.00	$10,130.04
				$11,165.49	$0.00	$11,165.49
# of Claims	16					
# Open	0	Recovery Amount:	-$3,107.02			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$599.25	$0.00	$599.25
Indemnity.....	.....			$143,155.00	$0.00	$143,155.00
Medical.....	.....			$53,943.46	$0.00	$53,943.46
				$197,697.71	$0.00	$197,697.71
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,701.02	$0.00	$9,701.02
Medical.....	.....			$10,536.85	$0.00	$10,536.85
				$20,237.87	$0.00	$20,237.87
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,159.99	$0.00	$1,159.99
				$1,159.99	$0.00	$1,159.99
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,824.87	$0.00	$2,824.87
				$2,824.87	$0.00	$2,824.87
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$193,571.38	$0.00	$193,571.38
Medical.....	.....			$14,855.09	$0.00	$14,855.09
				$208,426.47	$0.00	$208,426.47
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,587.45	$0.00	$3,587.45
				$3,587.45	$0.00	$3,587.45
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,256.85	$0.00	$1,256.85
				$1,256.85	$0.00	$1,256.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,037.91	$0.00	$1,037.91
Medical.....	.....			$12,862.98	$0.00	$12,862.98
				$13,900.89	$0.00	$13,900.89
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$9,535.75	$0.00	$9,535.75
Indemnity.....	.....			$137,466.05	$0.00	$137,466.05
Medical.....	.....			$244,357.55	$190,380.11	$434,737.66
				$391,359.35	$190,380.11	$581,739.46
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,888.58	$0.00	$24,888.58
Medical.....	.....			$34,115.15	$0.00	$34,115.15
				$59,003.73	$0.00	$59,003.73
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$3,085.40	$0.00	$3,085.40
Indemnity.....	.....			$85,941.12	$0.00	$85,941.12
Medical.....	.....			$41,641.83	$0.00	$41,641.83
				$130,668.35	$0.00	$130,668.35
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$59.27	$0.00	$59.27
Indemnity.....	.....			$72,320.34	$0.00	$72,320.34
Medical.....	.....			$54,141.81	$0.00	$54,141.81
				$126,521.42	$0.00	$126,521.42
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,188.45	$0.00	$2,188.45
Medical.....	.....			$12,271.89	$0.00	$12,271.89
				$14,460.34	$0.00	$14,460.34
# of Claims	17					
# Open	0	Recovery Amount:	-$3,766.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$402.88	$0.00	$402.88
				$402.88	$0.00	$402.88
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$120.17	$0.00	$120.17
Indemnity.....	.....			$20,980.48	$0.00	$20,980.48
Medical.....	.....			$38,414.46	$0.00	$38,414.46
				$59,515.11	$0.00	$59,515.11
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$55.25	$0.00	$55.25
Indemnity.....	.....			$366.39	$0.00	$366.39
Medical.....	.....			$15,691.11	$0.00	$15,691.11
				$16,112.75	$0.00	$16,112.75
# of Claims	8					
# Open	0	Recovery Amount:	-$2,164.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

302 - VDOT - Lynchburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$161.16	$0.00	$161.16
Indemnity.....	.....			$539.08	$0.00	$539.08
Medical.....	.....			$3,238.88	$0.00	$3,238.88
				$3,939.12	$0.00	$3,939.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$46.20	$0.00	$46.20
Indemnity.....	.....			$27,197.83	$0.00	$27,197.83
Medical.....	.....			$20,650.03	$0.00	$20,650.03
				$47,894.06	$0.00	$47,894.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$20,075.29	$0.00	$20,075.29
Indemnity.....	.....			$854,954.00	$0.00	$854,954.00
Medical.....	.....			$716,972.03	$190,380.11	$907,352.14
				$1,592,001.32	$190,380.11	$1,782,381.43
# of Claims	367					
# Open	1	Recovery Amount:	-$9,037.27			

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$125,580.14	$0.00	$125,580.14
Medical.....	.....			$3,827.10	$0.00	$3,827.10
				$129,407.24	$0.00	$129,407.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$834.11	$0.00	$834.11
				$834.11	$0.00	$834.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,620.80	$11,081.86	$31,702.66
				$20,620.80	$11,081.86	$31,702.66
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,808.10	$0.00	$1,808.10
Medical.....	.....			$1,538.22	$0.00	$1,538.22
				$3,346.32	$0.00	$3,346.32
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,018.13	$0.00	$2,018.13
Medical.....	.....			$679.42	$0.00	$679.42
				$2,697.55	$0.00	$2,697.55
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,869.70	$0.00	$7,869.70
Medical.....	.....			$13,523.43	$0.00	$13,523.43
				$21,393.13	$0.00	$21,393.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$440.00	$0.00	$440.00
				$440.00	$0.00	$440.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,444.74	$0.00	$4,444.74
Medical.....	.....			$2,706.13	$0.00	$2,706.13
				$7,150.87	$0.00	$7,150.87
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,093.20	$0.00	$2,093.20
				$2,093.20	$0.00	$2,093.20
# of Claims	5					
# Open	0	Recovery Amount:	-$878.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.68	$0.00	$248.68
				$248.68	$0.00	$248.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$33.44	$0.00	$33.44
Indemnity.....	.....			$2,232.49	$0.00	$2,232.49
Medical.....	.....			$5,082.19	$0.00	$5,082.19
				$7,348.12	$0.00	$7,348.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,796.29	$0.00	$1,796.29
				$1,796.29	$0.00	$1,796.29
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$7,161.88	$0.00	$7,161.88
Indemnity.....	.....			$198,988.47	$0.00	$198,988.47
Medical.....	.....			$280,407.78	$176,750.06	$457,157.84
				$486,558.13	$176,750.06	$663,308.19
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$10,426.56	$0.00	$10,426.56
Indemnity.....	.....			$183,800.99	$0.00	$183,800.99
Medical.....	.....			$127,423.10	$0.00	$127,423.10
				$321,650.65	$0.00	$321,650.65
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,687.51	$0.00	$9,687.51
Medical.....	.....			$7,471.13	$0.00	$7,471.13
				$17,158.64	$0.00	$17,158.64
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,214.67	$0.00	$7,214.67
Medical.....	.....			$18,459.26	$0.00	$18,459.26
				$25,673.93	$0.00	$25,673.93
# of Claims	6					
# Open	0	Recovery Amount:	-$16,644.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$600.00	$0.00	$600.00
Indemnity.....	.....			$4,240.11	$0.00	$4,240.11
Medical.....	.....			$19,362.94	$0.00	$19,362.94
				$24,203.05	$0.00	$24,203.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

317 - VDOT - CHATHAM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,914.53	$0.00	$1,914.53
				$1,914.53	$0.00	$1,914.53
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,630.53	$0.00	$2,630.53
Medical.....	.....			$748.87	$0.00	$748.87
				$3,379.40	$0.00	$3,379.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.69	$0.00	$109.69
				$109.69	$0.00	$109.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18,221.88	$0.00	$18,221.88
Indemnity.....	.....			$550,515.58	$0.00	$550,515.58
Medical.....	.....			$509,286.87	$187,831.92	$697,118.79
				$1,078,024.33	$187,831.92	$1,265,856.25
# of Claims	152					
# Open	2	Recovery Amount:	-$17,523.08			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,976.09	$0.00	$1,976.09
Medical.....	.....			$13,449.24	$0.00	$13,449.24
				$15,808.83	$0.00	$15,808.83
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,960.98	$0.00	$7,960.98
Medical.....	.....			$7,851.20	$0.00	$7,851.20
				$15,812.18	$0.00	$15,812.18
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23.46	$0.00	$23.46
Medical.....	.....			$7,353.87	$0.00	$7,353.87
				$7,377.33	$0.00	$7,377.33
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45,723.42	$0.00	$45,723.42
Medical.....	.....			$61,990.72	$0.00	$61,990.72
				$107,714.14	$0.00	$107,714.14
# of Claims	15					
# Open	0	Recovery Amount:	-$51,099.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,241.96	$0.00	$5,241.96
Medical.....	.....			$10,886.95	$0.00	$10,886.95
				$16,128.91	$0.00	$16,128.91
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,353.14	$0.00	$3,353.14
Medical.....	.....			$15,440.04	$0.00	$15,440.04
				$18,793.18	$0.00	$18,793.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$93.92	$0.00	$93.92
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$967.55	$0.00	$967.55
				$1,061.47	$0.00	$1,061.47
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,998.87	$0.00	$1,998.87
				$1,998.87	$0.00	$1,998.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,480.33	$0.00	$1,480.33
				$1,480.33	$0.00	$1,480.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$62.37	$0.00	$62.37
Indemnity.....	.....			$8,133.96	$0.00	$8,133.96
Medical.....	.....			$20,290.09	$0.00	$20,290.09
				$28,486.42	$0.00	$28,486.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$132.91	$0.00	$132.91
Indemnity.....	.....			$32,689.40	$0.00	$32,689.40
Medical.....	.....			$28,751.70	$0.00	$28,751.70
				$61,574.01	$0.00	$61,574.01
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$44.82	$0.00	$44.82
Indemnity.....	.....			$7,972.72	$0.00	$7,972.72
Medical.....	.....			$33,892.86	$0.00	$33,892.86
				$41,910.40	$0.00	$41,910.40
# of Claims	15					
# Open	0	Recovery Amount:	-$13,065.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,356.86	$0.00	$25,356.86
Medical.....	.....			$32,827.10	$0.00	$32,827.10
				$58,183.96	$0.00	$58,183.96
# of Claims	32					
# Open	0	Recovery Amount:	-$9,349.16			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,385.75	$0.00	$35,385.75
Medical.....	.....			$34,823.15	$0.00	$34,823.15
				$70,208.90	$0.00	$70,208.90
# of Claims	33					
# Open	0	Recovery Amount:	-$5,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,887.50	$0.00	$1,887.50
Medical.....	.....			$12,251.25	$0.00	$12,251.25
				$14,138.75	$0.00	$14,138.75
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,328.40	$0.00	$2,328.40
Medical.....	.....			$4,828.77	$0.00	$4,828.77
				$7,157.17	$0.00	$7,157.17
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,053.71	$0.00	$4,053.71
Medical.....	.....			$6,456.29	$0.00	$6,456.29
				$10,510.00	$0.00	$10,510.00
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$4,453.44	$0.00	$4,453.44
Indemnity.....	.....			$15,722.55	$0.00	$15,722.55
Medical.....	.....			$117,680.68	$0.00	$117,680.68
				$137,856.67	$0.00	$137,856.67
# of Claims	17					
# Open	0	Recovery Amount:	-$54,549.03			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$6,916.83	$32.00	$6,948.83
Indemnity.....	.....			$238,308.81	$0.00	$238,308.81
Medical.....	.....			$99,803.17	$89,846.82	$189,649.99
				$345,028.81	$89,878.82	$434,907.63
# of Claims	13					
# Open	1	Recovery Amount:	-$6,655.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$12,688.00	$0.00	$12,688.00
Indemnity.....	.....			$177,968.63	$0.00	$177,968.63
Medical.....	.....			$310,590.32	$0.00	$310,590.32
				$501,246.95	$0.00	$501,246.95
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$926.80	$32.00	$958.80
Indemnity.....	.....			$36,373.51	$0.00	$36,373.51
Medical.....	.....			$287,440.84	$183,757.28	$471,198.12
				$324,741.15	$183,789.28	$508,530.43
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,045.63	$0.00	$19,045.63
Medical.....	.....			$26,927.49	$0.00	$26,927.49
				$45,973.12	$0.00	$45,973.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$4,734.80	$8.00	$4,742.80
Indemnity.....	.....			$194,302.46	$0.00	$194,302.46
Medical.....	.....			$179,893.37	$196,980.74	$376,874.11
				$378,930.63	$196,988.74	$575,919.37
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

318 - VDOT - HALIFAX

Grand Totals

Expense			**$30,437.39**	**$72.00**	**$30,509.39**
Indemnity			**$863,808.94**	**$0.00**	**$863,808.94**
Medical			**$1,317,875.85**	**$470,584.84**	**$1,788,460.69**
			$2,212,122.18	**$470,656.84**	**$2,682,779.02**
# of Claims	**429**				
# Open	**3**	**Recovery Amount:**	**-$139,719.22**		

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$9,586.28**	**$0.00**	**$9,586.28**
Medical				**$6,305.17**	**$0.00**	**$6,305.17**
				$16,274.95	**$0.00**	**$16,274.95**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,097.61**	**$0.00**	**$4,097.61**
Medical				**$7,166.40**	**$0.00**	**$7,166.40**
				$11,264.01	**$0.00**	**$11,264.01**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,263.17**	**$0.00**	**$2,263.17**
Medical				**$2,379.59**	**$0.00**	**$2,379.59**
				$4,642.76	**$0.00**	**$4,642.76**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,021.89	$0.00	$3,021.89
Medical.....	.....			$16,550.38	$0.00	$16,550.38
				$19,572.27	$0.00	$19,572.27
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,693.59	$0.00	$2,693.59
Medical.....	.....			$3,258.62	$0.00	$3,258.62
				$5,952.21	$0.00	$5,952.21
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$42.93	$0.00	$42.93
Indemnity.....	.....			$38,296.01	$0.00	$38,296.01
Medical.....	.....			$38,876.06	$0.00	$38,876.06
				$77,215.00	$0.00	$77,215.00
# of Claims	8					
# Open	0	Recovery Amount:	-$5,442.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,588.84	$0.00	$2,588.84
Indemnity.....	.....			$205,000.25	$0.00	$205,000.25
Medical.....	.....			$587,988.40	$0.00	$587,988.40
				$795,577.49	$0.00	$795,577.49
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$74.25	$0.00	$74.25
Indemnity.....	.....			$159,551.93	$0.00	$159,551.93
Medical.....	.....			$57,167.54	$0.00	$57,167.54
				$216,793.72	$0.00	$216,793.72
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$349.20	$0.00	$349.20
Indemnity.....	.....			$154,856.97	$0.00	$154,856.97
Medical.....	.....			$33,592.41	$0.00	$33,592.41
				$188,798.58	$0.00	$188,798.58
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,153.07	$0.00	$1,153.07
				$1,153.07	$0.00	$1,153.07
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,928.00	$0.00	$2,928.00
Indemnity.....	.....			$203,441.16	$0.00	$203,441.16
Medical.....	.....			$302,004.92	$376,570.15	$678,575.07
				$508,374.08	$376,570.15	$884,944.23
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,082.25	$0.00	$5,082.25
Medical.....	.....			$4,606.08	$0.00	$4,606.08
				$9,688.33	$0.00	$9,688.33
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,747.69	$0.00	$30,747.69
Medical.....	.....			$23,116.42	$0.00	$23,116.42
				$53,864.11	$0.00	$53,864.11
# of Claims	35					
# Open	0	Recovery Amount:	-$427.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,711.20	$8.00	$1,719.20
Indemnity.....	.....			$193,271.23	$0.00	$193,271.23
Medical.....	.....			$155,220.34	$98,649.03	$253,869.37
				$350,202.77	$98,657.03	$448,859.80
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$13,255.26	$0.00	$13,255.26
Indemnity.....	.....			$342,059.26	$0.00	$342,059.26
Medical.....	.....			$272,888.55	$502,295.15	$775,183.70
				$628,203.07	$502,295.15	$1,130,498.22
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$310.22	$0.00	$310.22
Medical.....	.....			$2,087.12	$0.00	$2,087.12
				$2,397.34	$0.00	$2,397.34
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$10,664.00	$0.00	$10,664.00
Indemnity.....	.....			$234,627.16	$0.00	$234,627.16
Medical.....	.....			$57,369.72	$0.00	$57,369.72
				$302,660.88	$0.00	$302,660.88
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,763.45	$0.00	$25,763.45
Medical.....	.....			$65,067.50	$0.00	$65,067.50
				$90,830.95	$0.00	$90,830.95
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,447.51	$0.00	$15,447.51
Medical.....	.....			$27,353.88	$0.00	$27,353.88
				$42,801.39	$0.00	$42,801.39
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

319 - VDOT - Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,337.07	$0.00	$2,337.07
Medical.....	.....			$3,293.41	$0.00	$3,293.41
				$5,630.48	$0.00	$5,630.48
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$43,948.25	$0.00	$43,948.25
Medical.....	.....			$94,881.12	$0.00	$94,881.12
				$138,829.37	$0.00	$138,829.37
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,375.23	$0.00	$2,375.23
Medical.....	.....			$10,262.10	$0.00	$10,262.10
				$12,637.33	$0.00	$12,637.33
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,598.19	$0.00	$29,598.19
Medical.....	.....			$30,329.49	$0.00	$30,329.49
				$59,927.68	$0.00	$59,927.68
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$31,997.18	$8.00	$32,005.18
Indemnity.....	.....			$1,708,376.37	$0.00	$1,708,376.37
Medical.....	.....			$1,802,918.29	$977,514.33	$2,780,432.62
				$3,543,291.84	$977,522.33	$4,520,814.17
# of Claims	300					
# Open	3	Recovery Amount:	-$5,869.77			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

320 - VDOT-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$12.50	$0.00	$12.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$333.61	$0.00	$333.61
				$346.11	$0.00	$346.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.00	$0.00	$300.00
				$300.00	$0.00	$300.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,139.25	$0.00	$1,139.25
				$1,139.25	$0.00	$1,139.25
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,333.31	$0.00	$1,333.31
Medical.....	.....			$25,690.79	$0.00	$25,690.79
				$27,024.10	$0.00	$27,024.10
# of Claims	10					
# Open	0	Recovery Amount:	-$334.15			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

320 - VDOT-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$112,554.93	$0.00	$112,554.93
Medical.....	.....			$24,289.64	$0.00	$24,289.64
				$136,844.57	$0.00	$136,844.57
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$759.81	$0.00	$759.81
				$759.81	$0.00	$759.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$811.05	$0.00	$811.05
				$811.05	$0.00	$811.05
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26.91	$0.00	$26.91
Medical.....	.....			$1,728.16	$0.00	$1,728.16
				$1,755.07	$0.00	$1,755.07
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$14.85	$0.00	$14.85
Indemnity.....	.....			$207.86	$0.00	$207.86
Medical.....	.....			$1,552.81	$0.00	$1,552.81
				$1,775.52	$0.00	$1,775.52
# of Claims	7					
# Open	0	Recovery Amount:	-$590.30			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

320 - VDOT-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,816.08	$0.00	$1,816.08
Medical.....	.....			$3,389.28	$0.00	$3,389.28
				$5,205.36	$0.00	$5,205.36
# of Claims	6					
# Open	0	Recovery Amount:	-$2,389.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,070.54	$0.00	$10,070.54
Medical.....	.....			$59,238.87	$0.00	$59,238.87
				$69,309.41	$0.00	$69,309.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$25.92	$0.00	$25.92
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,076.78	$0.00	$2,076.78
				$2,102.70	$0.00	$2,102.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$3,823.15	$0.00	$3,823.15
Indemnity.....	.....			$114,463.67	$0.00	$114,463.67
Medical.....	.....			$41,787.31	$0.00	$41,787.31
				$160,074.13	$0.00	$160,074.13
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$13,256.42	$10,162.90	$23,419.32
Indemnity.....	.....			$153,142.21	$49.79	$153,192.00
Medical.....	.....			$179,361.41	$39,349.44	$218,710.85
				$345,760.04	$49,562.13	$395,322.17
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

320 - VDOT-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$7,262.08	$0.00	$7,262.08
Indemnity.....	.....			$137,650.95	$0.00	$137,650.95
Medical.....	.....			$294,182.08	$0.00	$294,182.08
				$439,095.11	$0.00	$439,095.11
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,267.51	$0.00	$2,267.51
Medical.....	.....			$4,240.07	$0.00	$4,240.07
				$6,507.58	$0.00	$6,507.58
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,052.58	$0.00	$10,052.58
				$10,052.58	$0.00	$10,052.58
# of Claims	12					
# Open	0	Recovery Amount:	-$3,807.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,635.50	$0.00	$3,635.50
Medical.....	.....			$24,780.34	$0.00	$24,780.34
				$28,415.84	$0.00	$28,415.84
# of Claims	9					
# Open	0	Recovery Amount:	-$346.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$980.84	$0.00	$980.84
Medical.....	.....			$7,073.85	$0.00	$7,073.85
				$8,054.69	$0.00	$8,054.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

320 - VDOT-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$4,003.49**	**$3,532.40**	**$7,535.89**
Indemnity				**$263,720.93**	**$0.00**	**$263,720.93**
Medical				**$398,191.91**	**$316,922.71**	**$715,114.62**
				$665,916.33	**$320,455.11**	**$986,371.44**
# of Claims	**18**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$912.93**	**$0.00**	**$912.93**
Medical				**$1,222.99**	**$0.00**	**$1,222.99**
				$2,135.92	**$0.00**	**$2,135.92**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$39.69**	**$0.00**	**$39.69**
Indemnity				**$3,971.79**	**$0.00**	**$3,971.79**
Medical				**$9,348.79**	**$0.00**	**$9,348.79**
				$13,360.27	**$0.00**	**$13,360.27**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$1,007.90**	**$0.00**	**$1,007.90**
Indemnity				**$43,095.54**	**$0.00**	**$43,095.54**
Medical				**$131,984.00**	**$88,319.56**	**$220,303.56**
				$176,087.44	**$88,319.56**	**$264,407.00**
# of Claims	**14**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$29,446.00**	**$13,695.30**	**$43,141.30**
Indemnity				**$849,851.50**	**$49.79**	**$849,901.29**
Medical				**$1,223,535.38**	**$444,591.71**	**$1,668,127.09**
				$2,102,832.88	**$458,336.80**	**$2,561,169.68**
# of Claims	**240**					
# Open	**3**	**Recovery Amount:**	**-$7,467.22**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF
322 - VDOT - AMHERST

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$23,445.94	$0.00	$23,445.94
Indemnity.....	.....			$196,415.15	$0.00	$196,415.15
Medical.....	.....			$117,542.09	$0.00	$117,542.09
				$337,403.18	$0.00	$337,403.18
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,178.15	$0.00	$8,178.15
Medical.....	.....			$15,765.11	$0.00	$15,765.11
				$23,943.26	$0.00	$23,943.26
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,843.48	$0.00	$4,843.48
Medical.....	.....			$15,834.46	$0.00	$15,834.46
				$20,677.94	$0.00	$20,677.94
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,166.92	$0.00	$1,166.92
				$1,166.92	$0.00	$1,166.92
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,662.25	$0.00	$1,662.25
Indemnity.....	.....			$49,868.10	$0.00	$49,868.10
Medical.....	.....			$24,803.60	$0.00	$24,803.60
				$76,333.95	$0.00	$76,333.95
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$2,384.00	$0.00	$2,384.00
Indemnity.....	.....			$104,639.68	$0.00	$104,639.68
Medical.....	.....			$82,831.69	$0.00	$82,831.69
				$189,855.37	$0.00	$189,855.37
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.50	$0.00	$202.50
				$202.50	$0.00	$202.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6,763.28	$0.00	$6,763.28
Indemnity.....	.....			$194,037.57	$0.00	$194,037.57
Medical.....	.....			$110,137.92	$0.00	$110,137.92
				$310,938.77	$0.00	$310,938.77
# of Claims	8					
# Open	0	Recovery Amount:	-$174.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,690.28	$0.00	$11,690.28
Medical.....	.....			$14,574.37	$0.00	$14,574.37
				$26,264.65	$0.00	$26,264.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,785.42	$0.00	$2,785.42
Medical.....	.....			$2,238.71	$0.00	$2,238.71
				$5,024.13	$0.00	$5,024.13
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,908.16	$0.00	$1,908.16
				$1,908.16	$0.00	$1,908.16
# of Claims	7					
# Open	0	Recovery Amount:	-$385.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,096.34	$0.00	$11,096.34
Medical.....	.....			$26,263.09	$0.00	$26,263.09
				$37,359.43	$0.00	$37,359.43
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$709.45	$0.00	$709.45
				$709.45	$0.00	$709.45
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$383.33	$0.00	$383.33
				$383.33	$0.00	$383.33
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,632.18	$0.00	$4,632.18
Medical.....	.....			$14,932.52	$0.00	$14,932.52
				$19,564.70	$0.00	$19,564.70
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,083.62	$0.00	$2,083.62
Medical.....	.....			$3,099.22	$0.00	$3,099.22
				$5,182.84	$0.00	$5,182.84
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$9,603.93	$0.00	$9,603.93
Indemnity.....	.....			$250,954.98	$0.00	$250,954.98
Medical.....	.....			$289,463.76	$0.00	$289,463.76
				$550,022.67	$0.00	$550,022.67
# of Claims	17					
# Open	0	Recovery Amount:	-$66,666.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,032.51	$0.00	$13,032.51
Medical.....	.....			$3,758.81	$0.00	$3,758.81
				$16,791.32	$0.00	$16,791.32
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,749.81	$0.00	$2,749.81
				$2,749.81	$0.00	$2,749.81
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,138.86	$0.00	$7,138.86
Medical.....	.....			$13,342.22	$0.00	$13,342.22
				$20,481.08	$0.00	$20,481.08
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$647.97	$0.00	$647.97
				$647.97	$0.00	$647.97
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$43,859.40	$0.00	$43,859.40
Indemnity.....	.....			$861,396.32	$0.00	$861,396.32
Medical.....	.....			$742,355.71	$0.00	$742,355.71
				$1,647,611.43	$0.00	$1,647,611.43
# of Claims	249					
# Open	0	Recovery Amount:	-$67,225.75			

38 - VDOT-POLICY

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

38 - VDOT-POLICY

WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.37**	**$0.00**	**$40.37**
				$40.37	**$0.00**	**$40.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$2,282.52**	**$0.00**	**$2,282.52**
Indemnity				**$281,210.02**	**$0.00**	**$281,210.02**
Medical				**$629,902.26**	**$0.00**	**$629,902.26**
				$913,394.80	**$0.00**	**$913,394.80**
# of Claims	**87**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$30,723.17	$0.00	$30,723.17
Indemnity.....	.....			$319,495.59	$0.00	$319,495.59
Medical.....	.....			$139,219.26	$0.00	$139,219.26
				$489,438.02	$0.00	$489,438.02
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,854.20	$0.00	$3,854.20
Medical.....	.....			$8,686.14	$0.00	$8,686.14
				$12,540.34	$0.00	$12,540.34
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,455.11	$0.00	$20,455.11
Medical.....	.....			$16,688.57	$0.00	$16,688.57
				$37,143.68	$0.00	$37,143.68
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,063.46	$0.00	$14,063.46
Medical.....	.....			$47,257.36	$0.00	$47,257.36
				$61,320.82	$0.00	$61,320.82
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,381.19	$0.00	$1,381.19
Medical.....	.....			$2,949.53	$0.00	$2,949.53
				$4,330.72	$0.00	$4,330.72
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,663.88	$0.00	$1,663.88
Indemnity.....	.....			$179,831.90	$0.00	$179,831.90
Medical.....	.....			$17,581.11	$0.00	$17,581.11
				$199,076.89	$0.00	$199,076.89
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$26.50	$0.00	$26.50
Indemnity.....	.....			$6,570.80	$0.00	$6,570.80
Medical.....	.....			$90,165.27	$0.00	$90,165.27
				$96,762.57	$0.00	$96,762.57
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$597.22	$0.00	$597.22
Medical.....	.....			$5,916.77	$0.00	$5,916.77
				$6,513.99	$0.00	$6,513.99
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,047.10	$0.00	$10,047.10
Medical.....	.....			$22,536.90	$0.00	$22,536.90
				$32,584.00	$0.00	$32,584.00
# of Claims	18					
# Open	0	Recovery Amount:	-$1,034.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,896.58	$0.00	$3,896.58
Medical.....	.....			$19,903.10	$0.00	$19,903.10
				$23,799.68	$0.00	$23,799.68
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$12,552.85	$24,015.76	$36,568.61
Indemnity.....	.....			$306,599.08	$0.00	$306,599.08
Medical.....	.....			$279,711.86	$293,742.02	$573,453.88
				$598,863.79	$317,757.78	$916,621.57
# of Claims	19					
# Open	1	Recovery Amount:	-$356.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$79,274.44	$0.00	$79,274.44
Medical.....	.....			$324,760.61	$0.00	$324,760.61
				$404,043.05	$0.00	$404,043.05
# of Claims	17					
# Open	0	Recovery Amount:	-$2,428.01			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,560.74	$0.00	$6,560.74
Medical.....	.....			$16,508.27	$0.00	$16,508.27
				$23,069.01	$0.00	$23,069.01
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$81,206.76	$0.00	$81,206.76
Medical.....	.....			$58,911.31	$0.00	$58,911.31
				$140,118.07	$0.00	$140,118.07
# of Claims	36					
# Open	0	Recovery Amount:	-$5,765.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$4,441.06	$0.00	$4,441.06
Indemnity.....	.....			$66,239.08	$0.00	$66,239.08
Medical.....	.....			$188,974.43	$0.00	$188,974.43
				$259,654.57	$0.00	$259,654.57
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,034.10	$0.00	$2,034.10
Medical.....	.....			$18,955.84	$0.00	$18,955.84
				$20,989.94	$0.00	$20,989.94
# of Claims	21					
# Open	0	Recovery Amount:	-$756.75			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,832.67	$0.00	$13,832.67
Medical.....	.....			$20,876.72	$0.00	$20,876.72
				$34,709.39	$0.00	$34,709.39
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$277.56	$0.00	$277.56
Indemnity.....	.....			$16,563.80	$0.00	$16,563.80
Medical.....	.....			$152,883.13	$0.00	$152,883.13
				$169,724.49	$0.00	$169,724.49
# of Claims	36					
# Open	0	Recovery Amount:	-$3,573.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$1,377.62	$0.00	$1,377.62
Medical.....	.....			$13,419.41	$0.00	$13,419.41
				$14,839.03	$0.00	$14,839.03
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$7,378.15	$0.00	$7,378.15
Medical.....	.....			$74,978.57	$0.00	$74,978.57
				$82,388.72	$0.00	$82,388.72
# of Claims	29					
# Open	0	Recovery Amount:	-$2,382.70			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

402 - VDOT - Richmond District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$6,120.96	$0.00	$6,120.96
Indemnity.....	.....			$201,294.05	$0.00	$201,294.05
Medical.....	.....			$213,074.17	$0.00	$213,074.17
				$420,489.18	$0.00	$420,489.18
# of Claims	27					
# Open	0	Recovery Amount:	-$9,411.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$50.00	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32,734.74	$8,708.17	$41,442.91
				$32,742.74	$8,758.17	$41,500.91
# of Claims	19					
# Open	1	Recovery Amount:	-$1,061.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$58,178.50	$24,065.76	$82,244.26
Indemnity.....	.....			$1,623,763.66	$0.00	$1,623,763.66
Medical.....	.....			$2,396,635.70	$302,450.19	$2,699,085.89
				$4,078,577.86	$326,515.95	$4,405,093.81
# of Claims	662					
# Open	2	Recovery Amount:	-$26,770.26			

423 - VDOT SOUTH HILL

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$740.27**	**$0.00**	**$740.27**
Medical				**$4,818.09**	**$0.00**	**$4,818.09**
				$5,941.86	**$0.00**	**$5,941.86**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,852.79**	**$0.00**	**$3,852.79**
Medical		**$17,967.75**	**$0.00**	**$17,967.75**
		$21,820.54	**$0.00**	**$21,820.54**
# of Claims	**38**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$553.22**	**$0.00**	**$553.22**
		$553.22	**$0.00**	**$553.22**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,566.44**	**$0.00**	**$2,566.44**
Medical		**$25,974.35**	**$0.00**	**$25,974.35**
		$28,540.79	**$0.00**	**$28,540.79**
# of Claims	**43**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$185,614.40**	**$0.00**	**$185,614.40**
Medical		**$608,368.18**	**$0.00**	**$608,368.18**
		$793,982.58	**$0.00**	**$793,982.58**
# of Claims	**38**			
# Open	**0**	**Recovery Amount:**	**-$579.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,595.70**	**$0.00**	**$7,595.70**
Medical				**$21,787.90**	**$0.00**	**$21,787.90**
				$29,383.60	**$0.00**	**$29,383.60**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$3,935.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$161.66**	**$0.00**	**$161.66**
Medical				**$2,238.64**	**$0.00**	**$2,238.64**
				$2,400.30	**$0.00**	**$2,400.30**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,230.69**	**$0.00**	**$1,230.69**
Medical				**$20,272.51**	**$0.00**	**$20,272.51**
				$21,503.20	**$0.00**	**$21,503.20**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$8,995.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$456.15**	**$0.00**	**$456.15**
Medical				**$12,073.33**	**$0.00**	**$12,073.33**
				$12,529.48	**$0.00**	**$12,529.48**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$13,566.33**	**$0.00**	**$13,566.33**
Medical				**$18,397.65**	**$0.00**	**$18,397.65**
				$31,963.98	**$0.00**	**$31,963.98**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,111.20**	**$0.00**	**$4,111.20**
Medical				**$16,885.25**	**$0.00**	**$16,885.25**
				$20,996.45	**$0.00**	**$20,996.45**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$646.87**	**$0.00**	**$646.87**
Medical				**$3,857.01**	**$0.00**	**$3,857.01**
				$4,503.88	**$0.00**	**$4,503.88**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**-$2,920.67**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,771.38**	**$0.00**	**$5,771.38**
Medical				**$8,653.72**	**$0.00**	**$8,653.72**
				$14,425.10	**$0.00**	**$14,425.10**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$1,361.62**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,255.83	$0.00	$9,255.83
Medical.....	.....			$33,180.70	$0.00	$33,180.70
				$42,436.53	$0.00	$42,436.53
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,544.80	$0.00	$1,544.80
Indemnity.....	.....			$252,142.61	$0.00	$252,142.61
Medical.....	.....			$205,969.15	$0.00	$205,969.15
				$459,656.56	$0.00	$459,656.56
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,944.44	$0.00	$1,944.44
				$1,944.44	$0.00	$1,944.44
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$13,064.00	$192.00	$13,256.00
Indemnity.....	.....			$268,697.79	$0.00	$268,697.79
Medical.....	.....			$222,256.62	$95,436.37	$317,692.99
				$504,018.41	$95,628.37	$599,646.78
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$23,957.12	$0.00	$23,957.12
Indemnity.....	.....			$212,493.52	$0.00	$212,493.52
Medical.....	.....			$9,260.59	$0.00	$9,260.59
				$245,711.23	$0.00	$245,711.23
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$12,207.68	$8.00	$12,215.68
Indemnity.....	.....			$255,443.35	$0.00	$255,443.35
Medical.....	.....			$169,799.47	$97,071.24	$266,870.71
				$437,450.50	$97,079.24	$534,529.74
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,759.95	$0.00	$4,759.95
Medical.....	.....			$8,092.39	$0.00	$8,092.39
				$12,852.34	$0.00	$12,852.34
# of Claims	17					
# Open	0	Recovery Amount:	-$189.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,344.34	$0.00	$4,344.34
				$4,344.34	$0.00	$4,344.34
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

423 - VDOT SOUTH HILL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,076.49	$0.00	$35,076.49
Medical.....	.....			$69,781.84	$0.00	$69,781.84
				$104,858.33	$0.00	$104,858.33
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$493.23	$0.00	$493.23
Indemnity.....	.....			$16,423.78	$0.00	$16,423.78
Medical.....	.....			$18,881.81	$0.00	$18,881.81
				$35,798.82	$0.00	$35,798.82
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$51,650.33	$200.00	$51,850.33
Indemnity.....	.....			$1,280,607.20	$0.00	$1,280,607.20
Medical.....	.....			$1,505,358.95	$192,507.61	$1,697,866.56
				$2,837,616.48	$192,707.61	$3,030,324.09
# of Claims	530					
# Open	2	Recovery Amount:	-$17,981.05			

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$6,261.21	$0.00	$6,261.21
Medical.....	.....			$4,162.79	$0.00	$4,162.79
				$10,870.00	$0.00	$10,870.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,279.70	$0.00	$7,279.70
Medical.....	.....			$22,162.55	$0.00	$22,162.55
				$29,442.25	$0.00	$29,442.25
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$92.50	$0.00	$92.50
Medical.....	.....			$8,794.80	$0.00	$8,794.80
				$8,887.30	$0.00	$8,887.30
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,072.72	$0.00	$4,072.72
Medical.....	.....			$2,354.42	$0.00	$2,354.42
				$6,427.14	$0.00	$6,427.14
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,022.42	$0.00	$7,022.42
Medical.....	.....			$23,519.01	$0.00	$23,519.01
				$30,541.43	$0.00	$30,541.43
# of Claims	16					
# Open	0	Recovery Amount:	-$181.45			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,431.10	$0.00	$1,431.10
Medical.....	.....			$4,535.60	$0.00	$4,535.60
				$5,966.70	$0.00	$5,966.70
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,427.23	$0.00	$2,427.23
Medical.....	.....			$2,156.66	$0.00	$2,156.66
				$4,583.89	$0.00	$4,583.89
# of Claims	7					
# Open	0	Recovery Amount:	-$255.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2.50	$0.00	$2.50
Indemnity.....	.....			$3,899.16	$0.00	$3,899.16
Medical.....	.....			$9,946.61	$0.00	$9,946.61
				$13,848.27	$0.00	$13,848.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,883.10	$0.00	$6,883.10
Medical.....	.....			$27,173.57	$0.00	$27,173.57
				$34,056.67	$0.00	$34,056.67
# of Claims	6					
# Open	0	Recovery Amount:	-$536.64			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$296.48	$0.00	$296.48
Indemnity.....	.....			$90,252.68	$0.00	$90,252.68
Medical.....	.....			$12,716.99	$0.00	$12,716.99
				$103,266.15	$0.00	$103,266.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,416.15	$0.00	$11,416.15
Medical.....	.....			$7,928.36	$0.00	$7,928.36
				$19,344.51	$0.00	$19,344.51
# of Claims	9					
# Open	0	Recovery Amount:	-$891.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,081.00	$0.00	$1,081.00
Indemnity.....	.....			$204,169.75	$0.00	$204,169.75
Medical.....	.....			$51,162.91	$0.00	$51,162.91
				$256,413.66	$0.00	$256,413.66
# of Claims	10					
# Open	0	Recovery Amount:	-$16,666.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,194.62	$0.00	$7,194.62
Medical.....	.....			$8,641.19	$0.00	$8,641.19
				$15,835.81	$0.00	$15,835.81
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$223.51	$0.00	$223.51
Medical.....	.....			$3,467.86	$0.00	$3,467.86
				$3,691.37	$0.00	$3,691.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$235.01	$0.00	$235.01
Medical.....	.....			$995.94	$0.00	$995.94
				$1,230.95	$0.00	$1,230.95
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$655.54	$0.00	$655.54
				$655.54	$0.00	$655.54
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,051.00	$0.00	$6,051.00
Medical.....	.....			$20,542.11	$0.00	$20,542.11
				$26,593.11	$0.00	$26,593.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

424 - VDOT - AMELIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,423.67	$0.00	$1,423.67
				$1,423.67	$0.00	$1,423.67
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.69	$0.00	$157.69
				$157.69	$0.00	$157.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,274.96	$0.00	$11,274.96
Medical.....	.....			$19,634.51	$0.00	$19,634.51
				$30,909.47	$0.00	$30,909.47
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$22,472.20	$0.00	$22,472.20
Indemnity.....	.....			$207,117.59	$0.00	$207,117.59
Medical.....	.....			$51,431.16	$0.00	$51,431.16
				$281,020.95	$0.00	$281,020.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24,298.18	$0.00	$24,298.18
Indemnity.....	.....			$577,304.41	$0.00	$577,304.41
Medical.....	.....			$283,563.94	$0.00	$283,563.94
				$885,166.53	$0.00	$885,166.53
# of Claims	179					
# Open	0	Recovery Amount:	-$18,530.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12.85	$0.00	$12.85
				$12.85	$0.00	$12.85
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$1,070.99	$0.00	$1,070.99
Medical.....	.....			$4,641.82	$0.00	$4,641.82
				$5,775.31	$0.00	$5,775.31
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,681.12	$0.00	$2,681.12
				$2,681.12	$0.00	$2,681.12
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$8.00	$492.00	$500.00
Indemnity.....	.....			$106,966.72	$0.00	$106,966.72
Medical.....	.....			$106,880.12	$43,489.85	$150,369.97
				$213,854.84	$43,981.85	$257,836.69
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,685.38	$0.00	$1,685.38
Medical.....	.....			$1,944.40	$0.00	$1,944.40
				$3,629.78	$0.00	$3,629.78
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$921.02	$0.00	$921.02
Medical.....	.....			$2,945.79	$0.00	$2,945.79
				$3,866.81	$0.00	$3,866.81
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,200.01	$0.00	$11,200.01
Medical.....	.....			$27,702.54	$0.00	$27,702.54
				$38,902.55	$0.00	$38,902.55
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$6,415.15	$4,678.40	$11,093.55
Indemnity.....	.....			$136,298.65	$0.00	$136,298.65
Medical.....	.....			$696,922.60	$81,394.24	$778,316.84
				$839,636.40	$86,072.64	$925,709.04
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2.00	$0.00	$2.00
Indemnity.....	.....			$7,716.09	$0.00	$7,716.09
Medical.....	.....			$14,717.94	$0.00	$14,717.94
				$22,436.03	$0.00	$22,436.03
# of Claims	22					
# Open	0	Recovery Amount:	-$4,475.69			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,071.85	$0.00	$3,071.85
Medical.....	.....			$6,877.40	$0.00	$6,877.40
				$9,949.25	$0.00	$9,949.25
# of Claims	25					
# Open	0	Recovery Amount:	-$959.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,590.27	$0.00	$1,590.27
Medical.....	.....			$7,919.38	$0.00	$7,919.38
				$9,509.65	$0.00	$9,509.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$182,642.73	$0.00	$182,642.73
Medical.....	.....			$152,055.04	$0.00	$152,055.04
				$336,257.77	$0.00	$336,257.77
# of Claims	12					
# Open	0	Recovery Amount:	-$24,079.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$13,982.43	$24,015.47	$37,997.90
Indemnity.....	.....			$215,351.03	$0.10	$215,351.13
Medical.....	.....			$303,317.56	$104,030.81	$407,348.37
				$532,651.02	$128,046.38	$660,697.40
# of Claims	14					
# Open	1	Recovery Amount:	-$89.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,952.00	$0.00	$1,952.00
Indemnity.....	.....			$301,946.59	$0.00	$301,946.59
Medical.....	.....			$11,942.39	$0.00	$11,942.39
				$315,840.98	$0.00	$315,840.98
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,150.18	$0.00	$4,150.18
Medical.....	.....			$34,597.53	$0.00	$34,597.53
				$38,747.71	$0.00	$38,747.71
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,123.64	$0.00	$10,123.64
Medical.....	.....			$77,895.74	$0.00	$77,895.74
				$88,019.38	$0.00	$88,019.38
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$43.97	$0.00	$43.97
Medical.....	.....			$1,788.91	$0.00	$1,788.91
				$1,832.88	$0.00	$1,832.88
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,104.00	$0.00	$1,104.00
Indemnity.....	.....			$15,557.43	$0.00	$15,557.43
Medical.....	.....			$48,890.91	$0.00	$48,890.91
				$65,552.34	$0.00	$65,552.34
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,911.23	$0.00	$1,911.23
				$1,911.23	$0.00	$1,911.23
# of Claims	10					
# Open	0	Recovery Amount:	-$610.34			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,038.44	$0.00	$9,038.44
Medical.....	.....			$38,644.00	$0.00	$38,644.00
				$47,682.44	$0.00	$47,682.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.24	$0.00	$720.24
				$720.24	$0.00	$720.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,245.00	$0.00	$1,245.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$1,245.00	$0.00	$1,245.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,855.69	$0.00	$3,855.69
Medical.....	.....			$2,960.36	$0.00	$2,960.36
				$6,816.05	$0.00	$6,816.05
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,180.85	$0.00	$2,180.85
				$2,180.85	$0.00	$2,180.85
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

425 - VDOT PETERSBURG

Grand Totals

Expense			**$26,331.08**	**$29,185.87**	**$55,516.95**
Indemnity			**$1,013,230.68**	**$0.10**	**$1,013,230.78**
Medical			**$1,550,150.72**	**$228,914.90**	**$1,779,065.62**
			$2,589,712.48	**$258,100.87**	**$2,847,813.35**
# of Claims	**311**				
# Open	**3**	**Recovery Amount:**	**-$30,214.54**		

426 - VDOT - CHESTERFIELD

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$446.00**	**$0.00**	**$446.00**
Indemnity				**$13,356.85**	**$0.00**	**$13,356.85**
Medical				**$24,122.45**	**$0.00**	**$24,122.45**
				$37,925.30	**$0.00**	**$37,925.30**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$36,110.16**	**$18,772.65**	**$54,882.81**
Indemnity				**$211,802.27**	**$0.02**	**$211,802.29**
Medical				**$1,937,818.38**	**$45,273.32**	**$1,983,091.70**
				$2,185,730.81	**$64,045.99**	**$2,249,776.80**
# of Claims	**26**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$4,615.00**	**$0.00**	**$4,615.00**
Indemnity				**$65,784.64**	**$0.00**	**$65,784.64**
Medical				**$71,009.19**	**$0.00**	**$71,009.19**
				$141,408.83	**$0.00**	**$141,408.83**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

426 - VDOT - CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,743.37	$0.00	$10,743.37
Medical.....	.....			$20,066.60	$0.00	$20,066.60
				$30,809.97	$0.00	$30,809.97
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,086.27	$0.00	$6,086.27
Medical.....	.....			$21,959.24	$0.00	$21,959.24
				$28,045.51	$0.00	$28,045.51
# of Claims	39					
# Open	0	Recovery Amount:	-$2,573.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$34,668.14	$0.00	$34,668.14
Medical.....	.....			$44,671.68	$0.00	$44,671.68
				$79,339.82	$0.00	$79,339.82
# of Claims	26					
# Open	0	Recovery Amount:	-$19,015.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,575.68	$0.00	$2,575.68
Indemnity.....	.....			$72,396.23	$0.00	$72,396.23
Medical.....	.....			$87,171.07	$0.00	$87,171.07
				$162,142.98	$0.00	$162,142.98
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

426 - VDOT - CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179,718.68	$0.00	$179,718.68
Medical.....	.....			$143,838.50	$0.00	$143,838.50
				$323,557.18	$0.00	$323,557.18
# of Claims	20					
# Open	0	Recovery Amount:	-$21,776.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3.50	$0.00	$3.50
Indemnity.....	.....			$97,711.20	$0.00	$97,711.20
Medical.....	.....			$40,490.92	$0.00	$40,490.92
				$138,205.62	$0.00	$138,205.62
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,589.60	$0.00	$10,589.60
Medical.....	.....			$23,467.22	$0.00	$23,467.22
				$34,056.82	$0.00	$34,056.82
# of Claims	25					
# Open	0	Recovery Amount:	-$3,505.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$6,430.00	$0.00	$6,430.00
Indemnity.....	.....			$158,978.46	$0.00	$158,978.46
Medical.....	.....			$87,028.17	$0.00	$87,028.17
				$252,436.63	$0.00	$252,436.63
# of Claims	30					
# Open	0	Recovery Amount:	-$4,100.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

426 - VDOT - CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,148.77	$0.00	$16,148.77
				$16,148.77	$0.00	$16,148.77
# of Claims	15					
# Open	0	Recovery Amount:	-$32.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,532.64	$0.00	$12,532.64
Medical.....	.....			$11,020.40	$0.00	$11,020.40
				$23,553.04	$0.00	$23,553.04
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,718.74	$0.00	$3,718.74
				$3,718.74	$0.00	$3,718.74
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$24,389.28	$0.00	$24,389.28
Medical.....	.....			$48,102.57	$0.00	$48,102.57
				$72,499.85	$0.00	$72,499.85
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

426 - VDOT - CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$596.36**	**$0.00**	**$596.36**
Medical				**$5,135.21**	**$0.00**	**$5,135.21**
				$5,731.57	**$0.00**	**$5,731.57**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,341.78**	**$0.00**	**$12,341.78**
Medical				**$33,427.71**	**$0.00**	**$33,427.71**
				$45,769.49	**$0.00**	**$45,769.49**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,379.37**	**$0.00**	**$12,379.37**
Medical				**$37,652.36**	**$0.00**	**$37,652.36**
				$50,031.73	**$0.00**	**$50,031.73**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$442.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,365.59**	**$0.00**	**$5,365.59**
Medical				**$50,752.00**	**$0.00**	**$50,752.00**
				$56,117.59	**$0.00**	**$56,117.59**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

426 - VDOT - CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,964.31**	**$0.00**	**$12,964.31**
Medical				**$75,732.21**	**$0.00**	**$75,732.21**
				$88,696.52	**$0.00**	**$88,696.52**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$4,286.74**	**$0.00**	**$4,286.74**
Indemnity				**$7,471.02**	**$0.00**	**$7,471.02**
Medical				**$98,882.74**	**$0.00**	**$98,882.74**
				$110,640.50	**$0.00**	**$110,640.50**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$33,771.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$1,187.08**	**$0.00**	**$1,187.08**
Indemnity				**$27,893.62**	**$0.00**	**$27,893.62**
Medical				**$81,316.68**	**$0.00**	**$81,316.68**
				$110,397.38	**$0.00**	**$110,397.38**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$144.20**	**$0.00**	**$144.20**
Indemnity				**$6,287.55**	**$0.00**	**$6,287.55**
Medical				**$16,613.37**	**$0.00**	**$16,613.37**
				$23,045.12	**$0.00**	**$23,045.12**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$55,806.36**	**$18,772.65**	**$74,579.01**
Indemnity				**$984,057.23**	**$0.02**	**$984,057.25**
Medical				**$2,980,146.18**	**$45,273.32**	**$3,025,419.50**
				$4,020,009.77	**$64,045.99**	**$4,084,055.76**
# of Claims	**462**					
# Open	**2**	**Recovery Amount:**	**-$85,217.36**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

427 - VDOT SANDSTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$362.00	$0.00	$362.00
Medical.....	.....			$264.00	$0.00	$264.00
				$626.00	$0.00	$626.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$596.00	$0.00	$596.00
Indemnity.....	.....			$8,691.38	$0.00	$8,691.38
Medical.....	.....			$9,785.41	$0.00	$9,785.41
				$19,072.79	$0.00	$19,072.79
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$557.85	$0.00	$557.85
Indemnity.....	.....			$43,117.47	$0.00	$43,117.47
Medical.....	.....			$44,154.16	$0.00	$44,154.16
				$87,829.48	$0.00	$87,829.48
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$521.80	$0.00	$521.80
Indemnity.....	.....			$192,887.86	$0.00	$192,887.86
Medical.....	.....			$108,506.87	$0.00	$108,506.87
				$301,916.53	$0.00	$301,916.53
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

427 - VDOT SANDSTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5,718.67	$0.00	$5,718.67
Indemnity.....	.....			$112,977.78	$0.00	$112,977.78
Medical.....	.....			$73,279.50	$0.00	$73,279.50
				$191,975.95	$0.00	$191,975.95
# of Claims	26					
# Open	0	Recovery Amount:	-$7,561.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,136.89	$0.00	$1,136.89
Indemnity.....	.....			$370,309.67	$0.00	$370,309.67
Medical.....	.....			$300,515.88	$0.00	$300,515.88
				$671,962.44	$0.00	$671,962.44
# of Claims	64					
# Open	0	Recovery Amount:	-$34,819.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36,553.35	$0.00	$36,553.35
Medical.....	.....			$37,379.38	$0.00	$37,379.38
				$73,932.73	$0.00	$73,932.73
# of Claims	36					
# Open	0	Recovery Amount:	-$10,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$622.75	$0.00	$622.75
Indemnity.....	.....			$263,614.69	$0.00	$263,614.69
Medical.....	.....			$156,962.55	$0.00	$156,962.55
				$421,199.99	$0.00	$421,199.99
# of Claims	23					
# Open	0	Recovery Amount:	-$9,250.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$214.37	$0.00	$214.37
Medical.....	.....			$1,877.34	$0.00	$1,877.34
				$2,091.71	$0.00	$2,091.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

427 - VDOT SANDSTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,488.00	$0.00	$1,488.00
Indemnity.....	.....			$250,766.46	$0.00	$250,766.46
Medical.....	.....			$45,877.67	$0.00	$45,877.67
				$298,132.13	$0.00	$298,132.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,472.59	$0.00	$5,472.59
Medical.....	.....			$10,098.59	$0.00	$10,098.59
				$15,571.18	$0.00	$15,571.18
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,460.51	$0.00	$35,460.51
Medical.....	.....			$126,780.60	$0.00	$126,780.60
				$162,241.11	$0.00	$162,241.11
# of Claims	17					
# Open	0	Recovery Amount:	-$10,380.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,454.92	$0.00	$21,454.92
Medical.....	.....			$34,050.39	$0.00	$34,050.39
				$55,505.31	$0.00	$55,505.31
# of Claims	12					
# Open	0	Recovery Amount:	-$3,804.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,496.81	$0.00	$27,496.81
Medical.....	.....			$43,867.36	$0.00	$43,867.36
				$71,364.17	$0.00	$71,364.17
# of Claims	23					
# Open	0	Recovery Amount:	-$8,333.33			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

427 - VDOT SANDSTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$2,557.80	$0.00	$2,557.80
Indemnity.....	.....			$49,993.09	$0.00	$49,993.09
Medical.....	.....			$151,484.24	$0.00	$151,484.24
				$204,035.13	$0.00	$204,035.13
# of Claims	28					
# Open	0	Recovery Amount:	-$928.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$4,766.03	$0.00	$4,766.03
Indemnity.....	.....			$54,945.42	$0.00	$54,945.42
Medical.....	.....			$67,170.20	$0.00	$67,170.20
				$126,881.65	$0.00	$126,881.65
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$55,696.34	$0.00	$55,696.34
Medical.....	.....			$162,689.85	$0.00	$162,689.85
				$218,386.19	$0.00	$218,386.19
# of Claims	16					
# Open	0	Recovery Amount:	-$50,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$9,499.42	$0.00	$9,499.42
Indemnity.....	.....			$69,613.48	$0.00	$69,613.48
Medical.....	.....			$228,001.88	$0.00	$228,001.88
				$307,114.78	$0.00	$307,114.78
# of Claims	25					
# Open	0	Recovery Amount:	-$70,983.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$3,513.14	$0.00	$3,513.14
Indemnity.....	.....			$54,275.06	$0.00	$54,275.06
Medical.....	.....			$461,168.74	$322,614.08	$783,782.82
				$518,956.94	$322,614.08	$841,571.02
# of Claims	18					
# Open	1	Recovery Amount:	-$31,667.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

427 - VDOT SANDSTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,036.42	$0.00	$9,036.42
Medical.....	.....			$14,447.38	$0.00	$14,447.38
				$23,483.80	$0.00	$23,483.80
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$46.92	$0.00	$46.92
Indemnity.....	.....			$11,779.34	$0.00	$11,779.34
Medical.....	.....			$40,641.32	$0.00	$40,641.32
				$52,467.58	$0.00	$52,467.58
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$7,858.04	$0.00	$7,858.04
Medical.....	.....			$118,620.19	$0.00	$118,620.19
				$126,506.23	$0.00	$126,506.23
# of Claims	11					
# Open	0	Recovery Amount:	-$35,000.00			

Grand Totals						
Expense.....	.....			$31,053.27	$0.00	$31,053.27
Indemnity.....	.....			$1,682,577.05	$0.00	$1,682,577.05
Medical.....	.....			$2,237,623.50	$322,614.08	$2,560,237.58
				$3,951,253.82	$322,614.08	$4,273,867.90
# of Claims	481					
# Open	1	Recovery Amount:	-$272,727.57			

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$2,277.60**	**$0.00**	**$2,277.60**
Medical				**$3,844.99**	**$0.00**	**$3,844.99**
				$6,185.09	**$0.00**	**$6,185.09**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$5,514.63**	**$0.00**	**$5,514.63**
Medical		**$2,090.44**	**$0.00**	**$2,090.44**
		$7,605.07	**$0.00**	**$7,605.07**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,850.78**	**$0.00**	**$4,850.78**
Medical		**$14,291.56**	**$0.00**	**$14,291.56**
		$19,142.34	**$0.00**	**$19,142.34**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$107,913.72**	**$0.00**	**$107,913.72**
Medical		**$361,450.54**	**$0.00**	**$361,450.54**
		$469,364.26	**$0.00**	**$469,364.26**
# of Claims	**24**			
# Open	**0**	**Recovery Amount:**	**-$2,031.52**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,978.39**	**$0.00**	**$13,978.39**
Medical		**$19,275.66**	**$0.00**	**$19,275.66**
		$33,254.05	**$0.00**	**$33,254.05**
# of Claims	**16**			
# Open	**0**	**Recovery Amount:**	**-$84.21**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$330.00	$0.00	$330.00
Indemnity.....	.....			$18,267.78	$0.00	$18,267.78
Medical.....	.....			$22,063.52	$0.00	$22,063.52
				$40,661.30	$0.00	$40,661.30
# of Claims	17					
# Open	0	Recovery Amount:	-$47.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$146.82	$0.00	$146.82
Indemnity.....	.....			$179,208.50	$0.00	$179,208.50
Medical.....	.....			$56,714.61	$13,000.00	$69,714.61
				$236,069.93	$13,000.00	$249,069.93
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$141.65	$0.00	$141.65
Indemnity.....	.....			$56,960.83	$0.00	$56,960.83
Medical.....	.....			$55,132.46	$0.00	$55,132.46
				$112,234.94	$0.00	$112,234.94
# of Claims	23					
# Open	0	Recovery Amount:	-$1,520.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1.50	$0.00	$1.50
Indemnity.....	.....			$772.92	$0.00	$772.92
Medical.....	.....			$2,435.68	$0.00	$2,435.68
				$3,210.10	$0.00	$3,210.10
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$5,273.00	$1,654.00	$6,927.00
Indemnity.....	.....			$114,023.28	$0.00	$114,023.28
Medical.....	.....			$1,543,929.27	$992,325.61	$2,536,254.88
				$1,663,225.55	$993,979.61	$2,657,205.16
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$16.20	$0.00	$16.20
Indemnity.....	.....			$7,024.50	$0.00	$7,024.50
Medical.....	.....			$43,637.78	$0.00	$43,637.78
				$50,678.48	$0.00	$50,678.48
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$8,520.00	$0.00	$8,520.00
Indemnity.....	.....			$371,699.90	$0.00	$371,699.90
Medical.....	.....			$166,257.42	$0.00	$166,257.42
				$546,477.32	$0.00	$546,477.32
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,375.49	$0.00	$7,375.49
Medical.....	.....			$22,941.79	$0.00	$22,941.79
				$30,317.28	$0.00	$30,317.28
# of Claims	21					
# Open	0	Recovery Amount:	-$39.95			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,740.60	$0.00	$1,740.60
Indemnity.....	.....			$375,199.40	$0.00	$375,199.40
Medical.....	.....			$1,128,867.59	$0.00	$1,128,867.59
				$1,505,807.59	$0.00	$1,505,807.59
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$14,160.87	$0.00	$14,160.87
Indemnity.....	.....			$270,844.00	$0.00	$270,844.00
Medical.....	.....			$247,304.53	$136,859.34	$384,163.87
				$532,309.40	$136,859.34	$669,168.74
# of Claims	24					
# Open	1	Recovery Amount:	-$36,998.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$21,934.35	$0.00	$21,934.35
Indemnity.....	.....			$244,862.42	$0.00	$244,862.42
Medical.....	.....			$217,383.68	$0.00	$217,383.68
				$484,180.45	$0.00	$484,180.45
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$28,383.72	$0.00	$28,383.72
Indemnity.....	.....			$217,982.67	$0.00	$217,982.67
Medical.....	.....			$303,751.13	$0.00	$303,751.13
				$550,117.52	$0.00	$550,117.52
# of Claims	17					
# Open	0	Recovery Amount:	-$8,442.73			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$11,717.01	$0.00	$11,717.01
Indemnity.....	.....			$164,334.14	$0.00	$164,334.14
Medical.....	.....			$61,929.33	$4,016.49	$65,945.82
				$237,980.48	$4,016.49	$241,996.97
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,642.06	$0.00	$2,642.06
				$2,642.06	$0.00	$2,642.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,618.24	$0.00	$6,618.24
Medical.....	.....			$9,221.76	$0.00	$9,221.76
				$15,840.00	$0.00	$15,840.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$3,744.00	$0.00	$3,744.00
Indemnity.....	.....			$51,864.01	$0.00	$51,864.01
Medical.....	.....			$65,707.77	$0.00	$65,707.77
				$121,315.78	$0.00	$121,315.78
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

428 - VDOT - ASHLAND

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$247.89	$0.00	$247.89
Medical.....	.....			$3,359.22	$0.00	$3,359.22
				$3,631.11	$0.00	$3,631.11
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8,066.67	$0.00	$8,066.67
Indemnity.....	.....			$306,053.46	$0.00	$306,053.46
Medical.....	.....			$101,154.18	$0.00	$101,154.18
				$415,274.31	$0.00	$415,274.31
# of Claims	18					
# Open	0	Recovery Amount:	-$19,873.76			

Grand Totals						
Expense.....	.....			$104,262.89	$1,654.00	$105,916.89
Indemnity.....	.....			$2,527,874.55	$0.00	$2,527,874.55
Medical.....	.....			$4,455,386.97	$1,146,201.44	$5,601,588.41
				$7,087,524.41	$1,147,855.44	$8,235,379.85
# of Claims	371					
# Open	4	Recovery Amount:	-$69,037.71			

498 - VDOT-POWHITE PARKWAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.00	$0.00	$30.00
				$30.00	$0.00	$30.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

498 - VDOT-POWHITE PARKWAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.01	$0.00	$156.01
				$156.01	$0.00	$156.01
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,207.47	$0.00	$3,207.47
Medical.....	.....			$5,107.78	$0.00	$5,107.78
				$8,315.25	$0.00	$8,315.25
# of Claims	5					
# Open	0	Recovery Amount:	-$5,419.76			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$12.10	$0.00	$12.10
Indemnity.....	.....			$7,283.41	$0.00	$7,283.41
Medical.....	.....			$21,568.71	$0.00	$21,568.71
				$28,864.22	$0.00	$28,864.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

498 - VDOT-POWHITE PARKWAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$477.40	$0.00	$477.40
				$477.40	$0.00	$477.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$419.38	$0.00	$419.38
				$419.38	$0.00	$419.38
# of Claims	5					
# Open	0	Recovery Amount:	-$105.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$567.37	$0.00	$567.37
				$567.37	$0.00	$567.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

498 - VDOT-POWHITE PARKWAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.30	$0.00	$60.30
				$60.30	$0.00	$60.30
# of Claims	2					
# Open	0	Recovery Amount:	-$60.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.42	$0.00	$178.42
				$178.42	$0.00	$178.42
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,890.84	$0.00	$1,890.84
				$1,890.84	$0.00	$1,890.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

498 - VDOT-POWHITE PARKWAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$451.26**	**$0.00**	**$451.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,471.02**	**$0.00**	**$6,471.02**
				$6,922.28	**$0.00**	**$6,922.28**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$463.36**	**$0.00**	**$463.36**
Indemnity				**$10,490.88**	**$0.00**	**$10,490.88**
Medical				**$36,927.23**	**$0.00**	**$36,927.23**
				$47,881.47	**$0.00**	**$47,881.47**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**-$5,584.95**			

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$93.98**	**$0.00**	**$93.98**
				$93.98	**$0.00**	**$93.98**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$508.50	$0.00	$508.50
Indemnity.....	.....			$93,940.43	$0.00	$93,940.43
Medical.....	.....			$65,382.54	$0.00	$65,382.54
				$159,831.47	$0.00	$159,831.47
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,187.65	$0.00	$5,187.65
Medical.....	.....			$21,163.79	$0.00	$21,163.79
				$26,351.44	$0.00	$26,351.44
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$980.03	$0.00	$980.03
Medical.....	.....			$11,020.37	$0.00	$11,020.37
				$12,000.40	$0.00	$12,000.40
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$125,993.55	$0.00	$125,993.55
Medical.....	.....			$115,283.80	$0.00	$115,283.80
				$241,277.35	$0.00	$241,277.35
# of Claims	34					
# Open	0	Recovery Amount:	-$24,442.15			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,767.42	$0.00	$1,767.42
Medical.....	.....			$11,985.40	$0.00	$11,985.40
				$13,752.82	$0.00	$13,752.82
# of Claims	30					
# Open	0	Recovery Amount:	-$4,277.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,416.23	$0.00	$6,416.23
Medical.....	.....			$25,685.85	$0.00	$25,685.85
				$32,102.08	$0.00	$32,102.08
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$238,884.56	$0.00	$238,884.56
Medical.....	.....			$27,820.18	$0.00	$27,820.18
				$266,704.74	$0.00	$266,704.74
# of Claims	24					
# Open	0	Recovery Amount:	-$1,795.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$28.37	$0.00	$28.37
Indemnity.....	.....			$18,038.17	$0.00	$18,038.17
Medical.....	.....			$82,991.34	$0.00	$82,991.34
				$101,057.88	$0.00	$101,057.88
# of Claims	19					
# Open	0	Recovery Amount:	-$18,127.38			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$384.18	$0.00	$384.18
Indemnity.....	.....			$123,419.89	$0.00	$123,419.89
Medical.....	.....			$54,515.63	$0.00	$54,515.63
				$178,319.70	$0.00	$178,319.70
# of Claims	14					
# Open	0	Recovery Amount:	-$345.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,839.42	$0.00	$6,839.42
Medical.....	.....			$57,874.86	$0.00	$57,874.86
				$64,714.28	$0.00	$64,714.28
# of Claims	13					
# Open	0	Recovery Amount:	-$41,891.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$87,680.24	$0.00	$87,680.24
Medical.....	.....			$78,316.50	$0.00	$78,316.50
				$165,996.74	$0.00	$165,996.74
# of Claims	19					
# Open	0	Recovery Amount:	-$110.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$80,638.30	$0.00	$80,638.30
Medical.....	.....			$105,196.76	$0.00	$105,196.76
				$185,835.06	$0.00	$185,835.06
# of Claims	38					
# Open	0	Recovery Amount:	-$4,480.37			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$10,301.20	$0.00	$10,301.20
Indemnity.....	.....			$186,977.62	$0.00	$186,977.62
Medical.....	.....			$45,707.24	$0.00	$45,707.24
				$242,986.06	$0.00	$242,986.06
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,271.89	$0.00	$29,271.89
Medical.....	.....			$52,368.76	$0.00	$52,368.76
				$81,640.65	$0.00	$81,640.65
# of Claims	32					
# Open	0	Recovery Amount:	-$2,336.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,421.58	$0.00	$16,421.58
Medical.....	.....			$42,227.76	$0.00	$42,227.76
				$58,649.34	$0.00	$58,649.34
# of Claims	34					
# Open	0	Recovery Amount:	-$2,879.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$8,713.20	$3,084.00	$11,797.20
Indemnity.....	.....			$281,870.56	$0.00	$281,870.56
Medical.....	.....			$190,690.52	$53,437.07	$244,127.59
				$481,274.28	$56,521.07	$537,795.35
# of Claims	19					
# Open	2	Recovery Amount:	-$193.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$775.30	$0.00	$775.30
Medical.....	.....			$14,159.14	$0.00	$14,159.14
				$14,934.44	$0.00	$14,934.44
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,980.00	$0.00	$2,980.00
Indemnity.....	.....			$55,888.37	$0.00	$55,888.37
Medical.....	.....			$108,943.55	$0.00	$108,943.55
				$167,811.92	$0.00	$167,811.92
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,057.65	$0.00	$7,057.65
				$7,057.65	$0.00	$7,057.65
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$54.17	$0.00	$54.17
Indemnity.....	.....			$5,593.05	$0.00	$5,593.05
Medical.....	.....			$96,334.21	$107,894.81	$204,229.02
				$101,981.43	$107,894.81	$209,876.24
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

502 - VDOT - Hampton Roads District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$12,296.73	$0.00	$12,296.73
Indemnity.....	.....			$302,675.46	$0.00	$302,675.46
Medical.....	.....			$442,460.43	$461,598.10	$904,058.53
				$757,432.62	$461,598.10	$1,219,030.72
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$661.50	$0.00	$661.50
Indemnity.....	.....			$17,219.78	$0.00	$17,219.78
Medical.....	.....			$59,964.18	$0.00	$59,964.18
				$77,845.46	$0.00	$77,845.46
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$131.15	$0.00	$131.15
Medical.....	.....			$2,158.00	$0.00	$2,158.00
				$2,289.15	$0.00	$2,289.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,174.48	$0.00	$14,174.48
Medical.....	.....			$42,236.04	$0.00	$42,236.04
				$56,410.52	$0.00	$56,410.52
# of Claims	2					
# Open	0	Recovery Amount:	-$34,697.71			

Grand Totals						
Expense.....	.....			$35,927.85	$3,084.00	$39,011.85
Indemnity.....	.....			$1,700,785.13	$0.00	$1,700,785.13
Medical.....	.....			$1,761,638.48	$622,929.98	$2,384,568.46
				$3,498,351.46	$626,013.98	$4,124,365.44
# of Claims	561					
# Open	4	Recovery Amount:	-$135,576.15			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

531 - VDOT - FRANKLIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,056.60	$0.00	$1,056.60
Indemnity.....	.....			$231,718.26	$0.00	$231,718.26
Medical.....	.....			$31,321.47	$0.00	$31,321.47
				$264,096.33	$0.00	$264,096.33
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,253.18	$0.00	$1,253.18
Medical.....	.....			$3,811.47	$0.00	$3,811.47
				$5,064.65	$0.00	$5,064.65
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,837.37	$0.00	$11,837.37
Medical.....	.....			$17,865.94	$0.00	$17,865.94
				$29,703.31	$0.00	$29,703.31
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,596.75	$0.00	$5,596.75
Medical.....	.....			$15,295.29	$0.00	$15,295.29
				$20,892.04	$0.00	$20,892.04
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

531 - VDOT - FRANKLIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,157.83	$0.00	$16,157.83
Medical.....	.....			$28,185.93	$0.00	$28,185.93
				$44,343.76	$0.00	$44,343.76
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,195.65	$0.00	$29,195.65
Medical.....	.....			$28,776.49	$0.00	$28,776.49
				$57,972.14	$0.00	$57,972.14
# of Claims	26					
# Open	0	Recovery Amount:	-$4,112.54			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,971.84	$0.00	$3,971.84
Medical.....	.....			$6,587.93	$0.00	$6,587.93
				$10,559.77	$0.00	$10,559.77
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$851.87	$0.00	$851.87
Medical.....	.....			$2,022.91	$0.00	$2,022.91
				$2,874.78	$0.00	$2,874.78
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,799.84	$0.00	$1,799.84
Medical.....	.....			$4,629.81	$0.00	$4,629.81
				$6,429.65	$0.00	$6,429.65
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

531 - VDOT - FRANKLIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,223.34	$0.00	$18,223.34
Medical.....	.....			$58,970.56	$0.00	$58,970.56
				$77,193.90	$0.00	$77,193.90
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,803.04	$0.00	$2,803.04
Medical.....	.....			$13,484.39	$0.00	$13,484.39
				$16,287.43	$0.00	$16,287.43
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,560.79	$0.00	$22,560.79
Medical.....	.....			$45,810.41	$0.00	$45,810.41
				$68,371.20	$0.00	$68,371.20
# of Claims	16					
# Open	0	Recovery Amount:	-$735.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,739.96	$0.00	$16,739.96
Medical.....	.....			$41,142.45	$0.00	$41,142.45
				$57,882.41	$0.00	$57,882.41
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,405.31	$0.00	$1,405.31
				$1,405.31	$0.00	$1,405.31
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

531 - VDOT - FRANKLIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,435.20	$0.00	$5,435.20
Indemnity.....	.....			$192,547.99	$0.00	$192,547.99
Medical.....	.....			$145,419.94	$0.00	$145,419.94
				$343,403.13	$0.00	$343,403.13
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,450.42	$0.00	$7,450.42
Medical.....	.....			$17,724.53	$0.00	$17,724.53
				$25,174.95	$0.00	$25,174.95
# of Claims	17					
# Open	0	Recovery Amount:	-$1,735.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,513.50	$0.00	$1,513.50
Indemnity.....	.....			$17,826.28	$0.00	$17,826.28
Medical.....	.....			$64,997.69	$0.00	$64,997.69
				$84,337.47	$0.00	$84,337.47
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$5,378.24	$0.00	$5,378.24
Indemnity.....	.....			$195,212.01	$0.00	$195,212.01
Medical.....	.....			$459,037.43	$165,221.58	$624,259.01
				$659,627.68	$165,221.58	$824,849.26
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$869.22	$0.00	$869.22
				$869.22	$0.00	$869.22
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

531 - VDOT - FRANKLIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$9,404.05	$0.00	$9,404.05
Indemnity.....	.....			$187,461.88	$0.00	$187,461.88
Medical.....	.....			$107,277.84	$0.00	$107,277.84
				$304,143.77	$0.00	$304,143.77
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,912.05	$0.00	$3,912.05
Medical.....	.....			$20,120.54	$0.00	$20,120.54
				$24,032.59	$0.00	$24,032.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,531.14	$0.00	$8,531.14
				$8,531.14	$0.00	$8,531.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,056.30	$0.00	$1,056.30
Medical.....	.....			$8,085.98	$0.00	$8,085.98
				$9,142.28	$0.00	$9,142.28
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$22,787.59	$0.00	$22,787.59
Indemnity.....	.....			$968,176.65	$0.00	$968,176.65
Medical.....	.....			$1,131,374.67	$165,221.58	$1,296,596.25
				$2,122,338.91	$165,221.58	$2,287,560.49
# of Claims	296					
# Open	1	Recovery Amount:	-$6,584.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

532 - VDOT - WAVERLY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$752.00	$0.00	$752.00
				$752.00	$0.00	$752.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,568.00	$0.00	$2,568.00
Indemnity.....	.....			$275,548.31	$0.00	$275,548.31
Medical.....	.....			$248,209.63	$0.00	$248,209.63
				$526,325.94	$0.00	$526,325.94
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,275.86	$0.00	$5,275.86
Indemnity.....	.....			$245,003.87	$0.00	$245,003.87
Medical.....	.....			$129,053.54	$0.00	$129,053.54
				$379,333.27	$0.00	$379,333.27
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,445.88	$0.00	$10,445.88
Medical.....	.....			$57,346.39	$0.00	$57,346.39
				$67,800.27	$0.00	$67,800.27
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36,531.62	$0.00	$36,531.62
Medical.....	.....			$39,388.41	$0.00	$39,388.41
				$75,920.03	$0.00	$75,920.03
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$259.00	$0.00	$259.00
Indemnity.....	.....			$150,725.57	$0.00	$150,725.57
Medical.....	.....			$231,276.83	$0.00	$231,276.83
				$382,261.40	$0.00	$382,261.40
# of Claims	19					
# Open	0	Recovery Amount:	-$821.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,817.32	$0.00	$10,817.32
Medical.....	.....			$7,669.24	$0.00	$7,669.24
				$18,486.56	$0.00	$18,486.56
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,466.00	$0.00	$2,466.00
Indemnity.....	.....			$182,945.71	$0.00	$182,945.71
Medical.....	.....			$26,960.08	$0.00	$26,960.08
				$212,371.79	$0.00	$212,371.79
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,229.58	$0.00	$3,229.58
Medical.....	.....			$6,390.21	$0.00	$6,390.21
				$9,619.79	$0.00	$9,619.79
# of Claims	14					
# Open	0	Recovery Amount:	-$251.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,340.00	$0.00	$2,340.00
Indemnity.....	.....			$398,000.54	$0.00	$398,000.54
Medical.....	.....			$442,933.61	$1,025,050.67	$1,467,984.28
				$843,274.15	$1,025,050.67	$1,868,324.82
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$41.99	$0.00	$41.99
Indemnity.....	.....			$29,730.69	$0.00	$29,730.69
Medical.....	.....			$151,791.55	$0.00	$151,791.55
				$181,564.23	$0.00	$181,564.23
# of Claims	11					
# Open	0	Recovery Amount:	-$40.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,973.59	$0.00	$1,973.59
Medical.....	.....			$6,001.10	$0.00	$6,001.10
				$7,974.69	$0.00	$7,974.69
# of Claims	8					
# Open	0	Recovery Amount:	-$1,848.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,343.00	$0.00	$8,343.00
Medical.....	.....			$40,137.60	$0.00	$40,137.60
				$48,488.60	$0.00	$48,488.60
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,920.64	$0.00	$6,920.64
Medical.....	.....			$10,007.36	$0.00	$10,007.36
				$16,928.00	$0.00	$16,928.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,628.52	$0.00	$8,628.52
Medical.....	.....			$7,982.83	$0.00	$7,982.83
				$16,611.35	$0.00	$16,611.35
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,954.20	$0.00	$2,954.20
Indemnity.....	.....			$193,525.68	$0.00	$193,525.68
Medical.....	.....			$300,853.65	$473,385.28	$774,238.93
				$497,333.53	$473,385.28	$970,718.81
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,153.72	$0.00	$11,153.72
Medical.....	.....			$55,985.00	$0.00	$55,985.00
				$67,138.72	$0.00	$67,138.72
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$139.92	$0.00	$139.92
Medical.....	.....			$5,315.79	$0.00	$5,315.79
				$5,455.71	$0.00	$5,455.71
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,282.16	$0.00	$11,282.16
Medical.....	.....			$33,093.92	$0.00	$33,093.92
				$44,376.08	$0.00	$44,376.08
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,714.64**	**$0.00**	**$14,714.64**
Medical				**$35,250.80**	**$0.00**	**$35,250.80**
				$49,965.44	**$0.00**	**$49,965.44**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$1,336.72**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,398.88**	**$0.00**	**$4,398.88**
				$4,398.88	**$0.00**	**$4,398.88**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,030.28**	**$0.00**	**$2,030.28**
Medical				**$19,304.62**	**$0.00**	**$19,304.62**
				$21,334.90	**$0.00**	**$21,334.90**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$15,921.05**	**$0.00**	**$15,921.05**
Indemnity				**$1,601,691.24**	**$0.00**	**$1,601,691.24**
Medical				**$1,860,103.04**	**$1,498,435.95**	**$3,358,538.99**
				$3,477,715.33	**$1,498,435.95**	**$4,976,151.28**
# of Claims	**306**					
# Open	**2**	**Recovery Amount:**	**-$4,297.71**			

533 - VDOT - SUFFOLK

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

533 - VDOT - SUFFOLK

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$139.50**	**$0.00**	**$139.50**
				$139.50	**$0.00**	**$139.50**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$829.50**	**$0.00**	**$829.50**
Indemnity		**$9,220.36**	**$0.00**	**$9,220.36**
Medical		**$6,272.45**	**$0.00**	**$6,272.45**
		$16,322.31	**$0.00**	**$16,322.31**
# of Claims	**31**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$275.45**	**$0.00**	**$275.45**
Indemnity		**$35,963.88**	**$0.00**	**$35,963.88**
Medical		**$51,803.63**	**$0.00**	**$51,803.63**
		$88,042.96	**$0.00**	**$88,042.96**
# of Claims	**34**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$2,252.38**	**$0.00**	**$2,252.38**
Indemnity		**$73,042.67**	**$0.00**	**$73,042.67**
Medical		**$93,321.97**	**$0.00**	**$93,321.97**
		$168,617.02	**$0.00**	**$168,617.02**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$87,311.14**	**$0.00**	**$87,311.14**
Medical		**$65,931.74**	**$0.00**	**$65,931.74**
		$153,242.88	**$0.00**	**$153,242.88**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**-$26,167.26**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

533 - VDOT - SUFFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,721.08**	**$0.00**	**$18,721.08**
Medical				**$35,124.98**	**$0.00**	**$35,124.98**
				$53,846.06	**$0.00**	**$53,846.06**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$11,430.70**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$115,493.49**	**$0.00**	**$115,493.49**
Medical				**$149,798.69**	**$0.00**	**$149,798.69**
				$265,292.18	**$0.00**	**$265,292.18**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$43,062.52**	**$0.00**	**$43,062.52**
Medical				**$49,555.60**	**$0.00**	**$49,555.60**
				$92,618.12	**$0.00**	**$92,618.12**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**-$14,061.01**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$6,215.00**	**$0.00**	**$6,215.00**
Indemnity				**$236,183.45**	**$0.00**	**$236,183.45**
Medical				**$533,976.87**	**$217,880.96**	**$751,857.83**
				$776,375.32	**$217,880.96**	**$994,256.28**
# of Claims	**11**					
# Open	**1**	**Recovery Amount:**	**-$7,045.34**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

533 - VDOT - SUFFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$23.55**	**$0.00**	**$23.55**
Indemnity				**$8,304.58**	**$0.00**	**$8,304.58**
Medical				**$18,006.51**	**$0.00**	**$18,006.51**
				$26,334.64	**$0.00**	**$26,334.64**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$3,769.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,681.48**	**$0.00**	**$8,681.48**
Medical				**$8,167.72**	**$0.00**	**$8,167.72**
				$16,849.20	**$0.00**	**$16,849.20**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$291.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$7,680.96**	**$0.00**	**$7,680.96**
Indemnity				**$205,260.88**	**$0.00**	**$205,260.88**
Medical				**$41,586.35**	**$0.00**	**$41,586.35**
				$254,528.19	**$0.00**	**$254,528.19**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$2,535.03**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,902.96**	**$0.00**	**$2,902.96**
Medical				**$3,602.65**	**$0.00**	**$3,602.65**
				$6,505.61	**$0.00**	**$6,505.61**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

533 - VDOT - SUFFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$4,721.00	$0.00	$4,721.00
Indemnity.....	.....			$188,070.28	$0.00	$188,070.28
Medical.....	.....			$45,985.99	$0.00	$45,985.99
				$238,777.27	$0.00	$238,777.27
# of Claims	19					
# Open	0	Recovery Amount:	-$1,771.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$762.92	$0.00	$762.92
Medical.....	.....			$7,314.17	$0.00	$7,314.17
				$8,077.09	$0.00	$8,077.09
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,680.88	$0.00	$1,680.88
Medical.....	.....			$2,357.65	$0.00	$2,357.65
				$4,038.53	$0.00	$4,038.53
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,655.30	$0.00	$1,655.30
Medical.....	.....			$1,906.65	$0.00	$1,906.65
				$3,561.95	$0.00	$3,561.95
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

533 - VDOT - SUFFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$743.23	$0.00	$743.23
Medical.....	.....			$2,118.89	$0.00	$2,118.89
				$2,862.12	$0.00	$2,862.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$21,997.84	$0.00	$21,997.84
Indemnity.....	.....			$1,037,061.10	$0.00	$1,037,061.10
Medical.....	.....			$1,116,972.01	$217,880.96	$1,334,852.97
				$2,176,030.95	$217,880.96	$2,393,911.91
# of Claims	264					
# Open	1	Recovery Amount:	-$67,071.52			

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$739.45	$0.00	$739.45
				$739.45	$0.00	$739.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$11,595.99	$0.00	$11,595.99
Medical.....	.....			$14,223.50	$0.00	$14,223.50
				$25,881.99	$0.00	$25,881.99
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$455.08	$0.00	$455.08
Medical.....	.....			$14,556.64	$0.00	$14,556.64
				$15,011.72	$0.00	$15,011.72
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,873.37	$0.00	$14,873.37
Medical.....	.....			$35,463.75	$0.00	$35,463.75
				$50,337.12	$0.00	$50,337.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,402.12	$0.00	$4,402.12
Medical.....	.....			$8,874.54	$0.00	$8,874.54
				$13,276.66	$0.00	$13,276.66
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,117.86	$0.00	$29,117.86
Medical.....	.....			$27,824.70	$0.00	$27,824.70
				$56,942.56	$0.00	$56,942.56
# of Claims	12					
# Open	0	Recovery Amount:	-$2,603.45			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$201,876.73**	**$0.00**	**$201,876.73**
Medical				**$272,094.83**	**$0.00**	**$272,094.83**
				$473,995.56	**$0.00**	**$473,995.56**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$8,128.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,355.42**	**$0.00**	**$2,355.42**
Medical				**$5,320.57**	**$0.00**	**$5,320.57**
				$7,675.99	**$0.00**	**$7,675.99**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$3,091.67**	**$0.00**	**$3,091.67**
Indemnity				**$240,650.39**	**$0.00**	**$240,650.39**
Medical				**$321,154.43**	**$0.00**	**$321,154.43**
				$564,896.49	**$0.00**	**$564,896.49**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$16,681.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$8,654.91**	**$0.00**	**$8,654.91**
Medical				**$13,454.70**	**$0.00**	**$13,454.70**
				$22,109.61	**$0.00**	**$22,109.61**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$5,512.59**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,560.00**	**$0.00**	**$1,560.00**
Indemnity				**$221,238.34**	**$0.00**	**$221,238.34**
Medical				**$105,820.35**	**$0.00**	**$105,820.35**
				$328,618.69	**$0.00**	**$328,618.69**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**-$14,432.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$30,857.40**	**$0.00**	**$30,857.40**
Medical				**$7,723.06**	**$0.00**	**$7,723.06**
				$38,580.46	**$0.00**	**$38,580.46**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$20,386.58**	**$0.00**	**$20,386.58**
Indemnity				**$431,983.15**	**$0.00**	**$431,983.15**
Medical				**$267,828.59**	**$0.00**	**$267,828.59**
				$720,198.32	**$0.00**	**$720,198.32**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,574.13**	**$0.00**	**$7,574.13**
Medical				**$12,645.34**	**$0.00**	**$12,645.34**
				$20,219.47	**$0.00**	**$20,219.47**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$11,942.57**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$140.43	$0.00	$140.43
Medical.....	.....			$562.35	$0.00	$562.35
				$702.78	$0.00	$702.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$428.40	$0.00	$428.40
Medical.....	.....			$3,576.78	$0.00	$3,576.78
				$4,005.18	$0.00	$4,005.18
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$475.40	$0.00	$475.40
Indemnity.....	.....			$21,987.22	$0.00	$21,987.22
Medical.....	.....			$264,790.60	$0.00	$264,790.60
				$287,253.22	$0.00	$287,253.22
# of Claims	10					
# Open	0	Recovery Amount:	-$11,027.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,237.52	$0.00	$7,237.52
Medical.....	.....			$16,866.22	$0.00	$16,866.22
				$24,103.74	$0.00	$24,103.74
# of Claims	7					
# Open	0	Recovery Amount:	-$14,477.41			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,084.14	$0.00	$13,084.14
Medical.....	.....			$64,940.09	$0.00	$64,940.09
				$78,024.23	$0.00	$78,024.23
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$9,930.93	$1,382.00	$11,312.93
Indemnity.....	.....			$111,394.93	$0.00	$111,394.93
Medical.....	.....			$113,763.21	$169,978.81	$283,742.02
				$235,089.07	$171,360.81	$406,449.88
# of Claims	4					
# Open	1	Recovery Amount:	-$27,459.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$345.39	$0.00	$345.39
				$345.39	$0.00	$345.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

534 - VDOT - Norfolk Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,410.86	$0.00	$1,410.86
				$1,410.86	$0.00	$1,410.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$35,531.08	$1,382.00	$36,913.08
Indemnity.....	.....			$1,359,907.53	$0.00	$1,359,907.53
Medical.....	.....			$1,573,979.95	$169,978.81	$1,743,958.76
				$2,969,418.56	$171,360.81	$3,140,779.37
# of Claims	193					
# Open	1	Recovery Amount:	-$112,266.42			

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,512.10	$0.00	$1,512.10
Indemnity.....	.....			$163,360.69	$0.00	$163,360.69
Medical.....	.....			$15,736.10	$0.00	$15,736.10
				$180,608.89	$0.00	$180,608.89
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$8,127.17	$0.00	$8,127.17
Indemnity.....	.....			$105,514.80	$0.00	$105,514.80
Medical.....	.....			$270,280.79	$0.00	$270,280.79
				$383,922.76	$0.00	$383,922.76
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$17,813.96	$1,992.00	$19,805.96
Indemnity.....	.....			$211,019.75	$0.00	$211,019.75
Medical.....	.....			$312,398.48	$16,884.95	$329,283.43
				$541,232.19	$18,876.95	$560,109.14
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,330.53	$0.00	$11,330.53
Medical.....	.....			$37,748.67	$0.00	$37,748.67
				$49,079.20	$0.00	$49,079.20
# of Claims	27					
# Open	0	Recovery Amount:	-$179.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,414.69	$0.00	$3,414.69
Indemnity.....	.....			$188,980.45	$0.00	$188,980.45
Medical.....	.....			$927,660.22	$259,856.08	$1,187,516.30
				$1,120,055.36	$259,856.08	$1,379,911.44
# of Claims	14					
# Open	1	Recovery Amount:	-$332.16			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,354.77	$0.00	$5,354.77
Medical.....	.....			$27,837.57	$0.00	$27,837.57
				$33,192.34	$0.00	$33,192.34
# of Claims	11					
# Open	0	Recovery Amount:	-$1,043.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$116,362.76	$0.00	$116,362.76
Medical.....	.....			$9,525.06	$0.00	$9,525.06
				$125,887.82	$0.00	$125,887.82
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$364,694.87	$0.00	$364,694.87
Medical.....	.....			$205,281.65	$8,632.00	$213,913.65
				$569,984.52	$8,632.00	$578,616.52
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$587.25	$0.00	$587.25
Indemnity.....	.....			$63,013.11	$0.00	$63,013.11
Medical.....	.....			$38,717.31	$0.00	$38,717.31
				$102,317.67	$0.00	$102,317.67
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,452.27	$0.00	$29,452.27
Medical.....	.....			$54,557.12	$0.00	$54,557.12
				$84,009.39	$0.00	$84,009.39
# of Claims	22					
# Open	0	Recovery Amount:	-$52.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$62,017.99	$0.00	$62,017.99
Medical.....	.....			$93,025.84	$0.00	$93,025.84
				$155,043.83	$0.00	$155,043.83
# of Claims	24					
# Open	0	Recovery Amount:	-$248.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$274.92	$0.00	$274.92
Medical.....	.....			$11,256.53	$0.00	$11,256.53
				$11,531.45	$0.00	$11,531.45
# of Claims	25					
# Open	0	Recovery Amount:	-$2,675.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$5,341.20	$0.00	$5,341.20
Indemnity.....	.....			$107,428.22	$0.00	$107,428.22
Medical.....	.....			$53,673.06	$0.00	$53,673.06
				$166,442.48	$0.00	$166,442.48
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,081.67	$0.00	$3,081.67
				$3,081.67	$0.00	$3,081.67
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,239.74	$0.00	$26,239.74
Medical.....	.....			$112,436.67	$0.00	$112,436.67
				$138,676.41	$0.00	$138,676.41
# of Claims	18					
# Open	0	Recovery Amount:	-$55,784.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,477.10	$0.00	$6,477.10
Medical.....	.....			$16,234.74	$0.00	$16,234.74
				$22,711.84	$0.00	$22,711.84
# of Claims	10					
# Open	0	Recovery Amount:	-$7,395.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,332.99	$0.00	$2,332.99
				$2,332.99	$0.00	$2,332.99
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,467.63	$0.00	$1,467.63
Medical.....	.....			$11,296.13	$0.00	$11,296.13
				$12,763.76	$0.00	$12,763.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$807.45	$0.00	$807.45
Indemnity.....	.....			$12,263.77	$0.00	$12,263.77
Medical.....	.....			$51,587.74	$0.00	$51,587.74
				$64,658.96	$0.00	$64,658.96
# of Claims	7					
# Open	0	Recovery Amount:	-$1,305.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,116.21	$0.00	$5,116.21
				$5,116.21	$0.00	$5,116.21
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$882.00	$0.00	$882.00
Indemnity.....	.....			$18,604.63	$0.00	$18,604.63
Medical.....	.....			$57,359.14	$0.00	$57,359.14
				$76,845.77	$0.00	$76,845.77
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

535 - VDOT - WILLIAMSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,366.12	$0.00	$8,366.12
Medical.....	.....			$16,167.97	$0.00	$16,167.97
				$24,534.09	$0.00	$24,534.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$37,704.60	$0.00	$37,704.60
Medical.....	.....			$72,413.21	$0.00	$72,413.21
				$110,117.81	$0.00	$110,117.81
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$38,493.82	$1,992.00	$40,485.82
Indemnity.....	.....			$1,539,928.72	$0.00	$1,539,928.72
Medical.....	.....			$2,405,724.87	$285,373.03	$2,691,097.90
				$3,984,147.41	$287,365.03	$4,271,512.44
# of Claims	334					
# Open	3	Recovery Amount:	-$69,017.78			

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$28,524.53	$0.00	$28,524.53
Medical.....	.....			$6,842.63	$0.00	$6,842.63
				$35,750.66	$0.00	$35,750.66
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,472.84**	**$0.00**	**$19,472.84**
Medical				**$49,778.97**	**$0.00**	**$49,778.97**
				$69,251.81	**$0.00**	**$69,251.81**
# of Claims	**42**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$610.55**	**$0.00**	**$610.55**
Medical				**$4,470.76**	**$0.00**	**$4,470.76**
				$5,081.31	**$0.00**	**$5,081.31**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,511.93**	**$0.00**	**$14,511.93**
Medical				**$15,384.58**	**$0.00**	**$15,384.58**
				$29,896.51	**$0.00**	**$29,896.51**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$105.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,397.17**	**$0.00**	**$2,397.17**
Medical				**$10,773.71**	**$0.00**	**$10,773.71**
				$13,170.88	**$0.00**	**$13,170.88**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$642.57**	**$0.00**	**$642.57**
Medical				**$1,235.65**	**$0.00**	**$1,235.65**
				$1,878.22	**$0.00**	**$1,878.22**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,459.54**	**$0.00**	**$9,459.54**
Medical				**$19,558.83**	**$0.00**	**$19,558.83**
				$29,018.37	**$0.00**	**$29,018.37**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$8,568.30**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,586.07**	**$0.00**	**$3,586.07**
Medical				**$7,257.40**	**$0.00**	**$7,257.40**
				$10,843.47	**$0.00**	**$10,843.47**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2,845.80**	**$0.00**	**$2,845.80**
Indemnity				**$157,735.01**	**$0.00**	**$157,735.01**
Medical				**$243,260.92**	**$0.00**	**$243,260.92**
				$403,841.73	**$0.00**	**$403,841.73**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$6,254.74**	**$0.00**	**$6,254.74**
Indemnity				**$166,954.98**	**$0.00**	**$166,954.98**
Medical				**$44,151.16**	**$0.00**	**$44,151.16**
				$217,360.88	**$0.00**	**$217,360.88**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,794.29**	**$0.00**	**$1,794.29**
				$1,794.29	**$0.00**	**$1,794.29**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$505.77**	**$0.00**	**$505.77**
Medical				**$852.94**	**$0.00**	**$852.94**
				$1,358.71	**$0.00**	**$1,358.71**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$16.00**	**$34.00**	**$50.00**
Indemnity				**$7,384.99**	**$0.00**	**$7,384.99**
Medical				**$40,888.78**	**$7,130.80**	**$48,019.58**
				$48,289.77	**$7,164.80**	**$55,454.57**
# of Claims	**11**					
# Open	**1**	**Recovery Amount:**	**-$3,764.19**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$51.78**	**$0.00**	**$51.78**
Medical				**$293.24**	**$0.00**	**$293.24**
				$345.02	**$0.00**	**$345.02**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$971.96**	**$0.00**	**$971.96**
Medical				**$5,349.92**	**$0.00**	**$5,349.92**
				$6,321.88	**$0.00**	**$6,321.88**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$25,191.02**	**$0.00**	**$25,191.02**
Medical				**$66,053.34**	**$0.00**	**$66,053.34**
				$91,244.36	**$0.00**	**$91,244.36**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$7,252.42**	**$0.00**	**$7,252.42**
Medical				**$38,043.43**	**$0.00**	**$38,043.43**
				$45,295.85	**$0.00**	**$45,295.85**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$13,206.92**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$2,853.08**	**$0.00**	**$2,853.08**
Indemnity				**$10,240.96**	**$0.00**	**$10,240.96**
Medical				**$69,428.37**	**$0.00**	**$69,428.37**
				$82,522.41	**$0.00**	**$82,522.41**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,245.45**	**$0.00**	**$2,245.45**
Medical				**$3,667.53**	**$0.00**	**$3,667.53**
				$5,912.98	**$0.00**	**$5,912.98**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,144.84**	**$0.00**	**$1,144.84**
Medical				**$15,052.20**	**$0.00**	**$15,052.20**
				$16,197.04	**$0.00**	**$16,197.04**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$195.86**	**$0.00**	**$195.86**
Medical				**$1,456.45**	**$0.00**	**$1,456.45**
				$1,652.31	**$0.00**	**$1,652.31**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$1,510.19**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

536 - VDOT - ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.98	$0.00	$201.98
				$201.98	$0.00	$201.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,528.98	$0.00	$2,528.98
Medical.....	.....			$6,229.79	$0.00	$6,229.79
				$8,758.77	$0.00	$8,758.77
# of Claims	2					
# Open	0	Recovery Amount:	-$7,043.97			

Grand Totals						
Expense.....	.....			$12,353.12	$34.00	$12,387.12
Indemnity.....	.....			$461,609.22	$0.00	$461,609.22
Medical.....	.....			$652,026.87	$7,130.80	$659,157.67
				$1,125,989.21	$7,164.80	$1,133,154.01
# of Claims	265					
# Open	1	Recovery Amount:	-$34,199.14			

57 - VDOT - INTERNAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

57 - VDOT - INTERNAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.00	$0.00	$182.00
				$182.00	$0.00	$182.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$168.10	$0.00	$168.10
				$168.10	$0.00	$168.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

57 - VDOT - INTERNAL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.10	$0.00	$350.10
				$350.10	$0.00	$350.10
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,320.39	$0.00	$1,320.39
Medical.....	.....			$2,966.06	$0.00	$2,966.06
				$4,286.45	$0.00	$4,286.45
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,256.54	$0.00	$3,256.54
Medical.....	.....			$15,567.89	$0.00	$15,567.89
				$18,824.43	$0.00	$18,824.43
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,580.55	$0.00	$4,580.55
Medical.....	.....			$27,656.37	$0.00	$27,656.37
				$32,236.92	$0.00	$32,236.92
# of Claims	28					
# Open	0	Recovery Amount:	-$2,368.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,130.05	$0.00	$10,130.05
Medical.....	.....			$11,224.45	$0.00	$11,224.45
				$21,354.50	$0.00	$21,354.50
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,606.59	$0.00	$4,606.59
Medical.....	.....			$12,506.14	$0.00	$12,506.14
				$17,112.73	$0.00	$17,112.73
# of Claims	14					
# Open	0	Recovery Amount:	-$3,541.09			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$777.63	$0.00	$777.63
Medical.....	.....			$3,190.04	$0.00	$3,190.04
				$3,967.67	$0.00	$3,967.67
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,527.24	$0.00	$2,527.24
				$2,527.24	$0.00	$2,527.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$379.03	$0.00	$379.03
Medical.....	.....			$17,264.14	$0.00	$17,264.14
				$17,643.17	$0.00	$17,643.17
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$7,001.00	$0.00	$7,001.00
Indemnity.....	.....			$150,284.86	$0.00	$150,284.86
Medical.....	.....			$139,317.78	$0.00	$139,317.78
				$296,603.64	$0.00	$296,603.64
# of Claims	21					
# Open	0	Recovery Amount:	-$336.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,792.18	$0.00	$2,792.18
Medical.....	.....			$15,682.91	$0.00	$15,682.91
				$18,475.09	$0.00	$18,475.09
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$278.30	$0.00	$278.30
Indemnity.....	.....			$3,626.41	$0.00	$3,626.41
Medical.....	.....			$8,845.46	$0.00	$8,845.46
				$12,750.17	$0.00	$12,750.17
# of Claims	12					
# Open	0	Recovery Amount:	-$1,516.87			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,066.68	$0.00	$1,066.68
Medical.....	.....			$4,866.67	$0.00	$4,866.67
				$5,933.35	$0.00	$5,933.35
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$10,000.00	$0.00	$10,000.00
Indemnity.....	.....			$298,201.83	$0.00	$298,201.83
Medical.....	.....			$8,667.17	$0.00	$8,667.17
				$316,869.00	$0.00	$316,869.00
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,567.06	$0.00	$6,567.06
Medical.....	.....			$11,498.02	$0.00	$11,498.02
				$18,065.08	$0.00	$18,065.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8,639.30	$43.14	$8,682.44
Indemnity.....	.....			$177,119.30	$0.00	$177,119.30
Medical.....	.....			$87,279.52	$5,729.46	$93,008.98
				$273,038.12	$5,772.60	$278,810.72
# of Claims	11					
# Open	1	Recovery Amount:	-$610.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,210.41	$0.00	$2,210.41
Medical.....	.....			$13,148.29	$0.00	$13,148.29
				$15,358.70	$0.00	$15,358.70
# of Claims	11					
# Open	0	Recovery Amount:	-$2,725.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$92.25	$0.00	$92.25
Medical.....	.....			$11,080.89	$0.00	$11,080.89
				$11,173.14	$0.00	$11,173.14
# of Claims	9					
# Open	0	Recovery Amount:	-$7,225.33			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

590 - VDOT-MONITOR MERRIMAC MEM BRG TL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,046.31	$0.00	$3,046.31
Medical.....	.....			$10,084.23	$0.00	$10,084.23
				$13,130.54	$0.00	$13,130.54
# of Claims	15					
# Open	0	Recovery Amount:	-$1,099.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,516.79	$0.00	$3,516.79
				$3,516.79	$0.00	$3,516.79
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$144.80	$0.00	$144.80
				$144.80	$0.00	$144.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,918.60	$43.14	$25,961.74
Indemnity.....	.....			$670,058.07	$0.00	$670,058.07
Medical.....	.....			$407,034.86	$5,729.46	$412,764.32
				$1,103,011.53	$5,772.60	$1,108,784.13
# of Claims	239					
# Open	1	Recovery Amount:	-$19,423.39			

593 - VDOT-Jamestown Scotland Ferry

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

593 - VDOT-Jamestown Scotland Ferry

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$367.61**	**$0.00**	**$367.61**
				$367.61	**$0.00**	**$367.61**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$62.50**	**$0.00**	**$62.50**
Indemnity		**$6,097.82**	**$0.00**	**$6,097.82**
Medical		**$1,244.25**	**$0.00**	**$1,244.25**
		$7,404.57	**$0.00**	**$7,404.57**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$487.50**	**$0.00**	**$487.50**
Indemnity		**$8,422.69**	**$0.00**	**$8,422.69**
Medical		**$10,866.84**	**$0.00**	**$10,866.84**
		$19,777.03	**$0.00**	**$19,777.03**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$2,267.50**	**$0.00**	**$2,267.50**
Indemnity		**$13,441.71**	**$0.00**	**$13,441.71**
Medical		**$11,531.62**	**$0.00**	**$11,531.62**
		$27,240.83	**$0.00**	**$27,240.83**
# of Claims	**24**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$26,102.87**	**$0.00**	**$26,102.87**
Medical		**$29,398.80**	**$0.00**	**$29,398.80**
		$55,501.67	**$0.00**	**$55,501.67**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

593 - VDOT-Jamestown Scotland Ferry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,011.47	$0.00	$4,011.47
Medical.....	.....			$10,272.64	$0.00	$10,272.64
				$14,284.11	$0.00	$14,284.11
# of Claims	12					
# Open	0	Recovery Amount:	-$198.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,116.68	$0.00	$1,116.68
				$1,116.68	$0.00	$1,116.68
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$3,392.30	$0.00	$3,392.30
Indemnity.....	.....			$21,260.54	$0.00	$21,260.54
Medical.....	.....			$38,089.77	$0.00	$38,089.77
				$62,742.61	$0.00	$62,742.61
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,476.77	$0.00	$3,476.77
Medical.....	.....			$6,209.99	$0.00	$6,209.99
				$9,686.76	$0.00	$9,686.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

593 - VDOT-Jamestown Scotland Ferry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,867.71	$0.00	$1,867.71
Medical.....	.....			$4,342.14	$0.00	$4,342.14
				$6,209.85	$0.00	$6,209.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,156.34	$0.00	$1,156.34
Medical.....	.....			$5,497.76	$0.00	$5,497.76
				$6,654.10	$0.00	$6,654.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$467.40	$0.00	$467.40
Indemnity.....	.....			$11,957.35	$0.00	$11,957.35
Medical.....	.....			$17,453.47	$0.00	$17,453.47
				$29,878.22	$0.00	$29,878.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$9,616.79	$0.00	$9,616.79
Indemnity.....	.....			$168,395.15	$0.00	$168,395.15
Medical.....	.....			$261,511.82	$0.00	$261,511.82
				$439,523.76	$0.00	$439,523.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

593 - VDOT-Jamestown Scotland Ferry

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,894.88	$0.00	$2,894.88
Medical.....	.....			$5,001.80	$0.00	$5,001.80
				$7,896.68	$0.00	$7,896.68
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,638.00	$0.00	$1,638.00
Indemnity.....	.....			$40,733.35	$0.00	$40,733.35
Medical.....	.....			$49,475.80	$0.00	$49,475.80
				$91,847.15	$0.00	$91,847.15
# of Claims	6					
# Open	0	Recovery Amount:	-$8,333.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$12.00	$0.00	$12.00
Indemnity.....	.....			$1,195.89	$0.00	$1,195.89
Medical.....	.....			$2,350.43	$0.00	$2,350.43
				$3,558.32	$0.00	$3,558.32
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,943.99	$0.00	$17,943.99
Indemnity.....	.....			$311,014.54	$0.00	$311,014.54
Medical.....	.....			$454,731.42	$0.00	$454,731.42
				$783,689.95	$0.00	$783,689.95
# of Claims	126					
# Open	0	Recovery Amount:	-$8,532.23			

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$751.27**	**$0.00**	**$751.27**
Medical				**$1,245.57**	**$0.00**	**$1,245.57**
				$1,996.84	**$0.00**	**$1,996.84**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$125.00**	**$0.00**	**$125.00**
Indemnity		**$16,957.52**	**$0.00**	**$16,957.52**
Medical		**$54,113.82**	**$0.00**	**$54,113.82**
		$71,196.34	**$0.00**	**$71,196.34**
# of Claims	**38**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$17,498.16**	**$0.00**	**$17,498.16**
Indemnity		**$361,514.73**	**$0.00**	**$361,514.73**
Medical		**$380,604.42**	**$0.00**	**$380,604.42**
		$759,617.31	**$0.00**	**$759,617.31**
# of Claims	**30**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$5,856.98**	**$0.00**	**$5,856.98**
Indemnity		**$103,970.96**	**$0.00**	**$103,970.96**
Medical		**$70,154.36**	**$0.00**	**$70,154.36**
		$179,982.30	**$0.00**	**$179,982.30**
# of Claims	**31**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$5,534.56**	**$0.00**	**$5,534.56**
Indemnity		**$366,877.44**	**$137,176.93**	**$504,054.37**
Medical		**$747,355.66**	**$238,714.92**	**$986,070.58**
		$1,119,767.66	**$375,891.85**	**$1,495,659.51**
# of Claims	**52**			
# Open	**1**	**Recovery Amount:**	**-$2,072.35**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,652.22	$0.00	$7,652.22
Medical.....	.....			$30,232.68	$0.00	$30,232.68
				$37,884.90	$0.00	$37,884.90
# of Claims	40					
# Open	0	Recovery Amount:	-$1,728.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,901.00	$0.00	$3,901.00
Indemnity.....	.....			$244,711.09	$0.00	$244,711.09
Medical.....	.....			$129,192.29	$0.00	$129,192.29
				$377,804.38	$0.00	$377,804.38
# of Claims	35					
# Open	0	Recovery Amount:	-$63.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$247.62	$0.00	$247.62
Indemnity.....	.....			$63,632.02	$0.00	$63,632.02
Medical.....	.....			$40,910.78	$0.00	$40,910.78
				$104,790.42	$0.00	$104,790.42
# of Claims	21					
# Open	0	Recovery Amount:	-$13,540.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$874.42	$0.00	$874.42
Medical.....	.....			$4,883.95	$0.00	$4,883.95
				$5,758.37	$0.00	$5,758.37
# of Claims	9					
# Open	0	Recovery Amount:	-$369.42			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$100.00	$0.00	$100.00
Indemnity.....	.....			$10,758.57	$0.00	$10,758.57
Medical.....	.....			$33,617.59	$0.00	$33,617.59
				$44,476.16	$0.00	$44,476.16
# of Claims	16					
# Open	0	Recovery Amount:	-$107.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,913.74	$0.00	$8,913.74
Medical.....	.....			$17,762.71	$0.00	$17,762.71
				$26,676.45	$0.00	$26,676.45
# of Claims	24					
# Open	0	Recovery Amount:	-$37.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$3,849.81	$4,349.19	$8,199.00
Indemnity.....	.....			$124,640.68	$0.00	$124,640.68
Medical.....	.....			$407,273.91	$350,044.14	$757,318.05
				$535,764.40	$354,393.33	$890,157.73
# of Claims	13					
# Open	1	Recovery Amount:	-$47.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$481.75	$0.00	$481.75
Indemnity.....	.....			$16,015.36	$0.00	$16,015.36
Medical.....	.....			$124,931.90	$0.00	$124,931.90
				$141,429.01	$0.00	$141,429.01
# of Claims	19					
# Open	0	Recovery Amount:	-$24.38			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,842.76	$0.00	$14,842.76
Medical.....	.....			$32,564.76	$0.00	$32,564.76
				$47,407.52	$0.00	$47,407.52
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,093.05	$0.00	$19,093.05
Medical.....	.....			$17,238.75	$0.00	$17,238.75
				$36,331.80	$0.00	$36,331.80
# of Claims	10					
# Open	0	Recovery Amount:	-$9,471.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$339.63	$0.00	$339.63
Indemnity.....	.....			$20,453.59	$0.00	$20,453.59
Medical.....	.....			$31,854.19	$0.00	$31,854.19
				$52,647.41	$0.00	$52,647.41
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$409.86	$0.00	$409.86
Medical.....	.....			$923.60	$0.00	$923.60
				$1,333.46	$0.00	$1,333.46
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$474.00	$0.00	$474.00
Indemnity.....	.....			$10,428.66	$0.00	$10,428.66
Medical.....	.....			$26,971.16	$0.00	$26,971.16
				$37,873.82	$0.00	$37,873.82
# of Claims	9					
# Open	0	Recovery Amount:	-$480.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$941.64	$0.00	$941.64
				$941.64	$0.00	$941.64
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,687.20	$0.00	$1,687.20
Indemnity.....	.....			$162,749.46	$0.00	$162,749.46
Medical.....	.....			$32,971.94	$0.00	$32,971.94
				$197,408.60	$0.00	$197,408.60
# of Claims	4					
# Open	0	Recovery Amount:	-$549.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$6,917.35	$0.00	$6,917.35
Medical.....	.....			$6,266.61	$0.00	$6,266.61
				$13,199.96	$0.00	$13,199.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

594 - VDOT-HRBT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,068.06**	**$0.00**	**$2,068.06**
Medical				**$6,280.33**	**$0.00**	**$6,280.33**
				$8,348.39	**$0.00**	**$8,348.39**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**-$3,669.74**			

Grand Totals						
Expense				**$40,111.71**	**$4,349.19**	**$44,460.90**
Indemnity				**$1,564,232.81**	**$137,176.93**	**$1,701,409.74**
Medical				**$2,198,292.62**	**$588,759.06**	**$2,787,051.68**
				$3,802,637.14	**$730,285.18**	**$4,532,922.32**
# of Claims	**399**					
# Open	**2**	**Recovery Amount:**	**-$32,161.95**			

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$446.00**	**$0.00**	**$446.00**
Indemnity				**$10,894.40**	**$0.00**	**$10,894.40**
Medical				**$15,060.89**	**$0.00**	**$15,060.89**
				$26,401.29	**$0.00**	**$26,401.29**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$75.00**	**$0.00**	**$75.00**
Indemnity		**$11,516.74**	**$0.00**	**$11,516.74**
Medical		**$28,313.24**	**$0.00**	**$28,313.24**
		$39,904.98	**$0.00**	**$39,904.98**
# of Claims	**29**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$7,368.44**	**$0.00**	**$7,368.44**
Indemnity		**$136,765.94**	**$0.00**	**$136,765.94**
Medical		**$39,542.41**	**$0.00**	**$39,542.41**
		$183,676.79	**$0.00**	**$183,676.79**
# of Claims	**44**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$176,289.67**	**$0.00**	**$176,289.67**
Medical		**$102,604.28**	**$0.00**	**$102,604.28**
		$278,893.95	**$0.00**	**$278,893.95**
# of Claims	**39**			
# Open	**0**	**Recovery Amount:**	**-$940.62**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$77,483.82**	**$0.00**	**$77,483.82**
Medical		**$28,805.66**	**$0.00**	**$28,805.66**
		$106,289.48	**$0.00**	**$106,289.48**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**-$139.40**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,961.23	$0.00	$3,961.23
Medical.....	.....			$16,293.46	$0.00	$16,293.46
				$20,254.69	$0.00	$20,254.69
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,987.98	$0.00	$9,987.98
Medical.....	.....			$37,185.34	$0.00	$37,185.34
				$47,173.32	$0.00	$47,173.32
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$5,259.38	$652.00	$5,911.38
Indemnity.....	.....			$165,842.46	$0.00	$165,842.46
Medical.....	.....			$500,245.15	$179,244.01	$679,489.16
				$671,346.99	$179,896.01	$851,243.00
# of Claims	20					
# Open	1	Recovery Amount:	-$200.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$13.00	$0.00	$13.00
Indemnity.....	.....			$10,279.54	$0.00	$10,279.54
Medical.....	.....			$13,098.33	$0.00	$13,098.33
				$23,390.87	$0.00	$23,390.87
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$6,208.00	$0.00	$6,208.00
Indemnity.....	.....			$126,226.07	$0.00	$126,226.07
Medical.....	.....			$189,600.03	$0.00	$189,600.03
				$322,034.10	$0.00	$322,034.10
# of Claims	13					
# Open	0	Recovery Amount:	-$15,385.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$3,030.00	$0.00	$3,030.00
Indemnity.....	.....			$64,157.62	$0.00	$64,157.62
Medical.....	.....			$124,243.27	$0.00	$124,243.27
				$191,430.89	$0.00	$191,430.89
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,713.95	$0.00	$10,713.95
Medical.....	.....			$12,262.63	$0.00	$12,262.63
				$22,976.58	$0.00	$22,976.58
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,763.08	$0.00	$9,763.08
Medical.....	.....			$11,071.34	$0.00	$11,071.34
				$20,834.42	$0.00	$20,834.42
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,414.96	$0.00	$1,414.96
Indemnity.....	.....			$11,986.83	$0.00	$11,986.83
Medical.....	.....			$14,641.02	$0.00	$14,641.02
				$28,042.81	$0.00	$28,042.81
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$60,172.16	$0.00	$60,172.16
Medical.....	.....			$51,201.42	$0.00	$51,201.42
				$111,373.58	$0.00	$111,373.58
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$407.30	$0.00	$407.30
Medical.....	.....			$2,486.37	$0.00	$2,486.37
				$2,893.67	$0.00	$2,893.67
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$404.87	$0.00	$404.87
Medical.....	.....			$11,350.57	$0.00	$11,350.57
				$11,755.44	$0.00	$11,755.44
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$17,967.95	$39,631.67	$57,599.62
Indemnity.....	.....			$64,649.21	$0.00	$64,649.21
Medical.....	.....			$269,352.61	$289,966.11	$559,318.72
				$351,969.77	$329,597.78	$681,567.55
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,823.65	$0.00	$6,823.65
Medical.....	.....			$11,198.03	$0.00	$11,198.03
				$18,021.68	$0.00	$18,021.68
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,231.63	$0.00	$2,231.63
				$2,231.63	$0.00	$2,231.63
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,860.18	$0.00	$4,860.18
Indemnity.....	.....			$235,847.23	$0.00	$235,847.23
Medical.....	.....			$176,360.86	$0.00	$176,360.86
				$417,068.27	$0.00	$417,068.27
# of Claims	15					
# Open	0	Recovery Amount:	-$6,300.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

595 - VDOT-E.R.TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$872.17	$0.00	$872.17
Medical.....	.....			$1,460.85	$0.00	$1,460.85
				$2,333.02	$0.00	$2,333.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$165.14	$0.00	$165.14
Medical.....	.....			$546.96	$0.00	$546.96
				$712.10	$0.00	$712.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46,642.91	$40,283.67	$86,926.58
Indemnity.....	.....			$1,195,211.06	$0.00	$1,195,211.06
Medical.....	.....			$1,659,156.35	$469,210.12	$2,128,366.47
				$2,901,010.32	$509,493.79	$3,410,504.11
# of Claims	458					
# Open	2	Recovery Amount:	-$22,965.47			

599

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$377.90	$0.00	$377.90
				$377.90	$0.00	$377.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

599

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$869.95	$0.00	$869.95
				$869.95	$0.00	$869.95
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.00	$0.00	$116.00
				$116.00	$0.00	$116.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$780.72	$0.00	$780.72
				$780.72	$0.00	$780.72
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

599

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,144.57	$0.00	$2,144.57
				$2,144.57	$0.00	$2,144.57
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

59 - VDOT-EEO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.86	$0.00	$179.86
				$179.86	$0.00	$179.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.00	$0.00	$84.00
				$84.00	$0.00	$84.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

59 - VDOT-EEO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.82	$0.00	$149.82
				$149.82	$0.00	$149.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$413.68	$0.00	$413.68
				$413.68	$0.00	$413.68
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

602 - VDOT-Fredericksburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$493.29	$0.00	$493.29
Medical.....	.....			$9,933.89	$0.00	$9,933.89
				$10,810.68	$0.00	$10,810.68
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,840.77	$0.00	$8,840.77
Medical.....	.....			$50,409.94	$0.00	$50,409.94
				$59,250.71	$0.00	$59,250.71
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,789.03	$0.00	$1,789.03
Medical.....	.....			$14,217.86	$0.00	$14,217.86
				$16,006.89	$0.00	$16,006.89
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,641.72	$0.00	$1,641.72
Medical.....	.....			$7,717.20	$0.00	$7,717.20
				$9,358.92	$0.00	$9,358.92
# of Claims	27					
# Open	0	Recovery Amount:	-$1,149.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

602 - VDOT-Fredericksburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$4,866.18	$68.31	$4,934.49
Indemnity.....	.....			$104,010.62	$0.00	$104,010.62
Medical.....	.....			$463,969.26	$528,370.45	$992,339.71
				$572,846.06	$528,438.76	$1,101,284.82
# of Claims	29					
# Open	1	Recovery Amount:	-$1,425.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$412.72	$0.00	$412.72
Indemnity.....	.....			$10,258.89	$0.00	$10,258.89
Medical.....	.....			$21,651.24	$0.00	$21,651.24
				$32,322.85	$0.00	$32,322.85
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,619.16	$0.00	$3,619.16
Medical.....	.....			$17,708.25	$0.00	$17,708.25
				$21,327.41	$0.00	$21,327.41
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,420.87	$0.00	$2,420.87
Medical.....	.....			$18,956.09	$0.00	$18,956.09
				$21,376.96	$0.00	$21,376.96
# of Claims	26					
# Open	0	Recovery Amount:	-$1,812.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,095.90	$0.00	$19,095.90
				$19,095.90	$0.00	$19,095.90
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

602 - VDOT-Fredericksburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$95,217.27	$0.00	$95,217.27
Medical.....	.....			$50,508.86	$17,116.84	$67,625.70
				$145,726.13	$17,116.84	$162,842.97
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$285.34	$0.00	$285.34
Medical.....	.....			$7,325.26	$0.00	$7,325.26
				$7,610.60	$0.00	$7,610.60
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$128,484.03	$0.00	$128,484.03
Medical.....	.....			$71,277.61	$0.00	$71,277.61
				$199,761.64	$0.00	$199,761.64
# of Claims	23					
# Open	0	Recovery Amount:	-$100.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,372.00	$0.00	$2,372.00
Medical.....	.....			$19,699.29	$0.00	$19,699.29
				$22,071.29	$0.00	$22,071.29
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$327.12	$0.00	$327.12
Indemnity.....	.....			$77,456.83	$0.00	$77,456.83
Medical.....	.....			$249,615.49	$0.00	$249,615.49
				$327,399.44	$0.00	$327,399.44
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

602 - VDOT-Fredericksburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,870.20	$0.00	$3,870.20
Medical.....	.....			$16,063.09	$0.00	$16,063.09
				$19,933.29	$0.00	$19,933.29
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,496.06	$0.00	$2,496.06
Medical.....	.....			$30,096.67	$0.00	$30,096.67
				$32,592.73	$0.00	$32,592.73
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,215.89	$0.00	$9,215.89
Medical.....	.....			$14,195.50	$0.00	$14,195.50
				$23,411.39	$0.00	$23,411.39
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,266.88	$0.00	$7,266.88
Medical.....	.....			$11,512.92	$0.00	$11,512.92
				$18,779.80	$0.00	$18,779.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19.56	$0.00	$19.56
Medical.....	.....			$2,292.06	$0.00	$2,292.06
				$2,311.62	$0.00	$2,311.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

602 - VDOT-Fredericksburg District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$14,647.19	$0.00	$14,647.19
Indemnity.....	.....			$268,240.45	$0.00	$268,240.45
Medical.....	.....			$164,077.63	$195,714.82	$359,792.45
				$446,965.27	$195,714.82	$642,680.09
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,081.17	$0.00	$1,081.17
Indemnity.....	.....			$15,592.08	$0.00	$15,592.08
Medical.....	.....			$61,687.67	$21,482.13	$83,169.80
				$78,360.92	$21,482.13	$99,843.05
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$648.67	$0.00	$648.67
				$648.67	$0.00	$648.67
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$21,717.88	$68.31	$21,786.19
Indemnity.....	.....			$743,590.94	$0.00	$743,590.94
Medical.....	.....			$1,322,660.35	$762,684.24	$2,085,344.59
				$2,087,969.17	$762,752.55	$2,850,721.72
# of Claims	430					
# Open	4	Recovery Amount:	-$4,488.83			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF
60 - VDOT-FLEET MANAGEMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$112.49**	**$0.00**	**$112.49**
				$112.49	**$0.00**	**$112.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$198.76**	**$0.00**	**$198.76**
				$198.76	**$0.00**	**$198.76**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,672.77**	**$0.00**	**$2,672.77**
Medical				**$1,759.17**	**$0.00**	**$1,759.17**
				$4,431.94	**$0.00**	**$4,431.94**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$214.79**	**$0.00**	**$214.79**
				$214.79	**$0.00**	**$214.79**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,037.79	$0.00	$1,037.79
Medical.....	.....			$10,916.26	$0.00	$10,916.26
				$11,954.05	$0.00	$11,954.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.00	$0.00	$121.00
				$121.00	$0.00	$121.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$916.25	$0.00	$916.25
				$916.25	$0.00	$916.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$463.45	$0.00	$463.45
				$463.45	$0.00	$463.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.66	$0.00	$465.66
				$465.66	$0.00	$465.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$994.96**	**$0.00**	**$994.96**
Medical				**$4,707.95**	**$0.00**	**$4,707.95**
				$5,702.91	**$0.00**	**$5,702.91**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$3,206.31**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,705.52**	**$0.00**	**$4,705.52**
Medical				**$19,875.78**	**$0.00**	**$19,875.78**
				$24,581.30	**$0.00**	**$24,581.30**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$3,206.31**			

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$2,588.00**	**$0.00**	**$2,588.00**
Indemnity				**$119,356.07**	**$0.00**	**$119,356.07**
Medical				**$22,462.14**	**$0.00**	**$22,462.14**
				$144,406.21	**$0.00**	**$144,406.21**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,240.95	$0.00	$3,240.95
Medical.....	.....			$8,740.47	$0.00	$8,740.47
				$11,981.42	$0.00	$11,981.42
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,427.46	$0.00	$5,427.46
Medical.....	.....			$9,399.43	$0.00	$9,399.43
				$14,826.89	$0.00	$14,826.89
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$909.32	$0.00	$909.32
				$909.32	$0.00	$909.32
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,896.64	$0.00	$1,896.64
Medical.....	.....			$3,579.79	$0.00	$3,579.79
				$5,476.43	$0.00	$5,476.43
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$823.34	$0.00	$823.34
				$823.34	$0.00	$823.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$552.84	$0.00	$552.84
Medical.....	.....			$2,644.43	$0.00	$2,644.43
				$3,197.27	$0.00	$3,197.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$22.50	$0.00	$22.50
Indemnity.....	.....			$8,363.66	$0.00	$8,363.66
Medical.....	.....			$7,704.12	$0.00	$7,704.12
				$16,090.28	$0.00	$16,090.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11.69	$0.00	$11.69
				$11.69	$0.00	$11.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$3,528.24	$0.00	$3,528.24
Indemnity.....	.....			$191,991.93	$0.00	$191,991.93
Medical.....	.....			$492,163.14	$232,682.77	$724,845.91
				$687,683.31	$232,682.77	$920,366.08
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,403.50	$0.00	$8,403.50
Medical.....	.....			$14,911.06	$0.00	$14,911.06
				$23,314.56	$0.00	$23,314.56
# of Claims	6					
# Open	0	Recovery Amount:	-$46.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$732.00	$0.00	$732.00
				$732.00	$0.00	$732.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$287.80	$0.00	$287.80
Medical.....	.....			$1,850.90	$0.00	$1,850.90
				$2,138.70	$0.00	$2,138.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,344.71	$0.00	$12,344.71
Medical.....	.....			$29,976.94	$0.00	$29,976.94
				$42,321.65	$0.00	$42,321.65
# of Claims	10					
# Open	0	Recovery Amount:	-$181.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,751.10	$0.00	$21,751.10
Medical.....	.....			$31,909.51	$0.00	$31,909.51
				$53,660.61	$0.00	$53,660.61
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,156.87	$0.00	$19,156.87
Medical.....	.....			$32,734.26	$0.00	$32,734.26
				$51,891.13	$0.00	$51,891.13
# of Claims	15					
# Open	0	Recovery Amount:	-$13,631.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$14,906.42	$0.00	$14,906.42
Indemnity.....	.....			$341,293.45	$0.00	$341,293.45
Medical.....	.....			$306,244.18	$4,578.19	$310,822.37
				$662,444.05	$4,578.19	$667,022.24
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,411.12	$0.00	$12,411.12
Medical.....	.....			$15,479.21	$0.00	$15,479.21
				$27,890.33	$0.00	$27,890.33
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,559.00	$0.00	$2,559.00
Medical.....	.....			$8,001.90	$0.00	$8,001.90
				$10,560.90	$0.00	$10,560.90
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,263.37	$0.00	$2,263.37
Medical.....	.....			$13,453.83	$0.00	$13,453.83
				$15,717.20	$0.00	$15,717.20
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$526.48	$0.00	$526.48
Indemnity.....	.....			$41,235.99	$0.00	$41,235.99
Medical.....	.....			$129,843.26	$0.00	$129,843.26
				$171,605.73	$0.00	$171,605.73
# of Claims	9					
# Open	0	Recovery Amount:	-$79,712.95			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

637 - VDOT - SALUDA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,547.02	$0.00	$9,547.02
Medical.....	.....			$20,815.88	$0.00	$20,815.88
				$30,362.90	$0.00	$30,362.90
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,407.41	$0.00	$5,407.41
Medical.....	.....			$8,908.13	$0.00	$8,908.13
				$14,315.54	$0.00	$14,315.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$21,571.64	$0.00	$21,571.64
Indemnity.....	.....			$807,490.89	$0.00	$807,490.89
Medical.....	.....			$1,163,298.93	$237,260.96	$1,400,559.89
				$1,992,361.46	$237,260.96	$2,229,622.42
# of Claims	220					
# Open	2	Recovery Amount:	-$93,572.56			

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20.00	$0.00	$20.00
				$20.00	$0.00	$20.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$4,912.68	$0.00	$4,912.68
Medical.....	.....			$14,751.99	$0.00	$14,751.99
				$19,727.17	$0.00	$19,727.17
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,248.00	$0.00	$1,248.00
Medical.....	.....			$12,032.96	$0.00	$12,032.96
				$13,280.96	$0.00	$13,280.96
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,193.40	$0.00	$3,193.40
Medical.....	.....			$9,416.72	$0.00	$9,416.72
				$12,610.12	$0.00	$12,610.12
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$9,194.71	$0.00	$9,194.71
Indemnity.....	.....			$148,214.37	$0.00	$148,214.37
Medical.....	.....			$719,730.79	$0.00	$719,730.79
				$877,139.87	$0.00	$877,139.87
# of Claims	24					
# Open	0	Recovery Amount:	-$68,013.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$820.11	$0.00	$820.11
Medical.....	.....			$3,367.84	$0.00	$3,367.84
				$4,187.95	$0.00	$4,187.95
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$40.75	$0.00	$40.75
Indemnity.....	.....			$1,937.96	$0.00	$1,937.96
Medical.....	.....			$7,784.92	$0.00	$7,784.92
				$9,763.63	$0.00	$9,763.63
# of Claims	19					
# Open	0	Recovery Amount:	-$327.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,560.63	$0.00	$1,560.63
				$1,560.63	$0.00	$1,560.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$974.90	$0.00	$974.90
				$974.90	$0.00	$974.90
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$74.25**	**$0.00**	**$74.25**
Indemnity				**$180,616.62**	**$0.00**	**$180,616.62**
Medical				**$28,066.06**	**$0.00**	**$28,066.06**
				$208,756.93	**$0.00**	**$208,756.93**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,568.00**	**$0.00**	**$1,568.00**
Indemnity				**$147,119.51**	**$0.00**	**$147,119.51**
Medical				**$30,156.01**	**$0.00**	**$30,156.01**
				$178,843.52	**$0.00**	**$178,843.52**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$3,469.00**	**$0.00**	**$3,469.00**
Indemnity				**$179,670.06**	**$0.00**	**$179,670.06**
Medical				**$347,295.73**	**$0.00**	**$347,295.73**
				$530,434.79	**$0.00**	**$530,434.79**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,800.71**	**$0.00**	**$2,800.71**
Medical				**$6,800.84**	**$0.00**	**$6,800.84**
				$9,601.55	**$0.00**	**$9,601.55**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,436.28	$0.00	$1,436.28
Medical.....	.....			$2,226.95	$0.00	$2,226.95
				$3,663.23	$0.00	$3,663.23
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$886.65	$0.00	$886.65
				$886.65	$0.00	$886.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$579.47	$0.00	$579.47
Indemnity.....	.....			$36,048.61	$0.00	$36,048.61
Medical.....	.....			$136,060.04	$0.00	$136,060.04
				$172,688.12	$0.00	$172,688.12
# of Claims	10					
# Open	0	Recovery Amount:	-$4,191.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,667.15	$0.00	$3,667.15
				$3,667.15	$0.00	$3,667.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$13,878.51	$0.00	$13,878.51
Indemnity.....	.....			$195,861.23	$0.00	$195,861.23
Medical.....	.....			$79,568.33	$0.00	$79,568.33
				$289,308.07	$0.00	$289,308.07
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,831.83	$0.00	$3,831.83
Medical.....	.....			$5,197.23	$0.00	$5,197.23
				$9,029.06	$0.00	$9,029.06
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$817.67	$0.00	$817.67
Indemnity.....	.....			$742.90	$0.00	$742.90
Medical.....	.....			$16,537.63	$0.00	$16,537.63
				$18,098.20	$0.00	$18,098.20
# of Claims	16					
# Open	0	Recovery Amount:	-$3,814.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,871.10	$0.00	$2,871.10
Medical.....	.....			$4,046.45	$0.00	$4,046.45
				$6,917.55	$0.00	$6,917.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

639 - VDOT - Northern Neck

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24,564.00	$2,654.36	$27,218.36
Indemnity.....	.....			$362,228.32	$0.00	$362,228.32
Medical.....	.....			$913,545.94	$451,528.21	$1,365,074.15
				$1,300,338.26	$454,182.57	$1,754,520.83
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$368.80	$0.00	$368.80
Indemnity.....	.....			$5,464.11	$0.00	$5,464.11
Medical.....	.....			$15,607.34	$0.00	$15,607.34
				$21,440.25	$0.00	$21,440.25
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$54,617.66	$2,654.36	$57,272.02
Indemnity.....	.....			$1,279,017.80	$0.00	$1,279,017.80
Medical.....	.....			$2,359,303.10	$451,528.21	$2,810,831.31
				$3,692,938.56	$454,182.57	$4,147,121.13
# of Claims	330					
# Open	1	Recovery Amount:	-$76,346.20			

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$175.00**	**$0.00**	**$175.00**
				$175.00	**$0.00**	**$175.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$14,479.71**	**$0.00**	**$14,479.71**
Medical		**$10,291.68**	**$0.00**	**$10,291.68**
		$25,154.89	**$0.00**	**$25,154.89**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$15,409.19**	**$0.00**	**$15,409.19**
Indemnity		**$29,813.42**	**$0.00**	**$29,813.42**
Medical		**$91,090.32**	**$0.00**	**$91,090.32**
		$136,312.93	**$0.00**	**$136,312.93**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**-$5,000.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,391.66**	**$0.00**	**$6,391.66**
Medical		**$9,473.29**	**$0.00**	**$9,473.29**
		$15,864.95	**$0.00**	**$15,864.95**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,982.88**	**$0.00**	**$1,982.88**
Medical		**$10,060.89**	**$0.00**	**$10,060.89**
		$12,043.77	**$0.00**	**$12,043.77**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**-$7,780.45**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,470.02	$102.04	$1,572.06
Indemnity.....	.....			$414.40	$0.00	$414.40
Medical.....	.....			$438,998.21	$144,737.50	$583,735.71
				$440,882.63	$144,839.54	$585,722.17
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$141,434.17	$0.00	$141,434.17
Medical.....	.....			$54,301.57	$0.00	$54,301.57
				$195,735.74	$0.00	$195,735.74
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$27.50	$0.00	$27.50
Indemnity.....	.....			$132,742.82	$0.00	$132,742.82
Medical.....	.....			$162,895.67	$44,019.84	$206,915.51
				$295,665.99	$44,019.84	$339,685.83
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,396.08	$0.00	$3,396.08
Medical.....	.....			$51,844.61	$0.00	$51,844.61
				$55,240.69	$0.00	$55,240.69
# of Claims	23					
# Open	0	Recovery Amount:	-$20,622.21			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$139.02	$0.00	$139.02
Medical.....	.....			$5,010.54	$0.00	$5,010.54
				$5,149.56	$0.00	$5,149.56
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$15,629.96	$3,211.04	$18,841.00
Indemnity.....	.....			$635,342.71	$242,761.73	$878,104.44
Medical.....	.....			$94,458.29	$5,032.11	$99,490.40
				$745,430.96	$251,004.88	$996,435.84
# of Claims	27					
# Open	1	Recovery Amount:	-$96.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,163.74	$0.00	$14,163.74
Medical.....	.....			$19,676.89	$0.00	$19,676.89
				$33,840.63	$0.00	$33,840.63
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,996.95	$0.00	$1,996.95
Medical.....	.....			$1,897.00	$0.00	$1,897.00
				$3,893.95	$0.00	$3,893.95
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,165.57	$0.00	$15,165.57
Medical.....	.....			$109,203.22	$0.00	$109,203.22
				$124,368.79	$0.00	$124,368.79
# of Claims	15					
# Open	0	Recovery Amount:	-$33,087.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$8,670.95	$0.00	$8,670.95
Medical.....	.....			$42,082.92	$0.00	$42,082.92
				$50,772.37	$0.00	$50,772.37
# of Claims	19					
# Open	0	Recovery Amount:	-$1,474.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,718.00	$0.00	$1,718.00
Indemnity.....	.....			$196,745.69	$0.00	$196,745.69
Medical.....	.....			$23,256.49	$0.00	$23,256.49
				$221,720.18	$0.00	$221,720.18
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$223,103.86	$0.00	$223,103.86
Medical.....	.....			$113,750.77	$0.00	$113,750.77
				$338,414.63	$0.00	$338,414.63
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,160.72	$0.00	$1,160.72
Indemnity.....	.....			$29,532.89	$0.00	$29,532.89
Medical.....	.....			$81,808.31	$0.00	$81,808.31
				$112,501.92	$0.00	$112,501.92
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,352.74	$0.00	$1,352.74
Indemnity.....	.....			$11,770.23	$0.00	$11,770.23
Medical.....	.....			$123,168.02	$0.00	$123,168.02
				$136,290.99	$0.00	$136,290.99
# of Claims	19					
# Open	0	Recovery Amount:	-$12,471.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,073.06	$0.00	$1,073.06
				$1,073.06	$0.00	$1,073.06
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$390.99	$0.00	$390.99
Indemnity.....	.....			$10,878.25	$0.00	$10,878.25
Medical.....	.....			$44,429.98	$0.00	$44,429.98
				$55,699.22	$0.00	$55,699.22
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

640 - VDOT - FREDERICKSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,231.70	$0.00	$7,231.70
				$7,239.70	$0.00	$7,239.70
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$645.20	$0.00	$645.20
Medical.....	.....			$26,061.60	$0.00	$26,061.60
				$26,706.80	$0.00	$26,706.80
# of Claims	16					
# Open	0	Recovery Amount:	-$17,682.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$285.00	$0.00	$285.00
Indemnity.....	.....			$1,929.35	$0.00	$1,929.35
Medical.....	.....			$21,749.27	$0.00	$21,749.27
				$23,963.62	$0.00	$23,963.62
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$50.05	$0.00	$50.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$50.05	$0.00	$50.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$39,464.17	$3,313.08	$42,777.25
Indemnity.....	.....			$1,480,739.55	$242,761.73	$1,723,501.28
Medical.....	.....			$1,543,989.30	$193,789.45	$1,737,778.75
				$3,064,193.02	$439,864.26	$3,504,057.28
# of Claims	386					
# Open	3	Recovery Amount:	-$98,214.16			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

641 - VDOT - BOWLING GREEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$191.48	$0.00	$191.48
				$191.48	$0.00	$191.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,619.54	$0.00	$2,619.54
Medical.....	.....			$13,284.46	$0.00	$13,284.46
				$15,904.00	$0.00	$15,904.00
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,388.35	$0.00	$1,388.35
Indemnity.....	.....			$208,071.96	$0.00	$208,071.96
Medical.....	.....			$63,365.80	$0.00	$63,365.80
				$272,826.11	$0.00	$272,826.11
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$262.00	$0.00	$262.00
Indemnity.....	.....			$104,710.17	$0.00	$104,710.17
Medical.....	.....			$298,367.40	$0.00	$298,367.40
				$403,339.57	$0.00	$403,339.57
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

641 - VDOT - BOWLING GREEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,222.72	$0.00	$2,222.72
				$2,222.72	$0.00	$2,222.72
# of Claims	6					
# Open	0	Recovery Amount:	-$910.31			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,168.33	$0.00	$2,168.33
Medical.....	.....			$14,035.44	$0.00	$14,035.44
				$16,203.77	$0.00	$16,203.77
# of Claims	15					
# Open	0	Recovery Amount:	-$831.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,125.04	$0.00	$1,125.04
Medical.....	.....			$18,497.91	$0.00	$18,497.91
				$19,622.95	$0.00	$19,622.95
# of Claims	10					
# Open	0	Recovery Amount:	-$10,970.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,449.08	$0.00	$12,449.08
Medical.....	.....			$8,355.76	$0.00	$8,355.76
				$20,804.84	$0.00	$20,804.84
# of Claims	8					
# Open	0	Recovery Amount:	-$2,114.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.28	$0.00	$248.28
				$248.28	$0.00	$248.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

641 - VDOT - BOWLING GREEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$135.24	$0.00	$135.24
Indemnity.....	.....			$14,652.40	$0.00	$14,652.40
Medical.....	.....			$17,068.65	$0.00	$17,068.65
				$31,856.29	$0.00	$31,856.29
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.79	$0.00	$86.79
				$86.79	$0.00	$86.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$165,095.97	$0.00	$165,095.97
Medical.....	.....			$25,674.31	$0.00	$25,674.31
				$190,770.28	$0.00	$190,770.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,155.57	$0.00	$2,155.57
				$2,155.57	$0.00	$2,155.57
# of Claims	5					
# Open	0	Recovery Amount:	-$131.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$4,617.96	$0.00	$4,617.96
Indemnity.....	.....			$55,615.37	$0.00	$55,615.37
Medical.....	.....			$55,563.42	$0.00	$55,563.42
				$115,796.75	$0.00	$115,796.75
# of Claims	8					
# Open	0	Recovery Amount:	-$52,184.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

641 - VDOT - BOWLING GREEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,004.58	$0.00	$7,004.58
Medical.....	.....			$12,435.10	$0.00	$12,435.10
				$19,439.68	$0.00	$19,439.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,433.13	$0.00	$2,433.13
Indemnity.....	.....			$112,803.05	$0.00	$112,803.05
Medical.....	.....			$43,054.56	$0.00	$43,054.56
				$158,290.74	$0.00	$158,290.74
# of Claims	17					
# Open	0	Recovery Amount:	-$15,244.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$278.38	$0.00	$278.38
Medical.....	.....			$973.51	$0.00	$973.51
				$1,251.89	$0.00	$1,251.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$23,136.33	$0.00	$23,136.33
Indemnity.....	.....			$296,835.46	$0.00	$296,835.46
Medical.....	.....			$501,992.69	$359,332.30	$861,324.99
				$821,964.48	$359,332.30	$1,181,296.78
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$16,197.46	$0.00	$16,197.46
Medical.....	.....			$251,505.96	$0.00	$251,505.96
				$267,747.42	$0.00	$267,747.42
# of Claims	7					
# Open	0	Recovery Amount:	-$126,800.71			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

641 - VDOT - BOWLING GREEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,789.49	$0.00	$1,789.49
Medical.....	.....			$16,229.30	$0.00	$16,229.30
				$18,018.79	$0.00	$18,018.79
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$524.11	$0.00	$524.11
				$524.11	$0.00	$524.11
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$722.47	$0.00	$722.47
Indemnity.....	.....			$7,853.36	$0.00	$7,853.36
Medical.....	.....			$65,242.45	$0.00	$65,242.45
				$73,818.28	$0.00	$73,818.28
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32,739.48	$0.00	$32,739.48
Indemnity.....	.....			$1,009,269.64	$0.00	$1,009,269.64
Medical.....	.....			$1,411,075.67	$359,332.30	$1,770,407.97
				$2,453,084.79	$359,332.30	$2,812,417.09
# of Claims	213					
# Open	1	Recovery Amount:	-$209,187.59			

69 - VDOT - EQUIPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

69 - VDOT - EQUIPMENT

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,709.88**	**$0.00**	**$2,709.88**
Medical				**$6,351.37**	**$0.00**	**$6,351.37**
				$9,061.25	**$0.00**	**$9,061.25**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,006.11**	**$0.00**	**$1,006.11**
Medical				**$1,267.60**	**$0.00**	**$1,267.60**
				$2,273.71	**$0.00**	**$2,273.71**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$22.62**	**$0.00**	**$22.62**
Medical				**$762.45**	**$0.00**	**$762.45**
				$785.07	**$0.00**	**$785.07**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$180.79**	**$0.00**	**$180.79**
				$180.79	**$0.00**	**$180.79**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$131.00**	**$0.00**	**$131.00**
				$131.00	**$0.00**	**$131.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

69 - VDOT - EQUIPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$791.63	$0.00	$791.63
				$791.63	$0.00	$791.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$668.72	$0.00	$668.72
Medical.....	.....			$10,889.87	$0.00	$10,889.87
				$11,558.59	$0.00	$11,558.59
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$575.90	$0.00	$575.90
				$575.90	$0.00	$575.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,711.45	$0.00	$2,711.45
Medical.....	.....			$1,196.08	$0.00	$1,196.08
				$3,907.53	$0.00	$3,907.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

69 - VDOT - EQUIPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$318.00	$0.00	$318.00
				$318.00	$0.00	$318.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,199.63	$0.00	$2,199.63
				$2,199.63	$0.00	$2,199.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,834.08	$0.00	$27,834.08
Medical.....	.....			$14,305.68	$0.00	$14,305.68
				$42,139.76	$0.00	$42,139.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,743.81	$0.00	$19,743.81
Medical.....	.....			$41,432.68	$0.00	$41,432.68
				$61,176.49	$0.00	$61,176.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

69 - VDOT - EQUIPMENT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$6,940.16	$0.00	$6,940.16
Indemnity.....	.....			$190,441.86	$0.00	$190,441.86
Medical.....	.....			$151,755.03	$0.00	$151,755.03
				$349,137.05	$0.00	$349,137.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$273.97	$0.00	$273.97
				$273.97	$0.00	$273.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,940.16	$0.00	$6,940.16
Indemnity.....	.....			$245,138.53	$0.00	$245,138.53
Medical.....	.....			$232,431.68	$0.00	$232,431.68
				$484,510.37	$0.00	$484,510.37
# of Claims	94					
# Open	0	Recovery Amount:	$0.00			

6 - Operations Planning - VDOT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

6 - Operations Planning - VDOT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.57**	**$0.00**	**$207.57**
				$207.57	**$0.00**	**$207.57**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$125.00**	**$0.00**	**$125.00**
Indemnity				**$5,644.24**	**$0.00**	**$5,644.24**
Medical				**$25,876.47**	**$0.00**	**$25,876.47**
				$31,645.71	**$0.00**	**$31,645.71**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$7,628.15	$0.00	$7,628.15
Indemnity.....	.....			$33,138.45	$0.00	$33,138.45
Medical.....	.....			$28,522.12	$0.00	$28,522.12
				$69,288.72	$0.00	$69,288.72
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$4,587.93	$0.00	$4,587.93
Indemnity.....	.....			$36,773.10	$0.00	$36,773.10
Medical.....	.....			$42,062.91	$0.00	$42,062.91
				$83,423.94	$0.00	$83,423.94
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,169.56	$0.00	$2,169.56
Indemnity.....	.....			$376,496.27	$0.00	$376,496.27
Medical.....	.....			$72,173.77	$0.00	$72,173.77
				$450,839.60	$0.00	$450,839.60
# of Claims	50					
# Open	0	Recovery Amount:	-$484.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$48,281.99	$0.00	$48,281.99
Medical.....	.....			$60,203.77	$0.00	$60,203.77
				$108,485.76	$0.00	$108,485.76
# of Claims	48					
# Open	0	Recovery Amount:	-$14,733.27			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$216.27	$0.00	$216.27
Medical.....	.....			$4,424.42	$0.00	$4,424.42
				$4,640.69	$0.00	$4,640.69
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,982.28	$0.00	$2,982.28
				$2,982.28	$0.00	$2,982.28
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$308,203.50	$0.00	$308,203.50
Medical.....	.....			$48,658.06	$0.00	$48,658.06
				$356,861.56	$0.00	$356,861.56
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,869.11	$0.00	$5,869.11
Medical.....	.....			$21,324.96	$0.00	$21,324.96
				$27,194.07	$0.00	$27,194.07
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$96.12	$0.00	$96.12
Indemnity.....	.....			$14,326.53	$0.00	$14,326.53
Medical.....	.....			$29,570.28	$0.00	$29,570.28
				$43,992.93	$0.00	$43,992.93
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,754.00	$0.00	$2,754.00
Medical.....	.....			$2,538.40	$0.00	$2,538.40
				$5,292.40	$0.00	$5,292.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,481.08	$0.00	$28,481.08
Medical.....	.....			$166,754.67	$0.00	$166,754.67
				$195,235.75	$0.00	$195,235.75
# of Claims	17					
# Open	0	Recovery Amount:	-$1,680.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$38,446.53	$0.00	$38,446.53
Medical.....	.....			$31,811.28	$0.00	$31,811.28
				$70,257.81	$0.00	$70,257.81
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,372.26	$0.00	$19,372.26
Medical.....	.....			$12,362.27	$0.00	$12,362.27
				$31,734.53	$0.00	$31,734.53
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,619.92	$0.00	$21,619.92
Medical.....	.....			$116,082.95	$0.00	$116,082.95
				$137,702.87	$0.00	$137,702.87
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,022.95	$0.00	$4,022.95
Medical.....	.....			$12,866.98	$0.00	$12,866.98
				$16,889.93	$0.00	$16,889.93
# of Claims	18					
# Open	0	Recovery Amount:	-$726.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$766.22	$0.00	$766.22
Medical.....	.....			$2,768.41	$0.00	$2,768.41
				$3,534.63	$0.00	$3,534.63
# of Claims	17					
# Open	0	Recovery Amount:	-$896.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$769.83	$0.00	$769.83
Medical.....	.....			$2,365.46	$0.00	$2,365.46
				$3,135.29	$0.00	$3,135.29
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$8,187.93	$0.00	$8,187.93
Indemnity.....	.....			$370,936.76	$0.00	$370,936.76
Medical.....	.....			$218,334.22	$0.00	$218,334.22
				$597,458.91	$0.00	$597,458.91
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,743.84	$0.00	$8,743.84
Medical.....	.....			$24,210.41	$0.00	$24,210.41
				$32,954.25	$0.00	$32,954.25
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$22,035.37	$0.00	$22,035.37
Indemnity.....	.....			$262,778.69	$0.00	$262,778.69
Medical.....	.....			$51,682.37	$0.00	$51,682.37
				$336,496.43	$0.00	$336,496.43
# of Claims	7					
# Open	0	Recovery Amount:	-$28,727.60			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

702 - VDOT - Culpeper District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$25,939.51	$0.00	$25,939.51
Medical.....	.....			$32,134.70	$0.00	$32,134.70
				$58,090.21	$0.00	$58,090.21
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,120.56	$0.00	$20,120.56
Medical.....	.....			$64,088.86	$0.00	$64,088.86
				$84,209.42	$0.00	$84,209.42
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$44,846.06	$0.00	$44,846.06
Indemnity.....	.....			$1,633,701.61	$0.00	$1,633,701.61
Medical.....	.....			$1,074,007.59	$0.00	$1,074,007.59
				$2,752,555.26	$0.00	$2,752,555.26
# of Claims	505					
# Open	0	Recovery Amount:	-$47,249.57			

70 - VDOT - PURCHASE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$865.53	$0.00	$865.53
				$865.53	$0.00	$865.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

70 - VDOT - PURCHASE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.14	$0.00	$215.14
				$215.14	$0.00	$215.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$338.36	$0.00	$338.36
				$338.36	$0.00	$338.36
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.60	$0.00	$266.60
				$266.60	$0.00	$266.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,958.88	$0.00	$1,958.88
Medical.....	.....			$18,598.13	$0.00	$18,598.13
				$20,557.01	$0.00	$20,557.01
# of Claims	3					
# Open	0	Recovery Amount:	-$1,557.73			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

70 - VDOT - PURCHASE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$487.44	$0.00	$487.44
				$487.44	$0.00	$487.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$243.20	$0.00	$243.20
				$243.20	$0.00	$243.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,722.34	$0.00	$13,722.34
Medical.....	.....			$41,449.99	$0.00	$41,449.99
				$55,172.33	$0.00	$55,172.33
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

70 - VDOT - PURCHASE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.24	$0.00	$125.24
				$125.24	$0.00	$125.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,681.22	$0.00	$15,681.22
Medical.....	.....			$62,589.63	$0.00	$62,589.63
				$78,270.85	$0.00	$78,270.85
# of Claims	55					
# Open	0	Recovery Amount:	-$1,557.73			

72 - VDOT - BUDGET

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

72 - VDOT - BUDGET

WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

742 - VDOT - LOUISA

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

742 - VDOT - LOUISA

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$208.82**	**$0.00**	**$208.82**
				$208.82	**$0.00**	**$208.82**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$199.07**	**$0.00**	**$199.07**
Medical		**$13,076.21**	**$0.00**	**$13,076.21**
		$13,275.28	**$0.00**	**$13,275.28**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$7,178.14**	**$0.00**	**$7,178.14**
Medical		**$9,977.81**	**$0.00**	**$9,977.81**
		$17,155.95	**$0.00**	**$17,155.95**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$850.96**	**$0.00**	**$850.96**
Medical		**$1,248.07**	**$0.00**	**$1,248.07**
		$2,099.03	**$0.00**	**$2,099.03**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$7,024.00**	**$15,238.39**	**$22,262.39**
Indemnity		**$219,184.60**	**$0.00**	**$219,184.60**
Medical		**$1,011,590.61**	**$174,904.67**	**$1,186,495.28**
		$1,237,799.21	**$190,143.06**	**$1,427,942.27**
# of Claims	**10**			
# Open	**1**	**Recovery Amount:**	**-$175.40**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

742 - VDOT - LOUISA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,911.47	$0.00	$12,911.47
Medical.....	.....			$24,617.64	$0.00	$24,617.64
				$37,529.11	$0.00	$37,529.11
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$368.81	$0.00	$368.81
				$368.81	$0.00	$368.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,770.25	$0.00	$7,770.25
Medical.....	.....			$15,785.38	$0.00	$15,785.38
				$23,555.63	$0.00	$23,555.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,593.02	$0.00	$25,593.02
Medical.....	.....			$22,086.37	$0.00	$22,086.37
				$47,679.39	$0.00	$47,679.39
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

742 - VDOT - LOUISA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$850.86	$0.00	$850.86
Medical.....	.....			$2,066.49	$0.00	$2,066.49
				$2,917.35	$0.00	$2,917.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,853.36	$0.00	$3,853.36
				$3,853.36	$0.00	$3,853.36
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,128.00	$0.00	$1,128.00
				$1,128.00	$0.00	$1,128.00
# of Claims	4					
# Open	0	Recovery Amount:	-$63.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,718.29	$0.00	$1,718.29
				$1,718.29	$0.00	$1,718.29
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

742 - VDOT - LOUISA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,123.48	$0.00	$12,123.48
Medical.....	.....			$4,451.56	$0.00	$4,451.56
				$16,575.04	$0.00	$16,575.04
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,006.06	$0.00	$5,006.06
Medical.....	.....			$6,092.60	$0.00	$6,092.60
				$11,098.66	$0.00	$11,098.66
# of Claims	4					
# Open	0	Recovery Amount:	-$6,994.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,061.72	$0.00	$9,061.72
Medical.....	.....			$18,493.84	$0.00	$18,493.84
				$27,555.56	$0.00	$27,555.56
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

742 - VDOT - LOUISA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,481.25	$177.04	$3,658.29
Indemnity.....	.....			$42,700.91	$0.00	$42,700.91
Medical.....	.....			$150,501.18	$44,035.21	$194,536.39
				$196,683.34	$44,212.25	$240,895.59
# of Claims	10					
# Open	1	Recovery Amount:	-$2,333.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,466.56	$0.00	$1,466.56
Medical.....	.....			$4,325.93	$0.00	$4,325.93
				$5,792.49	$0.00	$5,792.49
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,395.65	$0.00	$2,395.65
				$2,395.65	$0.00	$2,395.65
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10,505.25	$15,415.43	$25,920.68
Indemnity.....	.....			$344,897.10	$0.00	$344,897.10
Medical.....	.....			$1,293,986.62	$218,939.88	$1,512,926.50
				$1,649,388.97	$234,355.31	$1,883,744.28
# of Claims	142					
# Open	2	Recovery Amount:	-$9,567.38			

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$172.00**	**$0.00**	**$172.00**
				$172.00	**$0.00**	**$172.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$942.55**	**$0.00**	**$942.55**
Indemnity		**$207,675.24**	**$0.00**	**$207,675.24**
Medical		**$93,289.74**	**$0.00**	**$93,289.74**
		$301,907.53	**$0.00**	**$301,907.53**
# of Claims	**23**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,825.75**	**$0.00**	**$13,825.75**
Medical		**$29,382.83**	**$0.00**	**$29,382.83**
		$43,208.58	**$0.00**	**$43,208.58**
# of Claims	**23**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$136,382.03**	**$0.00**	**$136,382.03**
Medical		**$463,726.62**	**$0.00**	**$463,726.62**
		$600,116.65	**$0.00**	**$600,116.65**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$172.86**	**$0.00**	**$172.86**
Medical		**$4,730.55**	**$0.00**	**$4,730.55**
		$4,903.41	**$0.00**	**$4,903.41**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,893.75	$0.00	$14,893.75
Medical.....	.....			$36,580.62	$0.00	$36,580.62
				$51,474.37	$0.00	$51,474.37
# of Claims	31					
# Open	0	Recovery Amount:	-$54.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$448.17	$0.00	$448.17
Medical.....	.....			$3,395.06	$0.00	$3,395.06
				$3,843.23	$0.00	$3,843.23
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,688.23	$0.00	$3,688.23
Medical.....	.....			$12,499.96	$0.00	$12,499.96
				$16,188.19	$0.00	$16,188.19
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,873.13	$0.00	$1,873.13
Medical.....	.....			$19,370.27	$0.00	$19,370.27
				$21,243.40	$0.00	$21,243.40
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,396.53	$0.00	$20,396.53
Medical.....	.....			$26,798.02	$0.00	$26,798.02
				$47,194.55	$0.00	$47,194.55
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$150.43	$0.00	$150.43
Indemnity.....	.....			$10,088.89	$0.00	$10,088.89
Medical.....	.....			$83,091.52	$0.00	$83,091.52
				$93,330.84	$0.00	$93,330.84
# of Claims	18					
# Open	0	Recovery Amount:	-$53.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,255.95	$0.00	$1,255.95
Medical.....	.....			$9,864.23	$0.00	$9,864.23
				$11,120.18	$0.00	$11,120.18
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,653.47	$0.00	$8,653.47
Medical.....	.....			$6,881.47	$0.00	$6,881.47
				$15,534.94	$0.00	$15,534.94
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$55.83	$0.00	$55.83
Indemnity.....	.....			$16,305.46	$0.00	$16,305.46
Medical.....	.....			$123,833.82	$0.00	$123,833.82
				$140,195.11	$0.00	$140,195.11
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,053.26	$0.00	$11,053.26
Medical.....	.....			$42,756.32	$0.00	$42,756.32
				$53,809.58	$0.00	$53,809.58
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,130.50	$0.00	$3,130.50
Medical.....	.....			$19,293.57	$0.00	$19,293.57
				$22,424.07	$0.00	$22,424.07
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$100.50	$0.00	$100.50
Medical.....	.....			$5,939.02	$0.00	$5,939.02
				$6,039.52	$0.00	$6,039.52
# of Claims	18					
# Open	0	Recovery Amount:	-$152.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,026.18	$0.00	$1,026.18
				$1,026.18	$0.00	$1,026.18
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$14,873.70	$36,527.34	$51,401.04
Indemnity.....	.....			$226,602.42	$0.00	$226,602.42
Medical.....	.....			$289,308.46	$78,815.99	$368,124.45
				$530,784.58	$115,343.33	$646,127.91
# of Claims	10					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$836.89	$0.00	$836.89
Medical.....	.....			$1,109.91	$0.00	$1,109.91
				$1,946.80	$0.00	$1,946.80
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$6,026.20	$0.00	$6,026.20
Indemnity.....	.....			$253,209.55	$0.00	$253,209.55
Medical.....	.....			$274,672.30	$149,260.66	$423,932.96
				$533,908.05	$149,260.66	$683,168.71
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

743 - VDOT - CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,733.92	$0.00	$3,733.92
Medical.....	.....			$20,350.10	$0.00	$20,350.10
				$24,084.02	$0.00	$24,084.02
# of Claims	13					
# Open	0	Recovery Amount:	-$1,400.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$12.50	$0.00	$12.50
Indemnity.....	.....			$11,406.97	$0.00	$11,406.97
Medical.....	.....			$18,638.06	$0.00	$18,638.06
				$30,057.53	$0.00	$30,057.53
# of Claims	16					
# Open	0	Recovery Amount:	-$12,133.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,182.00	$0.00	$4,182.00
				$4,182.00	$0.00	$4,182.00
# of Claims	9					
# Open	0	Recovery Amount:	-$740.68			

Grand Totals						
Expense.....	.....			$22,069.21	$36,527.34	$58,596.55
Indemnity.....	.....			$945,733.47	$0.00	$945,733.47
Medical.....	.....			$1,590,892.63	$228,076.65	$1,818,969.28
				$2,558,695.31	$264,603.99	$2,823,299.30
# of Claims	439					
# Open	2	Recovery Amount:	-$14,533.60			

745 - VDOT - CULPEPER

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$365.29**	**$0.00**	**$365.29**
				$365.29	**$0.00**	**$365.29**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$7,274.57**	**$0.00**	**$7,274.57**
Medical		**$23,359.14**	**$0.00**	**$23,359.14**
		$31,017.21	**$0.00**	**$31,017.21**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$7,037.08**	**$0.00**	**$7,037.08**
Medical		**$21,262.53**	**$0.00**	**$21,262.53**
		$28,299.61	**$0.00**	**$28,299.61**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,702.42**	**$0.00**	**$3,702.42**
Medical		**$9,444.32**	**$0.00**	**$9,444.32**
		$13,146.74	**$0.00**	**$13,146.74**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$260,671.75**	**$0.00**	**$260,671.75**
Medical		**$47,592.30**	**$0.00**	**$47,592.30**
		$308,264.05	**$0.00**	**$308,264.05**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**-$93.95**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,341.04	$0.00	$2,341.04
				$2,341.04	$0.00	$2,341.04
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,325.90	$0.00	$1,325.90
				$1,325.90	$0.00	$1,325.90
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$481.53	$0.00	$481.53
Medical.....	.....			$3,317.21	$0.00	$3,317.21
				$3,798.74	$0.00	$3,798.74
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$204.77	$0.00	$204.77
Medical.....	.....			$4,589.04	$0.00	$4,589.04
				$4,793.81	$0.00	$4,793.81
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$302.87	$0.00	$302.87
Medical.....	.....			$1,252.53	$0.00	$1,252.53
				$1,555.40	$0.00	$1,555.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,123.29	$0.00	$3,123.29
Medical.....	.....			$7,835.24	$0.00	$7,835.24
				$10,958.53	$0.00	$10,958.53
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$219,842.17	$0.00	$219,842.17
Medical.....	.....			$79,136.41	$0.00	$79,136.41
				$298,994.58	$0.00	$298,994.58
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,347.83	$0.00	$9,347.83
Medical.....	.....			$10,682.64	$0.00	$10,682.64
				$20,030.47	$0.00	$20,030.47
# of Claims	15					
# Open	0	Recovery Amount:	-$131.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$40,062.78	$0.00	$40,062.78
Medical.....	.....			$32,704.46	$0.00	$32,704.46
				$72,767.24	$0.00	$72,767.24
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,959.08	$0.00	$1,959.08
Indemnity.....	.....			$145,651.64	$0.00	$145,651.64
Medical.....	.....			$979,342.45	$0.00	$979,342.45
				$1,126,953.17	$0.00	$1,126,953.17
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,329.37	$0.00	$15,329.37
Medical.....	.....			$82,785.93	$0.00	$82,785.93
				$98,115.30	$0.00	$98,115.30
# of Claims	26					
# Open	0	Recovery Amount:	-$4,004.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,681.61	$0.00	$11,681.61
Medical.....	.....			$13,895.99	$0.00	$13,895.99
				$25,577.60	$0.00	$25,577.60
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$4,123.90	$0.00	$4,123.90
Indemnity.....	.....			$202,924.72	$0.00	$202,924.72
Medical.....	.....			$132,973.44	$0.00	$132,973.44
				$340,022.06	$0.00	$340,022.06
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,019.79	$0.00	$2,019.79
Indemnity.....	.....			$23,394.50	$0.00	$23,394.50
Medical.....	.....			$289,883.84	$0.00	$289,883.84
				$315,298.13	$0.00	$315,298.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$592.07	$0.00	$592.07
Indemnity.....	.....			$3,050.75	$0.00	$3,050.75
Medical.....	.....			$6,277.30	$0.00	$6,277.30
				$9,920.12	$0.00	$9,920.12
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$1,400.15	$0.00	$1,400.15
Indemnity.....	.....			$15,832.05	$0.00	$15,832.05
Medical.....	.....			$83,816.93	$0.00	$83,816.93
				$101,049.13	$0.00	$101,049.13
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

745 - VDOT - CULPEPER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$26,178.93	$0.00	$26,178.93
Indemnity.....	.....			$249,986.24	$0.00	$249,986.24
Medical.....	.....			$20,456.55	$0.00	$20,456.55
				$296,621.72	$0.00	$296,621.72
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,348.17	$0.00	$1,348.17
Medical.....	.....			$21,963.34	$0.00	$21,963.34
				$23,327.51	$0.00	$23,327.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$36,689.42	$0.00	$36,689.42
Indemnity.....	.....			$1,221,250.11	$0.00	$1,221,250.11
Medical.....	.....			$1,876,603.82	$0.00	$1,876,603.82
				$3,134,543.35	$0.00	$3,134,543.35
# of Claims	329					
# Open	0	Recovery Amount:	-$4,229.86			

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$919.05	$0.00	$919.05
				$919.05	$0.00	$919.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$767.00	$0.00	$767.00
Indemnity.....	.....			$7,764.77	$0.00	$7,764.77
Medical.....	.....			$7,187.28	$0.00	$7,187.28
				$15,719.05	$0.00	$15,719.05
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,924.65	$0.00	$15,924.65
Medical.....	.....			$39,393.79	$0.00	$39,393.79
				$55,318.44	$0.00	$55,318.44
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,572.36	$0.00	$11,572.36
Medical.....	.....			$46,522.63	$0.00	$46,522.63
				$58,094.99	$0.00	$58,094.99
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$3,551.72	$1,492.24	$5,043.96
Indemnity.....	.....			$111,363.85	$0.00	$111,363.85
Medical.....	.....			$99,825.80	$38,587.17	$138,412.97
				$214,741.37	$40,079.41	$254,820.78
# of Claims	27					
# Open	1	Recovery Amount:	-$532.48			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$116.85	$0.00	$116.85
Indemnity.....	.....			$7,380.44	$0.00	$7,380.44
Medical.....	.....			$89,684.62	$0.00	$89,684.62
				$97,181.91	$0.00	$97,181.91
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$911.35	$0.00	$911.35
				$911.35	$0.00	$911.35
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,721.40	$0.00	$4,721.40
				$4,721.40	$0.00	$4,721.40
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,812.48	$0.00	$4,812.48
Medical.....	.....			$14,649.59	$0.00	$14,649.59
				$19,462.07	$0.00	$19,462.07
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$295,673.78	$0.00	$295,673.78
Medical.....	.....			$28,686.08	$0.00	$28,686.08
				$324,359.86	$0.00	$324,359.86
# of Claims	9					
# Open	0	Recovery Amount:	-$37,504.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$960.00	$0.00	$960.00
Indemnity.....	.....			$62,333.21	$0.00	$62,333.21
Medical.....	.....			$67,380.59	$0.00	$67,380.59
				$130,673.80	$0.00	$130,673.80
# of Claims	12					
# Open	0	Recovery Amount:	-$7.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,515.48	$0.00	$5,515.48
Medical.....	.....			$10,996.72	$0.00	$10,996.72
				$16,512.20	$0.00	$16,512.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,256.02	$0.00	$4,256.02
Medical.....	.....			$12,826.93	$0.00	$12,826.93
				$17,082.95	$0.00	$17,082.95
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,382.34	$0.00	$13,382.34
Medical.....	.....			$27,257.06	$0.00	$27,257.06
				$40,639.40	$0.00	$40,639.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,860.74	$0.00	$2,860.74
				$2,860.74	$0.00	$2,860.74
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,700.73	$0.00	$20,700.73
Medical.....	.....			$83,352.60	$0.00	$83,352.60
				$104,053.33	$0.00	$104,053.33
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,101.84	$0.00	$7,101.84
Medical.....	.....			$26,135.92	$0.00	$26,135.92
				$33,237.76	$0.00	$33,237.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,837.10	$0.00	$6,837.10
Medical.....	.....			$7,193.27	$0.00	$7,193.27
				$14,030.37	$0.00	$14,030.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$20,492.99	$0.00	$20,492.99
Indemnity.....	.....			$235,320.73	$0.00	$235,320.73
Medical.....	.....			$93,482.58	$81,561.84	$175,044.42
				$349,296.30	$81,561.84	$430,858.14
# of Claims	7					
# Open	1	Recovery Amount:	-$20,822.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,020.00	$0.00	$3,020.00
Indemnity.....	.....			$52,946.12	$0.00	$52,946.12
Medical.....	.....			$30,852.07	$0.00	$30,852.07
				$86,818.19	$0.00	$86,818.19
# of Claims	9					
# Open	0	Recovery Amount:	-$3,360.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,364.59	$0.00	$1,364.59
				$1,364.59	$0.00	$1,364.59
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

746 - VDOT WARRENTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,343.69**	**$0.00**	**$2,343.69**
Medical				**$5,676.27**	**$0.00**	**$5,676.27**
				$8,019.96	**$0.00**	**$8,019.96**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$271.34**	**$0.00**	**$271.34**
Medical				**$414.07**	**$0.00**	**$414.07**
				$685.41	**$0.00**	**$685.41**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$30,208.58**	**$0.00**	**$30,208.58**
Indemnity				**$273,145.17**	**$0.00**	**$273,145.17**
Medical				**$418,937.84**	**$420,876.62**	**$839,814.46**
				$722,291.59	**$420,876.62**	**$1,143,168.21**
# of Claims	**24**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$59,117.14**	**$1,492.24**	**$60,609.38**
Indemnity				**$1,138,646.10**	**$0.00**	**$1,138,646.10**
Medical				**$1,121,232.84**	**$541,025.63**	**$1,662,258.47**
				$2,318,996.08	**$542,517.87**	**$2,861,513.95**
# of Claims	**324**					
# Open	**4**	**Recovery Amount:**	**-$62,227.28**			

74 - VDOT - TRAFFIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

74 - VDOT - TRAFFIC

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$260.58**	**$0.00**	**$260.58**
Medical				**$1,032.30**	**$0.00**	**$1,032.30**
				$1,292.88	**$0.00**	**$1,292.88**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,110.53**	**$0.00**	**$1,110.53**
		$1,110.53	**$0.00**	**$1,110.53**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,493.18**	**$0.00**	**$2,493.18**
		$2,493.18	**$0.00**	**$2,493.18**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$690.82**	**$0.00**	**$690.82**
		$690.82	**$0.00**	**$690.82**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$429.96**	**$0.00**	**$429.96**
Medical		**$17,814.20**	**$0.00**	**$17,814.20**
		$18,244.16	**$0.00**	**$18,244.16**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

74 - VDOT - TRAFFIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,021.80	$0.00	$3,021.80
Medical.....	.....			$4,636.59	$0.00	$4,636.59
				$7,658.39	$0.00	$7,658.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,054.45	$0.00	$1,054.45
				$1,054.45	$0.00	$1,054.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,431.60	$0.00	$1,431.60
Medical.....	.....			$1,762.52	$0.00	$1,762.52
				$3,194.12	$0.00	$3,194.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$180.00	$0.00	$180.00
				$180.00	$0.00	$180.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

74 - VDOT - TRAFFIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$907.12	$0.00	$907.12
Medical.....	.....			$1,655.38	$0.00	$1,655.38
				$2,562.50	$0.00	$2,562.50
# of Claims	5					
# Open	0	Recovery Amount:	-$1,576.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$481.51	$0.00	$481.51
Medical.....	.....			$999.80	$0.00	$999.80
				$1,481.31	$0.00	$1,481.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

74 - VDOT - TRAFFIC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,222.00	$0.00	$1,222.00
				$1,222.00	$0.00	$1,222.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$11,991.94	$0.00	$11,991.94
Indemnity.....	.....			$270,438.86	$0.00	$270,438.86
Medical.....	.....			$26,273.26	$0.00	$26,273.26
				$308,704.06	$0.00	$308,704.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,839.86	$0.00	$2,839.86
				$2,839.86	$0.00	$2,839.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$11,991.94	$0.00	$11,991.94
Indemnity.....	.....			$276,971.43	$0.00	$276,971.43
Medical.....	.....			$63,764.89	$0.00	$63,764.89
				$352,728.26	$0.00	$352,728.26
# of Claims	42					
# Open	0	Recovery Amount:	-$1,576.27			

75 - VDOT - TRANS PL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

501 - HIGHWAYS & TRANS, DEPT OF

75 - VDOT - TRANS PL

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$300.00**	**$0.00**	**$300.00**
Indemnity				**$4,703.90**	**$0.00**	**$4,703.90**
Medical				**$2,708.81**	**$0.00**	**$2,708.81**
				$7,712.71	**$0.00**	**$7,712.71**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$743.79**	**$0.00**	**$743.79**
Medical				**$1,331.56**	**$0.00**	**$1,331.56**
				$2,075.35	**$0.00**	**$2,075.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$888.00**	**$0.00**	**$888.00**
				$888.00	**$0.00**	**$888.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

75 - VDOT - TRANS PL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$850.78	$0.00	$850.78
				$850.78	$0.00	$850.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$730.32	$0.00	$730.32
				$730.32	$0.00	$730.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$300.00	$0.00	$300.00
Indemnity.....	.....			$5,447.69	$0.00	$5,447.69
Medical.....	.....			$6,509.47	$0.00	$6,509.47
				$12,257.16	$0.00	$12,257.16
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

76 - VDOT - InformationTechnology

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

76 - VDOT - InformationTechnology

WC2007	**7/1/2006 - 6/30/2007**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$947.22**	**$0.00**	**$947.22**
			$947.22	**$0.00**	**$947.22**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$947.22**	**$0.00**	**$947.22**
			$947.22	**$0.00**	**$947.22**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

79 - VDOT - RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$190.70**	**$0.00**	**$190.70**
				$190.70	**$0.00**	**$190.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$39.00**	**$0.00**	**$39.00**
				$39.00	**$0.00**	**$39.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

79 - VDOT - RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.50	$0.00	$82.50
				$82.50	$0.00	$82.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.28	$0.00	$82.28
				$82.28	$0.00	$82.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,878.91	$0.00	$3,878.91
				$3,878.91	$0.00	$3,878.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

79 - VDOT - RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$948.80	$0.00	$948.80
				$948.80	$0.00	$948.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$531.61	$0.00	$531.61
				$531.61	$0.00	$531.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$338.16	$0.00	$338.16
				$338.16	$0.00	$338.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$341.33	$0.00	$341.33
				$341.33	$0.00	$341.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

79 - VDOT - RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.25	$0.00	$140.25
				$140.25	$0.00	$140.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$158.92	$0.00	$158.92
				$158.92	$0.00	$158.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$190.58	$0.00	$190.58
Medical.....	.....			$4,851.23	$0.00	$4,851.23
				$5,041.81	$0.00	$5,041.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$133.00	$0.00	$133.00
				$133.00	$0.00	$133.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

79 - VDOT - RESEARCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,067.14	$0.00	$5,067.14
Medical.....	.....			$11,114.63	$0.00	$11,114.63
				$16,181.77	$0.00	$16,181.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,763.92	$0.00	$1,763.92
Medical.....	.....			$14,176.26	$0.00	$14,176.26
				$15,940.18	$0.00	$15,940.18
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$128.00	$0.00	$128.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$128.00	$0.00	$128.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$128.00	$0.00	$128.00
Indemnity.....	.....			$7,021.64	$0.00	$7,021.64
Medical.....	.....			$37,007.58	$0.00	$37,007.58
				$44,157.22	$0.00	$44,157.22
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

802 - VDOT - Staunton District

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$93.00**	**$0.00**	**$93.00**
				$93.00	**$0.00**	**$93.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$725.03**	**$0.00**	**$725.03**
Medical		**$5,687.42**	**$0.00**	**$5,687.42**
		$6,795.95	**$0.00**	**$6,795.95**
# of Claims	**28**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,563.87**	**$0.00**	**$2,563.87**
		$2,563.87	**$0.00**	**$2,563.87**
# of Claims	**25**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$2,501.95**	**$0.00**	**$2,501.95**
Indemnity		**$59,809.10**	**$0.00**	**$59,809.10**
Medical		**$15,110.70**	**$0.00**	**$15,110.70**
		$77,421.75	**$0.00**	**$77,421.75**
# of Claims	**23**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,371.31**	**$0.00**	**$1,371.31**
Medical		**$4,756.01**	**$0.00**	**$4,756.01**
		$6,127.32	**$0.00**	**$6,127.32**
# of Claims	**21**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,038.48**	**$0.00**	**$4,038.48**
Medical				**$18,360.11**	**$0.00**	**$18,360.11**
				$22,398.59	**$0.00**	**$22,398.59**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**-$436.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$652.95**	**$0.00**	**$652.95**
Indemnity				**$49,553.56**	**$0.00**	**$49,553.56**
Medical				**$85,678.78**	**$0.00**	**$85,678.78**
				$135,885.29	**$0.00**	**$135,885.29**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,504.98**	**$0.00**	**$1,504.98**
Medical				**$13,003.19**	**$0.00**	**$13,003.19**
				$14,508.17	**$0.00**	**$14,508.17**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$599.93**	**$0.00**	**$599.93**
Indemnity				**$159,097.50**	**$0.00**	**$159,097.50**
Medical				**$192,939.82**	**$0.00**	**$192,939.82**
				$352,637.25	**$0.00**	**$352,637.25**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$946.81	$0.00	$946.81
				$946.81	$0.00	$946.81
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$94.85	$0.00	$94.85
Indemnity.....	.....			$9,093.75	$0.00	$9,093.75
Medical.....	.....			$35,574.81	$0.00	$35,574.81
				$44,763.41	$0.00	$44,763.41
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$774.00	$0.00	$774.00
				$774.00	$0.00	$774.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,070.93	$0.00	$14,070.93
Medical.....	.....			$34,762.50	$0.00	$34,762.50
				$48,833.43	$0.00	$48,833.43
# of Claims	12					
# Open	0	Recovery Amount:	-$26,240.18			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,880.50	$0.00	$2,880.50
				$2,880.50	$0.00	$2,880.50
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,571.85	$0.00	$1,571.85
				$1,571.85	$0.00	$1,571.85
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,435.71	$0.00	$2,435.71
Indemnity.....	.....			$7,677.44	$0.00	$7,677.44
Medical.....	.....			$42,844.58	$0.00	$42,844.58
				$52,957.73	$0.00	$52,957.73
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,722.23	$0.00	$1,722.23
Medical.....	.....			$14,870.68	$0.00	$14,870.68
				$16,592.91	$0.00	$16,592.91
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,538.59	$240.00	$2,778.59
Indemnity.....	.....			$1,123.13	$0.00	$1,123.13
Medical.....	.....			$83,807.87	$86,915.96	$170,723.83
				$87,469.59	$87,155.96	$174,625.55
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,986.32	$0.00	$4,986.32
				$4,986.32	$0.00	$4,986.32
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,880.52	$0.00	$3,880.52
Indemnity.....	.....			$64,685.08	$0.00	$64,685.08
Medical.....	.....			$102,577.71	$0.00	$102,577.71
				$171,143.31	$0.00	$171,143.31
# of Claims	13					
# Open	0	Recovery Amount:	-$954.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$1,904.14	$0.00	$1,904.14
Medical.....	.....			$2,835.26	$0.00	$2,835.26
				$4,799.40	$0.00	$4,799.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

802 - VDOT - Staunton District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$101.71	$0.00	$101.71
Indemnity.....	.....			$11,169.82	$0.00	$11,169.82
Medical.....	.....			$71,576.98	$127,907.55	$199,484.53
				$82,848.51	$127,907.55	$210,756.06
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$5,146.10	$0.00	$5,146.10
Indemnity.....	.....			$219,544.08	$0.00	$219,544.08
Medical.....	.....			$118,538.04	$0.00	$118,538.04
				$343,228.22	$0.00	$343,228.22
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$251.49	$0.00	$251.49
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,297.93	$0.00	$2,297.93
				$2,549.42	$0.00	$2,549.42
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18,647.30	$240.00	$18,887.30
Indemnity.....	.....			$607,090.56	$0.00	$607,090.56
Medical.....	.....			$859,038.74	$214,823.51	$1,073,862.25
				$1,484,776.60	$215,063.51	$1,699,840.11
# of Claims	365					
# Open	2	Recovery Amount:	-$27,632.10			

80 - VDOT Innovative Finance & Revenue O

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

80 - VDOT Innovative Finance & Revenue O

WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,866.20**	**$0.00**	**$2,866.20**
Medical				**$2,531.08**	**$0.00**	**$2,531.08**
				$5,397.28	**$0.00**	**$5,397.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$3,598.60**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$11,498.81**	**$8.00**	**$11,506.81**
Indemnity				**$213,227.52**	**$0.00**	**$213,227.52**
Medical				**$486,246.80**	**$333,748.47**	**$819,995.27**
				$710,973.13	**$333,756.47**	**$1,044,729.60**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,601.81**	**$0.00**	**$1,601.81**
Medical				**$4,714.40**	**$0.00**	**$4,714.40**
				$6,316.21	**$0.00**	**$6,316.21**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$6,191.21**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

80 - VDOT Innovative Finance & Revenue O

Grand Totals

Expense			**$11,498.81**	**$8.00**	**$11,506.81**
Indemnity			**$217,695.53**	**$0.00**	**$217,695.53**
Medical			**$493,492.28**	**$333,748.47**	**$827,240.75**
			$722,686.62	**$333,756.47**	**$1,056,443.09**
# of Claims	**13**				
# Open	**1**	**Recovery Amount:**	**-$9,789.81**		

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,545.33**	**$0.00**	**$3,545.33**
Medical				**$4,153.07**	**$0.00**	**$4,153.07**
				$7,698.40	**$0.00**	**$7,698.40**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$20,430.01**	**$0.00**	**$20,430.01**
Medical				**$19,232.38**	**$0.00**	**$19,232.38**
				$39,662.39	**$0.00**	**$39,662.39**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,094.78**	**$0.00**	**$5,094.78**
Medical				**$16,576.33**	**$0.00**	**$16,576.33**
				$21,671.11	**$0.00**	**$21,671.11**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$90.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$113,697.00	$0.00	$113,697.00
Medical.....	.....			$44,963.96	$0.00	$44,963.96
				$158,660.96	$0.00	$158,660.96
# of Claims	21					
# Open	0	Recovery Amount:	-$233.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$750.00	$0.00	$750.00
Indemnity.....	.....			$132,264.17	$0.00	$132,264.17
Medical.....	.....			$22,772.19	$0.00	$22,772.19
				$155,786.36	$0.00	$155,786.36
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$11,706.23	$18.82	$11,725.05
Indemnity.....	.....			$231,156.45	$0.00	$231,156.45
Medical.....	.....			$803,257.61	$285,312.85	$1,088,570.46
				$1,046,120.29	$285,331.67	$1,331,451.96
# of Claims	23					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,772.36	$0.00	$13,772.36
Medical.....	.....			$64,850.92	$0.00	$64,850.92
				$78,623.28	$0.00	$78,623.28
# of Claims	21					
# Open	0	Recovery Amount:	-$83.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,321.14**	**$0.00**	**$2,321.14**
Medical				**$7,815.69**	**$0.00**	**$7,815.69**
				$10,136.83	**$0.00**	**$10,136.83**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$29,612.97**	**$0.00**	**$29,612.97**
Medical				**$31,638.05**	**$0.00**	**$31,638.05**
				$61,251.02	**$0.00**	**$61,251.02**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$1,906.51**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,640.98**	**$0.00**	**$1,640.98**
Medical				**$7,407.51**	**$0.00**	**$7,407.51**
				$9,048.49	**$0.00**	**$9,048.49**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**-$46.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$3,405.00**	**$64.00**	**$3,469.00**
Indemnity				**$221,452.47**	**$0.00**	**$221,452.47**
Medical				**$675,290.59**	**$163,185.70**	**$838,476.29**
				$900,148.06	**$163,249.70**	**$1,063,397.76**
# of Claims	**20**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$8,039.55	$0.00	$8,039.55
Indemnity.....	.....			$298,350.92	$0.00	$298,350.92
Medical.....	.....			$74,367.54	$0.00	$74,367.54
				$380,758.01	$0.00	$380,758.01
# of Claims	20					
# Open	0	Recovery Amount:	-$676.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,867.65	$0.00	$9,867.65
Medical.....	.....			$27,384.76	$0.00	$27,384.76
				$37,252.41	$0.00	$37,252.41
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$3,641.58	$0.00	$3,641.58
Indemnity.....	.....			$19,551.93	$0.00	$19,551.93
Medical.....	.....			$62,314.91	$0.00	$62,314.91
				$85,508.42	$0.00	$85,508.42
# of Claims	35					
# Open	0	Recovery Amount:	-$10,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,400.00	$0.00	$1,400.00
Indemnity.....	.....			$44,427.68	$0.00	$44,427.68
Medical.....	.....			$160,276.00	$0.00	$160,276.00
				$206,103.68	$0.00	$206,103.68
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,807.71**	**$0.00**	**$1,807.71**
Medical				**$7,809.88**	**$0.00**	**$7,809.88**
				$9,617.59	**$0.00**	**$9,617.59**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$120.70**	**$0.00**	**$120.70**
Indemnity				**$18,560.41**	**$0.00**	**$18,560.41**
Medical				**$264,766.92**	**$150,580.25**	**$415,347.17**
				$283,448.03	**$150,580.25**	**$434,028.28**
# of Claims	**26**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$20,306.08**	**$0.00**	**$20,306.08**
Indemnity				**$236,489.91**	**$0.00**	**$236,489.91**
Medical				**$175,472.46**	**$0.00**	**$175,472.46**
				$432,268.45	**$0.00**	**$432,268.45**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**-$7,248.66**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$647.89**	**$0.00**	**$647.89**
Indemnity				**$7,049.26**	**$0.00**	**$7,049.26**
Medical				**$41,666.51**	**$0.00**	**$41,666.51**
				$49,363.66	**$0.00**	**$49,363.66**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

850 - VDOT -LEXINGTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,317.11	$0.00	$12,317.11
Medical.....	.....			$15,149.28	$0.00	$15,149.28
				$27,466.39	$0.00	$27,466.39
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$2,142.70	$0.00	$2,142.70
Indemnity.....	.....			$17,146.60	$0.00	$17,146.60
Medical.....	.....			$53,524.14	$0.00	$53,524.14
				$72,813.44	$0.00	$72,813.44
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$11,916.53	$0.00	$11,916.53
Medical.....	.....			$28,643.94	$0.00	$28,643.94
				$40,626.47	$0.00	$40,626.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$82.11	$0.00	$82.11
Indemnity.....	.....			$8,171.41	$0.00	$8,171.41
Medical.....	.....			$19,424.31	$0.00	$19,424.31
				$27,677.83	$0.00	$27,677.83
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$52,307.84	$82.82	$52,390.66
Indemnity.....	.....			$1,460,644.78	$0.00	$1,460,644.78
Medical.....	.....			$2,628,758.95	$599,078.80	$3,227,837.75
				$4,141,711.57	$599,161.62	$4,740,873.19
# of Claims	473					
# Open	3	Recovery Amount:	-$20,284.81			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

853 - VDOT - Verona Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,595.88	$0.00	$5,595.88
Medical.....	.....			$8,134.22	$0.00	$8,134.22
				$13,730.10	$0.00	$13,730.10
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$179.20	$0.00	$179.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,821.83	$0.00	$1,821.83
				$2,001.03	$0.00	$2,001.03
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,969.38	$0.00	$1,969.38
Indemnity.....	.....			$252,762.42	$0.00	$252,762.42
Medical.....	.....			$222,678.09	$0.00	$222,678.09
				$477,409.89	$0.00	$477,409.89
# of Claims	28					
# Open	0	Recovery Amount:	-$38.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,752.39	$0.00	$13,752.39
Medical.....	.....			$23,139.28	$0.00	$23,139.28
				$36,891.67	$0.00	$36,891.67
# of Claims	25					
# Open	0	Recovery Amount:	-$35.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

853 - VDOT - Verona Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,843.98	$0.00	$22,843.98
Medical.....	.....			$21,306.49	$0.00	$21,306.49
				$44,150.47	$0.00	$44,150.47
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$607.85	$0.00	$607.85
Medical.....	.....			$8,938.48	$0.00	$8,938.48
				$9,546.33	$0.00	$9,546.33
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,041.64	$0.00	$5,041.64
Medical.....	.....			$2,084.56	$0.00	$2,084.56
				$7,126.20	$0.00	$7,126.20
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,348.00	$2,332.00	$4,680.00
Indemnity.....	.....			$21,761.27	$0.00	$21,761.27
Medical.....	.....			$385,974.50	$156,191.37	$542,165.87
				$410,083.77	$158,523.37	$568,607.14
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$580.87	$0.00	$580.87
				$580.87	$0.00	$580.87
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

853 - VDOT - Verona Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,201.17	$0.00	$1,201.17
				$1,201.17	$0.00	$1,201.17
# of Claims	9					
# Open	0	Recovery Amount:	-$652.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$422.37	$0.00	$422.37
Medical.....	.....			$3,706.96	$0.00	$3,706.96
				$4,129.33	$0.00	$4,129.33
# of Claims	16					
# Open	0	Recovery Amount:	-$360.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,334.29	$0.00	$22,334.29
Medical.....	.....			$24,875.89	$0.00	$24,875.89
				$47,210.18	$0.00	$47,210.18
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,821.16	$0.00	$7,821.16
Medical.....	.....			$2,517.65	$0.00	$2,517.65
				$10,338.81	$0.00	$10,338.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,987.60	$0.00	$1,987.60
Indemnity.....	.....			$184,535.18	$0.00	$184,535.18
Medical.....	.....			$106,401.13	$0.00	$106,401.13
				$292,923.91	$0.00	$292,923.91
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

853 - VDOT - Verona Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$12.00	$0.00	$12.00
Indemnity.....	.....			$71,556.18	$0.00	$71,556.18
Medical.....	.....			$137,636.34	$0.00	$137,636.34
				$209,204.52	$0.00	$209,204.52
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$546.86	$0.00	$546.86
				$546.86	$0.00	$546.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,861.96	$0.00	$9,861.96
Medical.....	.....			$29,973.62	$0.00	$29,973.62
				$39,835.58	$0.00	$39,835.58
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18,927.70	$13,494.13	$32,421.83
Indemnity.....	.....			$198,612.15	$0.00	$198,612.15
Medical.....	.....			$318,345.48	$158,337.96	$476,683.44
				$535,885.33	$171,832.09	$707,717.42
# of Claims	11					
# Open	1	Recovery Amount:	-$0.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$633.00	$0.00	$633.00
Indemnity.....	.....			$60,749.25	$0.00	$60,749.25
Medical.....	.....			$67,864.75	$0.00	$67,864.75
				$129,247.00	$0.00	$129,247.00
# of Claims	17					
# Open	0	Recovery Amount:	-$720.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

853 - VDOT - Verona Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$11,530.53	$0.00	$11,530.53
Medical.....	.....			$12,100.96	$0.00	$12,100.96
				$23,691.49	$0.00	$23,691.49
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.80	$0.00	$260.80
				$260.80	$0.00	$260.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26,116.88	$15,826.13	$41,943.01
Indemnity.....	.....			$889,788.50	$0.00	$889,788.50
Medical.....	.....			$1,380,089.93	$314,529.33	$1,694,619.26
				$2,295,995.31	$330,355.46	$2,626,350.77
# of Claims	300					
# Open	2	Recovery Amount:	-$1,807.73			

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.60	$0.00	$35.60
				$35.60	$0.00	$35.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$4,473.09**	**$0.00**	**$4,473.09**
Medical				**$5,737.71**	**$0.00**	**$5,737.71**
				$10,594.30	**$0.00**	**$10,594.30**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$8,029.10**	**$0.00**	**$8,029.10**
Medical				**$21,536.89**	**$0.00**	**$21,536.89**
				$29,915.99	**$0.00**	**$29,915.99**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,705.28**	**$0.00**	**$5,705.28**
				$5,705.28	**$0.00**	**$5,705.28**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,386.69**	**$0.00**	**$4,386.69**
Medical				**$16,878.41**	**$0.00**	**$16,878.41**
				$21,265.10	**$0.00**	**$21,265.10**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$12,654.75**	**$0.00**	**$12,654.75**
Medical				**$40,371.89**	**$0.00**	**$40,371.89**
				$53,026.64	**$0.00**	**$53,026.64**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,733.27**	**$0.00**	**$1,733.27**
Medical				**$10,403.53**	**$0.00**	**$10,403.53**
				$12,136.80	**$0.00**	**$12,136.80**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,762.05**	**$0.00**	**$4,762.05**
Medical				**$14,004.57**	**$0.00**	**$14,004.57**
				$18,766.62	**$0.00**	**$18,766.62**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,764.93**	**$0.00**	**$1,764.93**
				$1,764.93	**$0.00**	**$1,764.93**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$15.95**	**$0.00**	**$15.95**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,479.19**	**$0.00**	**$10,479.19**
				$10,495.14	**$0.00**	**$10,495.14**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$768.92**	**$0.00**	**$768.92**
Medical				**$9,858.54**	**$0.00**	**$9,858.54**
				$10,627.46	**$0.00**	**$10,627.46**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$61.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,856.29**	**$0.00**	**$10,856.29**
Medical				**$37,262.74**	**$0.00**	**$37,262.74**
				$48,119.03	**$0.00**	**$48,119.03**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,988.34**	**$0.00**	**$2,988.34**
				$2,988.34	**$0.00**	**$2,988.34**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**-$76.60**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,550.12	$0.00	$13,550.12
Medical.....	.....			$27,614.15	$0.00	$27,614.15
				$41,164.27	$0.00	$41,164.27
# of Claims	12					
# Open	0	Recovery Amount:	-$13,581.23			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,783.44	$0.00	$8,783.44
Medical.....	.....			$15,697.86	$0.00	$15,697.86
				$24,481.30	$0.00	$24,481.30
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$27,773.87	$0.00	$27,773.87
Indemnity.....	.....			$181,806.73	$0.00	$181,806.73
Medical.....	.....			$599,522.07	$845,082.10	$1,444,604.17
				$809,102.67	$845,082.10	$1,654,184.77
# of Claims	13					
# Open	1	Recovery Amount:	-$32,733.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,426.00	$0.00	$5,426.00
Medical.....	.....			$12,039.27	$0.00	$12,039.27
				$17,465.27	$0.00	$17,465.27
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,125.50**	**$0.00**	**$2,125.50**
Medical				**$1,751.78**	**$0.00**	**$1,751.78**
				$3,877.28	**$0.00**	**$3,877.28**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$113.07**	**$0.00**	**$113.07**
Indemnity				**$6,999.10**	**$0.00**	**$6,999.10**
Medical				**$16,966.43**	**$0.00**	**$16,966.43**
				$24,078.60	**$0.00**	**$24,078.60**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,733.22**	**$0.00**	**$1,733.22**
				$1,733.22	**$0.00**	**$1,733.22**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$621.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$23.65**	**$0.00**	**$23.65**
Indemnity				**$9,255.80**	**$0.00**	**$9,255.80**
Medical				**$38,849.85**	**$0.00**	**$38,849.85**
				$48,129.30	**$0.00**	**$48,129.30**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

854 - VDOT - HARRISONBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,093.38	$0.00	$2,093.38
				$2,093.38	$0.00	$2,093.38
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$11,913.95	$0.00	$11,913.95
Medical.....	.....			$11,333.44	$0.00	$11,333.44
				$23,275.39	$0.00	$23,275.39
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$624.95	$0.00	$624.95
Indemnity.....	.....			$12,241.38	$0.00	$12,241.38
Medical.....	.....			$42,074.67	$0.00	$42,074.67
				$54,941.00	$0.00	$54,941.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29,312.99	$0.00	$29,312.99
Indemnity.....	.....			$299,766.18	$0.00	$299,766.18
Medical.....	.....			$946,703.74	$845,082.10	$1,791,785.84
				$1,275,782.91	$845,082.10	$2,120,865.01
# of Claims	428					
# Open	1	Recovery Amount:	-$47,074.65			

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$54.46**	**$0.00**	**$54.46**
Medical				**$2,597.54**	**$0.00**	**$2,597.54**
				$2,652.00	**$0.00**	**$2,652.00**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,899.90**	**$0.00**	**$1,899.90**
		$1,899.90	**$0.00**	**$1,899.90**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$110.37**	**$0.00**	**$110.37**
Medical		**$6,491.56**	**$0.00**	**$6,491.56**
		$6,601.93	**$0.00**	**$6,601.93**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,403.64**	**$0.00**	**$3,403.64**
		$3,403.64	**$0.00**	**$3,403.64**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,942.76**	**$0.00**	**$4,942.76**
Medical		**$13,508.69**	**$0.00**	**$13,508.69**
		$18,451.45	**$0.00**	**$18,451.45**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**-$436.81**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,116.04	$0.00	$2,116.04
				$2,116.04	$0.00	$2,116.04
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,742.79	$0.00	$3,742.79
				$3,742.79	$0.00	$3,742.79
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,900.00	$0.00	$3,900.00
Indemnity.....	.....			$172,470.12	$0.00	$172,470.12
Medical.....	.....			$233,065.27	$64,060.36	$297,125.63
				$409,435.39	$64,060.36	$473,495.75
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,743.31	$0.00	$2,743.31
				$2,743.31	$0.00	$2,743.31
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,745.85	$0.00	$3,745.85
				$3,745.85	$0.00	$3,745.85
# of Claims	15					
# Open	0	Recovery Amount:	-$33.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$391.59	$0.00	$391.59
Medical.....	.....			$1,268.15	$0.00	$1,268.15
				$1,659.74	$0.00	$1,659.74
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$287.47	$0.00	$287.47
Indemnity.....	.....			$6,323.04	$0.00	$6,323.04
Medical.....	.....			$70,078.66	$0.00	$70,078.66
				$76,689.17	$0.00	$76,689.17
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,393.85	$0.00	$1,393.85
				$1,393.85	$0.00	$1,393.85
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,202.80	$0.00	$2,202.80
Medical.....	.....			$6,075.60	$0.00	$6,075.60
				$8,278.40	$0.00	$8,278.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$119.14	$0.00	$119.14
Medical.....	.....			$7,906.12	$0.00	$7,906.12
				$8,025.26	$0.00	$8,025.26
# of Claims	19					
# Open	0	Recovery Amount:	-$3,908.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,306.44	$0.00	$4,306.44
Medical.....	.....			$14,802.15	$0.00	$14,802.15
				$19,108.59	$0.00	$19,108.59
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,872.59	$0.00	$3,872.59
				$3,872.59	$0.00	$3,872.59
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,622.90	$0.00	$4,622.90
				$4,622.90	$0.00	$4,622.90
# of Claims	13					
# Open	0	Recovery Amount:	-$875.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$50,267.61	$0.00	$50,267.61
Indemnity.....	.....			$451,244.60	$0.00	$451,244.60
Medical.....	.....			$129,596.02	$0.00	$129,596.02
				$631,108.23	$0.00	$631,108.23
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$5,539.49	$0.00	$5,539.49
Medical.....	.....			$12,029.64	$0.00	$12,029.64
				$17,919.13	$0.00	$17,919.13
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$993.95	$0.00	$993.95
				$993.95	$0.00	$993.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

855 - VDOT - EDINBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,486.34	$0.00	$10,486.34
Medical.....	.....			$40,003.94	$0.00	$40,003.94
				$50,490.28	$0.00	$50,490.28
# of Claims	8					
# Open	0	Recovery Amount:	-$1,819.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,762.61	$0.00	$2,762.61
				$2,762.61	$0.00	$2,762.61
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$54,805.08	$0.00	$54,805.08
Indemnity.....	.....			$658,191.15	$0.00	$658,191.15
Medical.....	.....			$568,720.77	$64,060.36	$632,781.13
				$1,281,717.00	$64,060.36	$1,345,777.36
# of Claims	270					
# Open	1	Recovery Amount:	-$7,073.61			

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,877.24	$0.00	$3,877.24
				$3,877.24	$0.00	$3,877.24
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$683.56	$0.00	$683.56
				$683.56	$0.00	$683.56
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$10,033.25	$0.00	$10,033.25
Indemnity.....	.....			$115,209.40	$0.00	$115,209.40
Medical.....	.....			$64,444.27	$0.00	$64,444.27
				$189,686.92	$0.00	$189,686.92
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$89.23	$0.00	$89.23
Medical.....	.....			$9,226.40	$0.00	$9,226.40
				$9,315.63	$0.00	$9,315.63
# of Claims	7					
# Open	0	Recovery Amount:	-$1,054.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,928.01	$0.00	$4,928.01
				$4,928.01	$0.00	$4,928.01
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.83	$0.00	$228.83
				$228.83	$0.00	$228.83
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,156.94	$0.00	$19,156.94
Medical.....	.....			$4,234.34	$0.00	$4,234.34
				$23,391.28	$0.00	$23,391.28
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$207,346.41	$0.00	$207,346.41
Medical.....	.....			$20,077.78	$0.00	$20,077.78
				$227,424.19	$0.00	$227,424.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54.47	$0.00	$54.47
Medical.....	.....			$2,296.61	$0.00	$2,296.61
				$2,351.08	$0.00	$2,351.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,560.56	$0.00	$7,560.56
Medical.....	.....			$10,041.80	$0.00	$10,041.80
				$17,602.36	$0.00	$17,602.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,905.05	$0.00	$3,905.05
Medical.....	.....			$24,263.43	$0.00	$24,263.43
				$28,168.48	$0.00	$28,168.48
# of Claims	6					
# Open	0	Recovery Amount:	-$51.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,892.25	$0.00	$1,892.25
Medical.....	.....			$3,120.01	$0.00	$3,120.01
				$5,012.26	$0.00	$5,012.26
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,903.48	$0.00	$7,903.48
Medical.....	.....			$15,921.26	$0.00	$15,921.26
				$23,824.74	$0.00	$23,824.74
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,140.00	$0.00	$1,140.00
Indemnity.....	.....			$205,134.12	$0.00	$205,134.12
Medical.....	.....			$222,708.90	$0.00	$222,708.90
				$428,983.02	$0.00	$428,983.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$3,247.20	$0.00	$3,247.20
Indemnity.....	.....			$240,500.60	$0.00	$240,500.60
Medical.....	.....			$290,062.26	$0.00	$290,062.26
				$533,810.06	$0.00	$533,810.06
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$202.54	$0.00	$202.54
Medical.....	.....			$8,064.65	$0.00	$8,064.65
				$8,267.19	$0.00	$8,267.19
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$5,151.80	$0.00	$5,151.80
Indemnity.....	.....			$201,585.83	$0.00	$201,585.83
Medical.....	.....			$20,965.71	$0.00	$20,965.71
				$227,703.34	$0.00	$227,703.34
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

856 - VDOT - LURAY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,788.84	$0.00	$1,788.84
Indemnity.....	.....			$13,971.75	$0.00	$13,971.75
Medical.....	.....			$41,124.54	$0.00	$41,124.54
				$56,885.13	$0.00	$56,885.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,916.46	$0.00	$4,916.46
Medical.....	.....			$16,893.02	$0.00	$16,893.02
				$21,809.48	$0.00	$21,809.48
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,813.29	$0.00	$2,813.29
				$2,813.29	$0.00	$2,813.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,352.88	$0.00	$2,352.88
				$2,352.88	$0.00	$2,352.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$21,361.09	$0.00	$21,361.09
Indemnity.....	.....			$1,029,429.09	$0.00	$1,029,429.09
Medical.....	.....			$768,328.79	$0.00	$768,328.79
				$1,819,118.97	$0.00	$1,819,118.97
# of Claims	124					
# Open	0	Recovery Amount:	-$1,106.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

89 - VDOT - Scheduling & Contract Div.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$126.59	$0.00	$126.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,454.21	$0.00	$1,454.21
				$1,580.80	$0.00	$1,580.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$126.59	$0.00	$126.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,454.21	$0.00	$1,454.21
				$1,580.80	$0.00	$1,580.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.50	$0.00	$147.50
				$147.50	$0.00	$147.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,436.95	$0.00	$1,436.95
Indemnity.....	.....			$14,099.77	$0.00	$14,099.77
Medical.....	.....			$21,944.46	$0.00	$21,944.46
				$37,481.18	$0.00	$37,481.18
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$43,898.64**	**$0.00**	**$43,898.64**
Medical				**$139,817.22**	**$0.00**	**$139,817.22**
				$183,715.86	**$0.00**	**$183,715.86**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,824.73**	**$0.00**	**$5,824.73**
Medical				**$35,062.84**	**$0.00**	**$35,062.84**
				$40,887.57	**$0.00**	**$40,887.57**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$700.00**	**$0.00**	**$700.00**
Indemnity				**$185,792.22**	**$0.00**	**$185,792.22**
Medical				**$245,966.23**	**$0.00**	**$245,966.23**
				$432,458.45	**$0.00**	**$432,458.45**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**-$3,359.31**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$181,671.05**	**$0.00**	**$181,671.05**
Medical				**$128,942.69**	**$0.00**	**$128,942.69**
				$310,613.74	**$0.00**	**$310,613.74**
# of Claims	**66**					
# Open	**0**	**Recovery Amount:**	**-$15,847.34**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$95.00**	**$0.00**	**$95.00**
Indemnity				**$317,659.02**	**$0.00**	**$317,659.02**
Medical				**$167,797.40**	**$0.00**	**$167,797.40**
				$485,551.42	**$0.00**	**$485,551.42**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**-$389.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$8.00**	**$72.00**	**$80.00**
Indemnity				**$128,698.70**	**$0.00**	**$128,698.70**
Medical				**$317,225.36**	**$198,251.60**	**$515,476.96**
				$445,932.06	**$198,323.60**	**$644,255.66**
# of Claims	**49**					
# Open	**1**	**Recovery Amount:**	**-$1,329.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$6,262.00**	**$0.00**	**$6,262.00**
Indemnity				**$327,571.32**	**$0.00**	**$327,571.32**
Medical				**$127,948.57**	**$0.00**	**$127,948.57**
				$461,781.89	**$0.00**	**$461,781.89**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**-$8,148.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,439.56**	**$0.00**	**$2,439.56**
Medical				**$16,687.73**	**$0.00**	**$16,687.73**
				$19,127.29	**$0.00**	**$19,127.29**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**-$3,415.19**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
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As Of: 06/30/2023

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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,966.25	$0.00	$2,966.25
Indemnity.....	.....			$59,799.30	$0.00	$59,799.30
Medical.....	.....			$79,658.43	$0.00	$79,658.43
				$142,423.98	$0.00	$142,423.98
# of Claims	49					
# Open	0	Recovery Amount:	-$11,715.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,832.63	$0.00	$7,832.63
Medical.....	.....			$32,781.23	$0.00	$32,781.23
				$40,613.86	$0.00	$40,613.86
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,790.37	$0.00	$13,790.37
Medical.....	.....			$51,145.02	$0.00	$51,145.02
				$64,935.39	$0.00	$64,935.39
# of Claims	47					
# Open	0	Recovery Amount:	-$6,599.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$40,813.48	$0.00	$40,813.48
Indemnity.....	.....			$834,280.14	$0.00	$834,280.14
Medical.....	.....			$1,069,390.91	$0.00	$1,069,390.91
				$1,944,484.53	$0.00	$1,944,484.53
# of Claims	61					
# Open	0	Recovery Amount:	-$6,475.74			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
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7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,500.84**	**$0.00**	**$6,500.84**
Indemnity				**$86,910.41**	**$0.00**	**$86,910.41**
Medical				**$245,025.08**	**$0.00**	**$245,025.08**
				$338,436.33	**$0.00**	**$338,436.33**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$15,020.48**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$20,328.47**	**$0.00**	**$20,328.47**
Indemnity				**$411,144.68**	**$0.00**	**$411,144.68**
Medical				**$550,177.99**	**$0.00**	**$550,177.99**
				$981,651.14	**$0.00**	**$981,651.14**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$90,056.29**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$1,814.00**	**$0.00**	**$1,814.00**
Indemnity				**$75,911.20**	**$0.00**	**$75,911.20**
Medical				**$166,057.76**	**$0.00**	**$166,057.76**
				$243,782.96	**$0.00**	**$243,782.96**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**-$15,318.87**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$3,431.00**	**$0.00**	**$3,431.00**
Indemnity				**$164,348.17**	**$0.00**	**$164,348.17**
Medical				**$213,111.42**	**$0.00**	**$213,111.42**
				$380,890.59	**$0.00**	**$380,890.59**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**-$4,000.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

902 - VDOT - NoVA District Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$427.68	$0.00	$427.68
Medical.....	.....			$23,392.74	$0.00	$23,392.74
				$23,820.42	$0.00	$23,820.42
# of Claims	37					
# Open	0	Recovery Amount:	-$3,823.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$4,464.27	$0.00	$4,464.27
Indemnity.....	.....			$28,021.70	$0.00	$28,021.70
Medical.....	.....			$716,649.04	$0.00	$716,649.04
				$749,135.01	$0.00	$749,135.01
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$400.00	$0.00	$400.00
Indemnity.....	.....			$6,002.94	$0.00	$6,002.94
Medical.....	.....			$49,685.95	$0.00	$49,685.95
				$56,088.89	$0.00	$56,088.89
# of Claims	21					
# Open	0	Recovery Amount:	-$3,698.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$89,220.26	$72.00	$89,292.26
Indemnity.....	.....			$2,896,124.23	$0.00	$2,896,124.23
Medical.....	.....			$4,398,615.57	$198,251.60	$4,596,867.17
				$7,383,960.06	$198,323.60	$7,582,283.66
# of Claims	876					
# Open	1	Recovery Amount:	-$189,197.94			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

906 - VDOT-NoVa Operations

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,335.51	$0.00	$3,335.51
				$3,383.51	$0.00	$3,383.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,197.90	$0.00	$2,197.90
				$2,197.90	$0.00	$2,197.90
# of Claims	8					
# Open	0	Recovery Amount:	-$1,924.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,328.88	$0.00	$25,328.88
Medical.....	.....			$14,051.01	$0.00	$14,051.01
				$39,379.89	$0.00	$39,379.89
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$625.26	$0.00	$625.26
				$625.26	$0.00	$625.26
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$25,328.88	$0.00	$25,328.88
Medical.....	.....			$20,209.68	$0.00	$20,209.68
				$45,586.56	$0.00	$45,586.56
# of Claims	22					
# Open	0	Recovery Amount:	-$1,924.41			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

906 - VDOT-NoVa Operations

908 - VDOT-NoVa Mega Project Management

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,040.50	$0.00	$7,040.50
				$7,040.50	$0.00	$7,040.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,040.50	$0.00	$7,040.50
				$7,040.50	$0.00	$7,040.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

90 - VDOT Operations & Security

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14.60	$0.00	$14.60
Medical.....	.....			$2,811.86	$0.00	$2,811.86
				$2,826.46	$0.00	$2,826.46
# of Claims	1					
# Open	0	Recovery Amount:	-$1,695.87			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

90 - VDOT Operations & Security

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14.60	$0.00	$14.60
Medical.....	.....			$2,811.86	$0.00	$2,811.86
				$2,826.46	$0.00	$2,826.46
# of Claims	3					
# Open	0	Recovery Amount:	-$1,695.87			

911000 - VDOT Bristol District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$12,375.65	$0.00	$12,375.65
Indemnity.....	.....			$103,732.25	$0.00	$103,732.25
Medical.....	.....			$318,648.74	$0.00	$318,648.74
				$434,756.64	$0.00	$434,756.64
# of Claims	42					
# Open	0	Recovery Amount:	-$9,038.90			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,950.51	$0.00	$1,950.51
Indemnity.....	.....			$4,183.58	$0.00	$4,183.58
Medical.....	.....			$53,643.61	$0.00	$53,643.61
				$59,777.70	$0.00	$59,777.70
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

911000 - VDOT Bristol District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16,297.96	$12,233.94	$28,531.90
Indemnity.....	.....			$358,968.00	$67,344.09	$426,312.09
Medical.....	.....			$446,233.34	$317,247.98	$763,481.32
				$821,499.30	$396,826.01	$1,218,325.31
# of Claims	30					
# Open	2	Recovery Amount:	-$1,085.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$35,726.85	$16,186.05	$51,912.90
Indemnity.....	.....			$1,050,761.44	$129,160.42	$1,179,921.86
Medical.....	.....			$510,904.70	$359,781.49	$870,686.19
				$1,597,392.99	$505,127.96	$2,102,520.95
# of Claims	41					
# Open	5	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$848.85	$0.00	$848.85
Indemnity.....	.....			$64,638.14	$0.00	$64,638.14
Medical.....	.....			$98,037.18	$0.00	$98,037.18
				$163,524.17	$0.00	$163,524.17
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5,038.97	$4,468.62	$9,507.59
Indemnity.....	.....			$206,584.51	$142,847.91	$349,432.42
Medical.....	.....			$240,217.33	$110,358.17	$350,575.50
				$451,840.81	$257,674.70	$709,515.51
# of Claims	34					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

911000 - VDOT Bristol District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$600.53	$0.00	$600.53
Indemnity.....	.....			$71,561.22	$0.00	$71,561.22
Medical.....	.....			$229,262.53	$0.00	$229,262.53
				$301,424.28	$0.00	$301,424.28
# of Claims	41					
# Open	1	Recovery Amount:	-$32,514.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,398.21	$0.00	$3,398.21
Indemnity.....	.....			$56,708.93	$0.00	$56,708.93
Medical.....	.....			$83,750.11	$0.00	$83,750.11
				$143,857.25	$0.00	$143,857.25
# of Claims	33					
# Open	0	Recovery Amount:	-$5,127.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$482.50	$79.75	$562.25
Indemnity.....	.....			$88,911.80	$7,485.66	$96,397.46
Medical.....	.....			$168,033.81	$16,008.27	$184,042.08
				$257,428.11	$23,573.68	$281,001.79
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$422.81	$6,316.48	$6,739.29
Indemnity.....	.....			$119,789.04	$102,062.53	$221,851.57
Medical.....	.....			$214,409.82	$150,634.24	$365,044.06
				$334,621.67	$259,013.25	$593,634.92
# of Claims	29					
# Open	6	Recovery Amount:	-$2,364.04			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

911000 - VDOT Bristol District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$470.08**	**$824.33**	**$1,294.41**
Indemnity				**$17,785.03**	**$383,280.81**	**$401,065.84**
Medical				**$85,413.93**	**$3,055,481.65**	**$3,140,895.58**
				$103,669.04	**$3,439,586.79**	**$3,543,255.83**
# of Claims	**35**					
# Open	**10**	**Recovery Amount:**	**-$1,366.04**			
Grand Totals						
Expense				**$77,612.92**	**$40,109.17**	**$117,722.09**
Indemnity				**$2,143,623.94**	**$832,181.42**	**$2,975,805.36**
Medical				**$2,448,555.10**	**$4,009,511.80**	**$6,458,066.90**
				$4,669,791.96	**$4,881,802.39**	**$9,551,594.35**
# of Claims	**364**					
# Open	**27**	**Recovery Amount:**	**-$51,497.58**			

912000 - VDOT Salem District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$4,856.95**	**$0.00**	**$4,856.95**
Indemnity				**$90,521.25**	**$0.00**	**$90,521.25**
Medical				**$451,682.10**	**$0.00**	**$451,682.10**
				$547,060.30	**$0.00**	**$547,060.30**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**-$32,898.45**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$17,080.05**	**$142.00**	**$17,222.05**
Indemnity				**$332,647.90**	**$0.00**	**$332,647.90**
Medical				**$506,092.94**	**$117,641.21**	**$623,734.15**
				$855,820.89	**$117,783.21**	**$973,604.10**
# of Claims	**68**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

912000 - VDOT Salem District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$210.72	$0.00	$210.72
Indemnity.....	.....			$68,551.09	$0.00	$68,551.09
Medical.....	.....			$339,464.41	$0.00	$339,464.41
				$408,226.22	$0.00	$408,226.22
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$245.35	$0.00	$245.35
Indemnity.....	.....			$37,537.93	$0.00	$37,537.93
Medical.....	.....			$323,659.44	$0.00	$323,659.44
				$361,442.72	$0.00	$361,442.72
# of Claims	61					
# Open	0	Recovery Amount:	-$34,153.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$358.11	$0.00	$358.11
Indemnity.....	.....			$38,631.69	$0.00	$38,631.69
Medical.....	.....			$221,522.15	$0.00	$221,522.15
				$260,511.95	$0.00	$260,511.95
# of Claims	63					
# Open	0	Recovery Amount:	-$34,616.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$19,641.61	$5,833.63	$25,475.24
Indemnity.....	.....			$543,614.94	$394,241.47	$937,856.41
Medical.....	.....			$509,516.66	$174,122.11	$683,638.77
				$1,072,773.21	$574,197.21	$1,646,970.42
# of Claims	56					
# Open	3	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

912000 - VDOT Salem District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,956.87	$138.70	$3,095.57
Indemnity.....	.....			$294,432.70	$187,884.20	$482,316.90
Medical.....	.....			$155,238.79	$75,356.20	$230,594.99
				$452,628.36	$263,379.10	$716,007.46
# of Claims	64					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$333.95	$0.00	$333.95
Indemnity.....	.....			$20,093.69	$0.00	$20,093.69
Medical.....	.....			$42,983.92	$0.00	$42,983.92
				$63,411.56	$0.00	$63,411.56
# of Claims	51					
# Open	0	Recovery Amount:	-$10,029.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$12,773.04	$7,904.16	$20,677.20
Indemnity.....	.....			$178,688.74	$90,746.09	$269,434.83
Medical.....	.....			$284,758.99	$56,421.81	$341,180.80
				$476,220.77	$155,072.06	$631,292.83
# of Claims	62					
# Open	5	Recovery Amount:	-$7,142.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$522.79	$46.87	$569.66
Indemnity.....	.....			$31,413.97	$7,898.98	$39,312.95
Medical.....	.....			$94,703.22	$5,418.33	$100,121.55
				$126,639.98	$13,364.18	$140,004.16
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

912000 - VDOT Salem District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$229.04	$433.60	$662.64
Indemnity.....	.....			$3,774.32	$0.00	$3,774.32
Medical.....	.....			$12,750.64	$38,663.85	$51,414.49
				$16,754.00	$39,097.45	$55,851.45
# of Claims	31					
# Open	6	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$59,208.48	$14,498.96	$73,707.44
Indemnity.....	.....			$1,639,908.22	$680,770.74	$2,320,678.96
Medical.....	.....			$2,942,373.26	$467,623.51	$3,409,996.77
				$4,641,489.96	$1,162,893.21	$5,804,383.17
# of Claims	638					
# Open	18	Recovery Amount:	-$118,839.48			

913000 - VDOT Lynchburg District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$9,382.66	$18.82	$9,401.48
Indemnity.....	.....			$251,578.78	$0.00	$251,578.78
Medical.....	.....			$236,851.84	$65,485.67	$302,337.51
				$497,813.28	$65,504.49	$563,317.77
# of Claims	60					
# Open	1	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$46,860.66	$49,932.19	$96,792.85
Indemnity.....	.....			$730,043.92	$3,954.96	$733,998.88
Medical.....	.....			$647,579.62	$316,527.98	$964,107.60
				$1,424,484.20	$370,415.13	$1,794,899.33
# of Claims	31					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

913000 - VDOT Lynchburg District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$4,065.46**	**$0.00**	**$4,065.46**
Indemnity				**$249,664.44**	**$0.00**	**$249,664.44**
Medical				**$91,456.89**	**$0.00**	**$91,456.89**
				$345,186.79	**$0.00**	**$345,186.79**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$1,267.22**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$47.75**	**$0.00**	**$47.75**
Indemnity				**$37,006.35**	**$0.00**	**$37,006.35**
Medical				**$210,080.73**	**$0.00**	**$210,080.73**
				$247,134.83	**$0.00**	**$247,134.83**
# of Claims	**40**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$13,833.22**	**$69,901.39**	**$83,734.61**
Indemnity				**$241,175.11**	**$100,834.52**	**$342,009.63**
Medical				**$427,376.98**	**$175,253.37**	**$602,630.35**
				$682,385.31	**$345,989.28**	**$1,028,374.59**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**-$1,038.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$282.84**	**$0.00**	**$282.84**
Indemnity				**$55,830.51**	**$0.00**	**$55,830.51**
Medical				**$151,456.26**	**$0.00**	**$151,456.26**
				$207,569.61	**$0.00**	**$207,569.61**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**-$61,420.06**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

913000 - VDOT Lynchburg District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$9,158.08	$308.75	$9,466.83
Indemnity.....	.....			$156,496.36	$151,313.13	$307,809.49
Medical.....	.....			$165,987.91	$123,649.92	$289,637.83
				$331,642.35	$275,271.80	$606,914.15
# of Claims	47					
# Open	2	Recovery Amount:	-$468.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$148.75	$0.00	$148.75
Indemnity.....	.....			$16,361.10	$0.00	$16,361.10
Medical.....	.....			$44,886.58	$0.00	$44,886.58
				$61,396.43	$0.00	$61,396.43
# of Claims	33					
# Open	0	Recovery Amount:	-$9,135.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$400.35	$220.00	$620.35
Indemnity.....	.....			$59,407.40	$57,646.80	$117,054.20
Medical.....	.....			$246,238.43	$64,455.41	$310,693.84
				$306,046.18	$122,322.21	$428,368.39
# of Claims	39					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$889.47	$226.43	$1,115.90
Indemnity.....	.....			$100,819.66	$125,370.29	$226,189.95
Medical.....	.....			$107,529.12	$173,255.70	$280,784.82
				$209,238.25	$298,852.42	$508,090.67
# of Claims	30					
# Open	5	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

913000 - VDOT Lynchburg District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$504.10	$355.89	$859.99
Indemnity.....	.....			$22,057.40	$23,050.50	$45,107.90
Medical.....	.....			$54,156.37	$71,621.30	$125,777.67
				$76,717.87	$95,027.69	$171,745.56
# of Claims	30					
# Open	8	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$85,573.34	$120,963.47	$206,536.81
Indemnity.....	.....			$1,920,441.03	$462,170.20	$2,382,611.23
Medical.....	.....			$2,383,600.73	$990,249.35	$3,373,850.08
				$4,389,615.10	$1,573,383.02	$5,962,998.12
# of Claims	446					
# Open	23	Recovery Amount:	-$73,328.75			

913 - VDOT-NoVa Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$512.87	$0.00	$512.87
				$512.87	$0.00	$512.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$512.87	$0.00	$512.87
				$512.87	$0.00	$512.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

914000 - VDOT Richmond District Wide

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

914000 - VDOT Richmond District Wide

WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$6,641.15**	**$0.00**	**$6,641.15**
Indemnity				**$229,506.30**	**$0.00**	**$229,506.30**
Medical				**$400,348.06**	**$0.00**	**$400,348.06**
				$636,495.51	**$0.00**	**$636,495.51**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$3,409.47**	**$0.00**	**$3,409.47**
Indemnity				**$186,501.05**	**$0.00**	**$186,501.05**
Medical				**$308,210.01**	**$0.00**	**$308,210.01**
				$498,120.53	**$0.00**	**$498,120.53**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**-$2,177.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$872.25**	**$0.00**	**$872.25**
Indemnity				**$76,668.71**	**$0.00**	**$76,668.71**
Medical				**$293,100.59**	**$0.00**	**$293,100.59**
				$370,641.55	**$0.00**	**$370,641.55**
# of Claims	**71**					
# Open	**0**	**Recovery Amount:**	**-$23,417.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$676.63**	**$0.00**	**$676.63**
Indemnity				**$219,495.03**	**$0.00**	**$219,495.03**
Medical				**$165,068.31**	**$0.00**	**$165,068.31**
				$385,239.97	**$0.00**	**$385,239.97**
# of Claims	**58**					
# Open	**0**	**Recovery Amount:**	**-$4,452.15**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$431.68**	**$0.00**	**$431.68**
Indemnity				**$52,180.65**	**$0.00**	**$52,180.65**
Medical				**$255,606.15**	**$0.00**	**$255,606.15**
				$308,218.48	**$0.00**	**$308,218.48**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**-$44,757.76**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

914000 - VDOT Richmond District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$431.15	$375.00	$806.15
Indemnity.....	.....			$9,179.85	$0.00	$9,179.85
Medical.....	.....			$114,506.17	$11,227.77	$125,733.94
				$124,117.17	$11,602.77	$135,719.94
# of Claims	74					
# Open	2	Recovery Amount:	-$8,915.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$483.50	$100.00	$583.50
Indemnity.....	.....			$57,174.72	$24,209.30	$81,384.02
Medical.....	.....			$167,372.24	$256,144.68	$423,516.92
				$225,030.46	$280,453.98	$505,484.44
# of Claims	53					
# Open	1	Recovery Amount:	-$163.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$6,078.11	$0.00	$6,078.11
Indemnity.....	.....			$80,114.98	$37,815.77	$117,930.75
Medical.....	.....			$171,153.53	$256,011.38	$427,164.91
				$257,346.62	$293,827.15	$551,173.77
# of Claims	56					
# Open	2	Recovery Amount:	-$20,418.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$725.99	$0.00	$725.99
Indemnity.....	.....			$35,367.84	$0.00	$35,367.84
Medical.....	.....			$108,231.08	$0.00	$108,231.08
				$144,324.91	$0.00	$144,324.91
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

914000 - VDOT Richmond District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$328.99	$69.58	$398.57
Indemnity.....	.....			$48,010.04	$14,226.44	$62,236.48
Medical.....	.....			$46,519.48	$7,906.83	$54,426.31
				$94,858.51	$22,202.85	$117,061.36
# of Claims	37					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$611.81	$2,891.29	$3,503.10
Indemnity.....	.....			$50,146.79	$59,609.22	$109,756.01
Medical.....	.....			$65,563.18	$152,092.66	$217,655.84
				$116,321.78	$214,593.17	$330,914.95
# of Claims	37					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$20,690.73	$3,435.87	$24,126.60
Indemnity.....	.....			$1,044,345.96	$135,860.73	$1,180,206.69
Medical.....	.....			$2,095,678.80	$683,383.32	$2,779,062.12
				$3,160,715.49	$822,679.92	$3,983,395.41
# of Claims	582					
# Open	15	Recovery Amount:	-$104,301.37			

915000 - VDOT HamptonRds District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$438.90	$0.00	$438.90
Indemnity.....	.....			$24,631.08	$0.00	$24,631.08
Medical.....	.....			$191,072.13	$0.00	$191,072.13
				$216,142.11	$0.00	$216,142.11
# of Claims	35					
# Open	1	Recovery Amount:	-$68,177.34			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

915000 - VDOT HamptonRds District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$6,972.32**	**$0.00**	**$6,972.32**
Indemnity				**$136,499.26**	**$0.00**	**$136,499.26**
Medical				**$100,141.04**	**$0.00**	**$100,141.04**
				$243,612.62	**$0.00**	**$243,612.62**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**-$6,935.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$1,654.36**	**$0.00**	**$1,654.36**
Indemnity				**$88,483.65**	**$0.00**	**$88,483.65**
Medical				**$453,721.01**	**$0.00**	**$453,721.01**
				$543,859.02	**$0.00**	**$543,859.02**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**-$3,108.77**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$286.47**	**$0.00**	**$286.47**
Indemnity				**$101,184.70**	**$0.00**	**$101,184.70**
Medical				**$225,662.74**	**$15,988.83**	**$241,651.57**
				$327,133.91	**$15,988.83**	**$343,122.74**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$7,243.12**	**$0.00**	**$7,243.12**
Indemnity				**$102,692.74**	**$0.00**	**$102,692.74**
Medical				**$215,239.00**	**$0.00**	**$215,239.00**
				$325,174.86	**$0.00**	**$325,174.86**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**-$60,764.75**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

915000 - VDOT HamptonRds District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$446.72	$0.00	$446.72
Indemnity.....	.....			$84,364.86	$0.00	$84,364.86
Medical.....	.....			$290,479.84	$0.00	$290,479.84
				$375,291.42	$0.00	$375,291.42
# of Claims	42					
# Open	0	Recovery Amount:	-$114,803.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$436.84	$0.00	$436.84
Indemnity.....	.....			$49,172.54	$0.00	$49,172.54
Medical.....	.....			$133,731.79	$0.00	$133,731.79
				$183,341.17	$0.00	$183,341.17
# of Claims	39					
# Open	0	Recovery Amount:	-$63.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$422.80	$405.87	$828.67
Indemnity.....	.....			$75,212.18	$0.00	$75,212.18
Medical.....	.....			$124,382.21	$46,648.60	$171,030.81
				$200,017.19	$47,054.47	$247,071.66
# of Claims	47					
# Open	1	Recovery Amount:	-$41,033.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$526.60	$0.00	$526.60
Indemnity.....	.....			$28,076.16	$0.00	$28,076.16
Medical.....	.....			$70,493.29	$0.00	$70,493.29
				$99,096.05	$0.00	$99,096.05
# of Claims	47					
# Open	1	Recovery Amount:	-$6,696.19			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

915000 - VDOT HamptonRds District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$597.19	$134.00	$731.19
Indemnity.....	.....			$104,987.76	$109,870.96	$214,858.72
Medical.....	.....			$60,220.83	$100,512.59	$160,733.42
				$165,805.78	$210,517.55	$376,323.33
# of Claims	32					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$234.37	$2,674.20	$2,908.57
Indemnity.....	.....			$24,995.37	$49,661.08	$74,656.45
Medical.....	.....			$34,928.03	$74,306.47	$109,234.50
				$60,157.77	$126,641.75	$186,799.52
# of Claims	32					
# Open	10	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$19,259.69	$3,214.07	$22,473.76
Indemnity.....	.....			$820,300.30	$159,532.04	$979,832.34
Medical.....	.....			$1,900,071.91	$237,456.49	$2,137,528.40
				$2,739,631.90	$400,202.60	$3,139,834.50
# of Claims	460					
# Open	16	Recovery Amount:	-$301,583.54			

916000 - VDOT Fredericksburg Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$120.35	$492.00	$612.35
Indemnity.....	.....			$16,883.39	$0.00	$16,883.39
Medical.....	.....			$196,664.80	$444,828.01	$641,492.81
				$213,668.54	$445,320.01	$658,988.55
# of Claims	41					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

916000 - VDOT Fredericksburg Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,072.39	$0.00	$1,072.39
Indemnity.....	.....			$32,319.99	$0.00	$32,319.99
Medical.....	.....			$116,752.43	$0.00	$116,752.43
				$150,144.81	$0.00	$150,144.81
# of Claims	31					
# Open	0	Recovery Amount:	-$13,626.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$9,979.68	$3,562.88	$13,542.56
Indemnity.....	.....			$202,183.48	$25,509.25	$227,692.73
Medical.....	.....			$159,958.44	$166,205.02	$326,163.46
				$372,121.60	$195,277.15	$567,398.75
# of Claims	34					
# Open	1	Recovery Amount:	-$7,799.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$67.13	$0.00	$67.13
Indemnity.....	.....			$9,365.22	$0.00	$9,365.22
Medical.....	.....			$18,888.45	$0.00	$18,888.45
				$28,320.80	$0.00	$28,320.80
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$440.71	$0.00	$440.71
Indemnity.....	.....			$51,780.13	$0.00	$51,780.13
Medical.....	.....			$71,665.62	$0.00	$71,665.62
				$123,886.46	$0.00	$123,886.46
# of Claims	36					
# Open	0	Recovery Amount:	-$5,909.89			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

916000 - VDOT Fredericksburg Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$207.08	$0.00	$207.08
Indemnity.....	.....			$24,325.47	$0.00	$24,325.47
Medical.....	.....			$63,033.18	$0.00	$63,033.18
				$87,565.73	$0.00	$87,565.73
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$442.15	$0.00	$442.15
Indemnity.....	.....			$33,784.45	$0.00	$33,784.45
Medical.....	.....			$103,488.54	$0.00	$103,488.54
				$137,715.14	$0.00	$137,715.14
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,540.84	$30.02	$3,570.86
Indemnity.....	.....			$132,276.97	$34,273.11	$166,550.08
Medical.....	.....			$132,832.68	$80,495.94	$213,328.62
				$268,650.49	$114,799.07	$383,449.56
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,593.41	$1,941.80	$5,535.21
Indemnity.....	.....			$211,532.94	$117,195.12	$328,728.06
Medical.....	.....			$78,633.73	$6,483.79	$85,117.52
				$293,760.08	$125,620.71	$419,380.79
# of Claims	25					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

916000 - VDOT Fredericksburg Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$143.38**	**$0.00**	**$143.38**
Indemnity				**$15,870.08**	**$0.00**	**$15,870.08**
Medical				**$72,374.81**	**$0.00**	**$72,374.81**
				$88,388.27	**$0.00**	**$88,388.27**
# of Claims	**33**					
# Open	**2**	**Recovery Amount:**	**-$2,844.74**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$153.31**	**$919.14**	**$1,072.45**
Indemnity				**$3,399.45**	**$37,736.85**	**$41,136.30**
Medical				**$28,016.89**	**$79,293.31**	**$107,310.20**
				$31,569.65	**$117,949.30**	**$149,518.95**
# of Claims	**33**					
# Open	**13**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$19,760.43**	**$6,945.84**	**$26,706.27**
Indemnity				**$733,721.57**	**$214,714.33**	**$948,435.90**
Medical				**$1,042,309.57**	**$777,306.07**	**$1,819,615.64**
				$1,795,791.57	**$998,966.24**	**$2,794,757.81**
# of Claims	**377**					
# Open	**19**	**Recovery Amount:**	**-$30,180.79**			

917000 - VDOT Culpeper District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,596.80**	**$0.00**	**$1,596.80**
Indemnity				**$58,078.69**	**$0.00**	**$58,078.69**
Medical				**$186,464.38**	**$0.00**	**$186,464.38**
				$246,139.87	**$0.00**	**$246,139.87**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**-$37,967.46**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

917000 - VDOT Culpeper District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,258.22	$0.00	$1,258.22
Indemnity.....	.....			$16,264.05	$0.00	$16,264.05
Medical.....	.....			$71,766.36	$0.00	$71,766.36
				$89,288.63	$0.00	$89,288.63
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,545.54	$0.00	$13,545.54
				$13,561.54	$0.00	$13,561.54
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$7,294.42	$0.00	$7,294.42
Medical.....	.....			$55,250.20	$0.00	$55,250.20
				$62,576.62	$0.00	$62,576.62
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$5,615.43	$3,472.40	$9,087.83
Indemnity.....	.....			$194,264.99	$101,275.33	$295,540.32
Medical.....	.....			$72,389.48	$24,803.88	$97,193.36
				$272,269.90	$129,551.61	$401,821.51
# of Claims	65					
# Open	1	Recovery Amount:	-$6,609.53			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

917000 - VDOT Culpeper District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$595.38	$0.00	$595.38
Indemnity.....	.....			$50,258.90	$0.00	$50,258.90
Medical.....	.....			$158,097.37	$0.00	$158,097.37
				$208,951.65	$0.00	$208,951.65
# of Claims	70					
# Open	0	Recovery Amount:	-$31,471.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$299.57	$0.00	$299.57
Indemnity.....	.....			$103,094.81	$0.00	$103,094.81
Medical.....	.....			$215,661.72	$0.00	$215,661.72
				$319,056.10	$0.00	$319,056.10
# of Claims	53					
# Open	0	Recovery Amount:	-$654.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$379.35	$0.00	$379.35
Indemnity.....	.....			$26,736.64	$0.00	$26,736.64
Medical.....	.....			$161,481.93	$240,325.63	$401,807.56
				$188,597.92	$240,325.63	$428,923.55
# of Claims	50					
# Open	1	Recovery Amount:	-$1,159.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$1,175.55	$319.80	$1,495.35
Indemnity.....	.....			$15,913.43	$12,076.08	$27,989.51
Medical.....	.....			$36,904.07	$68,750.00	$105,654.07
				$53,993.05	$81,145.88	$135,138.93
# of Claims	36					
# Open	1	Recovery Amount:	-$441.12			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

917000 - VDOT Culpeper District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,576.73	$6,547.36	$10,124.09
Indemnity.....	.....			$137,648.29	$38,058.32	$175,706.61
Medical.....	.....			$120,537.30	$19,677.34	$140,214.64
				$261,762.32	$64,283.02	$326,045.34
# of Claims	31					
# Open	3	Recovery Amount:	-$15,470.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$199.74	$665.32	$865.06
Indemnity.....	.....			$7,851.73	$15,302.57	$23,154.30
Medical.....	.....			$13,425.78	$44,745.41	$58,171.19
				$21,477.25	$60,713.30	$82,190.55
# of Claims	27					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,744.77	$11,004.88	$25,749.65
Indemnity.....	.....			$617,405.95	$166,712.30	$784,118.25
Medical.....	.....			$1,105,524.13	$398,302.26	$1,503,826.39
				$1,737,674.85	$576,019.44	$2,313,694.29
# of Claims	502					
# Open	13	Recovery Amount:	-$93,774.34			

918000 - VDOT Staunton District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$22,124.80	$10,259.37	$32,384.17
Indemnity.....	.....			$296,430.26	$721.44	$297,151.70
Medical.....	.....			$443,141.92	$514,990.15	$958,132.07
				$761,696.98	$525,970.96	$1,287,667.94
# of Claims	51					
# Open	1	Recovery Amount:	-$11,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

918000 - VDOT Staunton District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,731.36	$0.00	$2,731.36
Indemnity.....	.....			$8,533.19	$0.00	$8,533.19
Medical.....	.....			$58,799.83	$0.00	$58,799.83
				$70,064.38	$0.00	$70,064.38
# of Claims	32					
# Open	0	Recovery Amount:	-$2,124.87			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$275.82	$0.00	$275.82
Indemnity.....	.....			$19,678.70	$0.00	$19,678.70
Medical.....	.....			$84,439.55	$0.00	$84,439.55
				$104,394.07	$0.00	$104,394.07
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$143.48	$0.00	$143.48
Indemnity.....	.....			$15,264.01	$0.00	$15,264.01
Medical.....	.....			$111,570.55	$0.00	$111,570.55
				$126,978.04	$0.00	$126,978.04
# of Claims	20					
# Open	0	Recovery Amount:	-$53,036.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$327.10	$2,000.00	$2,327.10
Indemnity.....	.....			$51,828.73	$4,697.36	$56,526.09
Medical.....	.....			$205,998.13	$183,615.37	$389,613.50
				$258,153.96	$190,312.73	$448,466.69
# of Claims	33					
# Open	1	Recovery Amount:	-$4,257.96			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

918000 - VDOT Staunton District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$375.71	$0.00	$375.71
Indemnity.....	.....			$82,046.04	$0.00	$82,046.04
Medical.....	.....			$250,643.36	$0.00	$250,643.36
				$333,065.11	$0.00	$333,065.11
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$443.62	$59.00	$502.62
Indemnity.....	.....			$87,231.43	$55,207.87	$142,439.30
Medical.....	.....			$147,220.62	$52,423.13	$199,643.75
				$234,895.67	$107,690.00	$342,585.67
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$312.25	$0.00	$312.25
Indemnity.....	.....			$25,950.74	$0.00	$25,950.74
Medical.....	.....			$69,340.10	$0.00	$69,340.10
				$95,603.09	$0.00	$95,603.09
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$606.30	$46.80	$653.10
Indemnity.....	.....			$57,000.52	$10,740.62	$67,741.14
Medical.....	.....			$167,123.78	$19,625.16	$186,748.94
				$224,730.60	$30,412.58	$255,143.18
# of Claims	23					
# Open	1	Recovery Amount:	-$488.14			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

918000 - VDOT Staunton District Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,391.14	$1,063.36	$4,454.50
Indemnity.....	.....			$31,097.30	$35,898.78	$66,996.08
Medical.....	.....			$195,172.90	$117,551.22	$312,724.12
				$229,661.34	$154,513.36	$384,174.70
# of Claims	34					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$518.82	$181.18	$700.00
Indemnity.....	.....			$7,961.67	$23,853.33	$31,815.00
Medical.....	.....			$11,051.16	$12,839.48	$23,890.64
				$19,531.65	$36,873.99	$56,405.64
# of Claims	18					
# Open	1	Recovery Amount:	-$500.00			

Grand Totals						
Expense.....	.....			$31,250.40	$13,609.71	$44,860.11
Indemnity.....	.....			$683,022.59	$131,119.40	$814,141.99
Medical.....	.....			$1,744,501.90	$901,044.51	$2,645,546.41
				$2,458,774.89	$1,045,773.62	$3,504,548.51
# of Claims	331					
# Open	7	Recovery Amount:	-$71,407.45			

919000 - VDOT Northern VA Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8,420.49	$0.00	$8,420.49
Indemnity.....	.....			$463,380.60	$0.00	$463,380.60
Medical.....	.....			$290,229.73	$0.00	$290,229.73
				$762,030.82	$0.00	$762,030.82
# of Claims	38					
# Open	0	Recovery Amount:	-$21,529.10			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

919000 - VDOT Northern VA Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8,782.84**	**$0.00**	**$8,782.84**
Indemnity				**$428,089.62**	**$0.00**	**$428,089.62**
Medical				**$232,489.15**	**$0.00**	**$232,489.15**
				$669,361.61	**$0.00**	**$669,361.61**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$240.63**	**$0.00**	**$240.63**
Indemnity				**$19,582.32**	**$0.00**	**$19,582.32**
Medical				**$129,104.27**	**$0.00**	**$129,104.27**
				$148,927.22	**$0.00**	**$148,927.22**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**-$26,905.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$5,795.01**	**$0.00**	**$5,795.01**
Indemnity				**$241,936.78**	**$0.00**	**$241,936.78**
Medical				**$203,966.43**	**$0.00**	**$203,966.43**
				$451,698.22	**$0.00**	**$451,698.22**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,668.42**	**$589.15**	**$12,257.57**
Indemnity				**$150,863.16**	**$66,091.00**	**$216,954.16**
Medical				**$150,652.42**	**$89,005.09**	**$239,657.51**
				$313,184.00	**$155,685.24**	**$468,869.24**
# of Claims	**38**					
# Open	**1**	**Recovery Amount:**	**-$5,214.55**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

919000 - VDOT Northern VA Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$2,893.64	$0.00	$2,893.64
Indemnity.....	.....			$102,281.12	$0.00	$102,281.12
Medical.....	.....			$175,962.08	$0.00	$175,962.08
				$281,136.84	$0.00	$281,136.84
# of Claims	38					
# Open	0	Recovery Amount:	-$1,670.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$184.52	$0.00	$184.52
Indemnity.....	.....			$16,917.36	$0.00	$16,917.36
Medical.....	.....			$83,356.87	$0.00	$83,356.87
				$100,458.75	$0.00	$100,458.75
# of Claims	31					
# Open	0	Recovery Amount:	-$12,327.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$1,052.83	$39.87	$1,092.70
Indemnity.....	.....			$146,978.53	$40,662.73	$187,641.26
Medical.....	.....			$188,091.28	$73,560.29	$261,651.57
				$336,122.64	$114,262.89	$450,385.53
# of Claims	19					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$445.93	$23.87	$469.80
Indemnity.....	.....			$90,107.66	$32,489.74	$122,597.40
Medical.....	.....			$164,299.37	$72,770.09	$237,069.46
				$254,852.96	$105,283.70	$360,136.66
# of Claims	39					
# Open	2	Recovery Amount:	-$1,041.05			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

919000 - VDOT Northern VA Dist. Wide

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$313.63	$62.30	$375.93
Indemnity.....	.....			$28,267.97	$3,439.75	$31,707.72
Medical.....	.....			$148,884.23	$16,679.11	$165,563.34
				$177,465.83	$20,181.16	$197,646.99
# of Claims	32					
# Open	2	Recovery Amount:	-$456.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$539.90	$723.31	$1,263.21
Indemnity.....	.....			$15,591.38	$59,884.36	$75,475.74
Medical.....	.....			$23,283.40	$111,409.61	$134,693.01
				$39,414.68	$172,017.28	$211,431.96
# of Claims	45					
# Open	9	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$40,337.84	$1,438.50	$41,776.34
Indemnity.....	.....			$1,703,996.50	$202,567.58	$1,906,564.08
Medical.....	.....			$1,790,319.23	$363,424.19	$2,153,743.42
				$3,534,653.57	$567,430.27	$4,102,083.84
# of Claims	392					
# Open	15	Recovery Amount:	-$69,144.43			

91 - VDOT - INFORMATION SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

91 - VDOT - INFORMATION SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$77.17	$0.00	$77.17
				$77.17	$0.00	$77.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$83.00	$0.00	$83.00
				$83.00	$0.00	$83.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

91 - VDOT - INFORMATION SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,033.85	$0.00	$5,033.85
Medical.....	.....			$14,223.28	$0.00	$14,223.28
				$19,257.13	$0.00	$19,257.13
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$315.41	$0.00	$315.41
Medical.....	.....			$1,946.40	$0.00	$1,946.40
				$2,261.81	$0.00	$2,261.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,505.17	$0.00	$2,505.17
Medical.....	.....			$2,133.68	$0.00	$2,133.68
				$4,638.85	$0.00	$4,638.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

91 - VDOT - INFORMATION SYSTEMS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.00	$0.00	$80.00
				$80.00	$0.00	$80.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.40	$0.00	$181.40
				$181.40	$0.00	$181.40
# of Claims	1					
# Open	0	Recovery Amount:	-$181.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$78.00	$0.00	$78.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$78.00	$0.00	$78.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$78.00	$0.00	$78.00
Indemnity.....	.....			$7,854.43	$0.00	$7,854.43
Medical.....	.....			$18,759.93	$0.00	$18,759.93
				$26,692.36	$0.00	$26,692.36
# of Claims	21					
# Open	0	Recovery Amount:	-$181.40			

920 - VDOT-NoVa Construction

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

920 - VDOT-NoVa Construction

WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,954.30**	**$0.00**	**$2,954.30**
				$2,954.30	**$0.00**	**$2,954.30**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$533.94**	**$0.00**	**$533.94**
Medical				**$3,112.68**	**$0.00**	**$3,112.68**
				$3,646.62	**$0.00**	**$3,646.62**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$44.50**	**$0.00**	**$44.50**
Indemnity				**$8,129.46**	**$0.00**	**$8,129.46**
Medical				**$23,485.56**	**$0.00**	**$23,485.56**
				$31,659.52	**$0.00**	**$31,659.52**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$29,658.65**			

Grand Totals						
Expense				**$44.50**	**$0.00**	**$44.50**
Indemnity				**$8,663.40**	**$0.00**	**$8,663.40**
Medical				**$29,552.54**	**$0.00**	**$29,552.54**
				$38,260.44	**$0.00**	**$38,260.44**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$29,658.65**			

92 - VDOT - MANAGEMENT SERVICES

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

92 - VDOT - MANAGEMENT SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.62**	**$0.00**	**$27.62**
				$27.62	**$0.00**	**$27.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60.00**	**$0.00**	**$60.00**
				$60.00	**$0.00**	**$60.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,312.15**	**$0.00**	**$17,312.15**
Medical				**$9,222.75**	**$0.00**	**$9,222.75**
				$26,534.90	**$0.00**	**$26,534.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$17,268.95**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$17,312.15**	**$0.00**	**$17,312.15**
Medical				**$9,310.37**	**$0.00**	**$9,310.37**
				$26,622.52	**$0.00**	**$26,622.52**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$17,268.95**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

92 - VDOT - MANAGEMENT SERVICES

943 - VDOT-HAMPTON ROADS TUNNEL

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$267.00	$0.00	$267.00
				$267.00	$0.00	$267.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.91	$0.00	$283.91
				$283.91	$0.00	$283.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$360.32	$0.00	$360.32
				$360.32	$0.00	$360.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$911.23	$0.00	$911.23
				$911.23	$0.00	$911.23

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

943 - VDOT-HAMPTON ROADS TUNNEL

# of Claims 5

 # Open 0 **Recovery Amount:** $0.00

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$5,339.74	$0.00	$5,339.74
Indemnity.....	.....			$140,358.76	$0.00	$140,358.76
Medical.....	.....			$16,214.98	$0.00	$16,214.98
				$161,913.48	$0.00	$161,913.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$227.17	$0.00	$227.17
				$227.17	$0.00	$227.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,980.40	$0.00	$2,980.40
Indemnity.....	.....			$95,462.38	$0.00	$95,462.38
Medical.....	.....			$71,728.49	$0.00	$71,728.49
				$170,171.27	$0.00	$170,171.27
# of Claims	112					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,704.99	$0.00	$5,704.99
Indemnity.....	.....			$188,315.07	$0.00	$188,315.07
Medical.....	.....			$167,391.09	$0.00	$167,391.09
				$361,411.15	$0.00	$361,411.15
# of Claims	128					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$28,358.01	$0.00	$28,358.01
Indemnity.....	.....			$452,114.73	$0.00	$452,114.73
Medical.....	.....			$190,688.41	$0.00	$190,688.41
				$671,161.15	$0.00	$671,161.15
# of Claims	131					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$173,665.10	$0.00	$173,665.10
Medical.....	.....			$202,598.66	$0.00	$202,598.66
				$376,263.76	$0.00	$376,263.76
# of Claims	100					
# Open	0	Recovery Amount:	-$632.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$232,566.35	$0.00	$232,566.35
Medical.....	.....			$208,794.67	$0.00	$208,794.67
				$441,361.02	$0.00	$441,361.02
# of Claims	107					
# Open	0	Recovery Amount:	-$12,506.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,407.23	$0.00	$3,407.23
Medical.....	.....			$13,090.69	$0.00	$13,090.69
				$16,497.92	$0.00	$16,497.92
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$414.53	$0.00	$414.53
Indemnity.....	.....			$407,243.39	$0.00	$407,243.39
Medical.....	.....			$355,907.35	$0.00	$355,907.35
				$763,565.27	$0.00	$763,565.27
# of Claims	30					
# Open	0	Recovery Amount:	-$17,184.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,859.27	$0.00	$21,859.27
Medical.....	.....			$43,585.45	$0.00	$43,585.45
				$65,444.72	$0.00	$65,444.72
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,423.31	$0.00	$28,423.31
Medical.....	.....			$41,788.66	$0.00	$41,788.66
				$70,211.97	$0.00	$70,211.97
# of Claims	34					
# Open	0	Recovery Amount:	-$575.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,012.75	$0.00	$28,012.75
Medical.....	.....			$127,265.90	$0.00	$127,265.90
				$155,278.65	$0.00	$155,278.65
# of Claims	37					
# Open	0	Recovery Amount:	-$23,747.73			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,777.21	$0.00	$14,777.21
Medical.....	.....			$68,781.78	$0.00	$68,781.78
				$83,558.99	$0.00	$83,558.99
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,767.43	$0.00	$13,767.43
Medical.....	.....			$38,735.13	$0.00	$38,735.13
				$52,502.56	$0.00	$52,502.56
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,244.25	$0.00	$20,244.25
Medical.....	.....			$60,378.05	$0.00	$60,378.05
				$80,622.30	$0.00	$80,622.30
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$2,948.00	$0.00	$2,948.00
Indemnity.....	.....			$603,016.39	$0.00	$603,016.39
Medical.....	.....			$160,555.45	$41,228.06	$201,783.51
				$766,519.84	$41,228.06	$807,747.90
# of Claims	21					
# Open	1	Recovery Amount:	-$24,991.40			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,048.35	$0.00	$23,048.35
Medical.....	.....			$30,292.63	$0.00	$30,292.63
				$53,340.98	$0.00	$53,340.98
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,624.94	$0.00	$29,624.94
Medical.....	.....			$76,862.86	$0.00	$76,862.86
				$106,487.80	$0.00	$106,487.80
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$14,624.94	$0.00	$14,624.94
Indemnity.....	.....			$268,604.54	$0.00	$268,604.54
Medical.....	.....			$405,636.72	$0.00	$405,636.72
				$688,866.20	$0.00	$688,866.20
# of Claims	19					
# Open	0	Recovery Amount:	-$2,480.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,884.90	$0.00	$21,884.90
Medical.....	.....			$38,618.09	$0.00	$38,618.09
				$60,502.99	$0.00	$60,502.99
# of Claims	15					
# Open	0	Recovery Amount:	-$1,524.23			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

947 - VDOT - Arlington/Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$176.34	$0.00	$176.34
Indemnity.....	.....			$8,710.04	$0.00	$8,710.04
Medical.....	.....			$16,471.98	$0.00	$16,471.98
				$25,358.36	$0.00	$25,358.36
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$719.46	$0.00	$719.46
Medical.....	.....			$8,244.25	$0.00	$8,244.25
				$8,963.71	$0.00	$8,963.71
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,098.86	$0.00	$2,098.86
				$2,098.86	$0.00	$2,098.86
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$85,000.00	$0.00	$85,000.00
Medical.....	.....			$0.00	$0.00	$0.00
				$85,000.00	$0.00	$85,000.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$60,546.95	$0.00	$60,546.95
Indemnity.....	.....			$2,860,825.85	$0.00	$2,860,825.85
Medical.....	.....			$2,345,957.32	$41,228.06	$2,387,185.38
				$5,267,330.12	$41,228.06	$5,308,558.18
# of Claims	957					
# Open	1	Recovery Amount:	-$83,642.56			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

948 - VDOT - MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$4,587.24	$132.01	$4,719.25
Indemnity.....	.....			$208,849.92	$0.00	$208,849.92
Medical.....	.....			$205,736.61	$8,538.97	$214,275.58
				$419,173.77	$8,670.98	$427,844.75
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$487.50	$0.00	$487.50
Indemnity.....	.....			$4,207.38	$0.00	$4,207.38
Medical.....	.....			$8,936.79	$0.00	$8,936.79
				$13,631.67	$0.00	$13,631.67
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$12,398.88	$0.00	$12,398.88
Indemnity.....	.....			$405,434.36	$0.00	$405,434.36
Medical.....	.....			$178,128.10	$0.00	$178,128.10
				$595,961.34	$0.00	$595,961.34
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$80,730.64	$0.00	$80,730.64
Medical.....	.....			$37,801.38	$0.00	$37,801.38
				$118,532.02	$0.00	$118,532.02
# of Claims	38					
# Open	0	Recovery Amount:	-$116.73			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

948 - VDOT - MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,379.51	$0.00	$13,379.51
Medical.....	.....			$22,257.18	$0.00	$22,257.18
				$35,636.69	$0.00	$35,636.69
# of Claims	28					
# Open	0	Recovery Amount:	-$780.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$13,688.01	$0.00	$13,688.01
Medical.....	.....			$15,741.89	$0.00	$15,741.89
				$29,453.90	$0.00	$29,453.90
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,241.74	$0.00	$7,241.74
Medical.....	.....			$7,409.45	$0.00	$7,409.45
				$14,651.19	$0.00	$14,651.19
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,103.20	$0.00	$26,103.20
Medical.....	.....			$14,062.94	$0.00	$14,062.94
				$40,166.14	$0.00	$40,166.14
# of Claims	12					
# Open	0	Recovery Amount:	-$402.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,328.30	$0.00	$2,328.30
Medical.....	.....			$4,532.07	$0.00	$4,532.07
				$6,860.37	$0.00	$6,860.37
# of Claims	9					
# Open	0	Recovery Amount:	-$54.50			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

948 - VDOT - MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,427.66	$0.00	$11,427.66
Medical.....	.....			$7,610.29	$0.00	$7,610.29
				$19,037.95	$0.00	$19,037.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,080.00	$0.00	$2,080.00
Indemnity.....	.....			$232,724.40	$0.00	$232,724.40
Medical.....	.....			$39,663.13	$0.00	$39,663.13
				$274,467.53	$0.00	$274,467.53
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,379.88	$0.00	$3,379.88
Medical.....	.....			$7,587.43	$0.00	$7,587.43
				$10,967.31	$0.00	$10,967.31
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,143.61	$0.00	$10,143.61
Medical.....	.....			$20,119.56	$0.00	$20,119.56
				$30,263.17	$0.00	$30,263.17
# of Claims	12					
# Open	0	Recovery Amount:	-$10,341.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,779.08	$0.00	$1,779.08
Indemnity.....	.....			$126,996.69	$0.00	$126,996.69
Medical.....	.....			$56,786.52	$0.00	$56,786.52
				$185,562.29	$0.00	$185,562.29
# of Claims	16					
# Open	0	Recovery Amount:	-$74,336.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

948 - VDOT - MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,421.05	$0.00	$18,421.05
Medical.....	.....			$52,015.23	$0.00	$52,015.23
				$70,436.28	$0.00	$70,436.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$159,499.25	$0.00	$159,499.25
Medical.....	.....			$34,677.53	$0.00	$34,677.53
				$194,176.78	$0.00	$194,176.78
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,623.60	$0.00	$8,623.60
Medical.....	.....			$40,457.63	$0.00	$40,457.63
				$49,081.23	$0.00	$49,081.23
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,592.07	$0.00	$3,592.07
Medical.....	.....			$5,791.24	$0.00	$5,791.24
				$9,383.31	$0.00	$9,383.31
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$168.30	$0.00	$168.30
Indemnity.....	.....			$13,373.54	$0.00	$13,373.54
Medical.....	.....			$61,676.56	$0.00	$61,676.56
				$75,218.40	$0.00	$75,218.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

948 - VDOT - MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,111.23**	**$0.00**	**$2,111.23**
				$2,111.23	**$0.00**	**$2,111.23**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$2,111.23**			
Grand Totals						
Expense				**$21,525.00**	**$132.01**	**$21,657.01**
Indemnity				**$1,350,144.81**	**$0.00**	**$1,350,144.81**
Medical				**$823,102.76**	**$8,538.97**	**$831,641.73**
				$2,194,772.57	**$8,670.98**	**$2,203,443.55**
# of Claims	**321**					
# Open	**1**	**Recovery Amount:**	**-$88,143.56**			

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$7,019.88**	**$0.00**	**$7,019.88**
Medical				**$8,820.23**	**$0.00**	**$8,820.23**
				$16,223.61	**$0.00**	**$16,223.61**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,403.30	$0.00	$1,403.30
Indemnity.....	.....			$65,000.60	$0.00	$65,000.60
Medical.....	.....			$46,182.62	$0.00	$46,182.62
				$112,586.52	$0.00	$112,586.52
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$172.65	$0.00	$172.65
Medical.....	.....			$2,239.99	$0.00	$2,239.99
				$2,412.64	$0.00	$2,412.64
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$122,912.32	$0.00	$122,912.32
Medical.....	.....			$78,080.82	$0.00	$78,080.82
				$200,993.14	$0.00	$200,993.14
# of Claims	27					
# Open	0	Recovery Amount:	-$78.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,719.84	$0.00	$4,719.84
Medical.....	.....			$13,492.82	$0.00	$13,492.82
				$18,212.66	$0.00	$18,212.66
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$496.15	$0.00	$496.15
				$496.15	$0.00	$496.15
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,365.22	$0.00	$2,365.22
Medical.....	.....			$7,280.80	$0.00	$7,280.80
				$9,646.02	$0.00	$9,646.02
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$181.96	$0.00	$181.96
Medical.....	.....			$1,951.54	$0.00	$1,951.54
				$2,133.50	$0.00	$2,133.50
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,789.84	$0.00	$35,789.84
Medical.....	.....			$54,348.04	$0.00	$54,348.04
				$90,137.88	$0.00	$90,137.88
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$404.96	$0.00	$404.96
Medical.....	.....			$1,926.42	$0.00	$1,926.42
				$2,331.38	$0.00	$2,331.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,707.89	$0.00	$4,707.89
Medical.....	.....			$7,756.44	$0.00	$7,756.44
				$12,464.33	$0.00	$12,464.33
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,942.32	$0.00	$3,942.32
Indemnity.....	.....			$164,392.72	$0.00	$164,392.72
Medical.....	.....			$114,964.28	$0.00	$114,964.28
				$283,299.32	$0.00	$283,299.32
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,692.74	$0.00	$2,692.74
Medical.....	.....			$12,287.90	$0.00	$12,287.90
				$14,980.64	$0.00	$14,980.64
# of Claims	10					
# Open	0	Recovery Amount:	-$4,425.43			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,985.52	$0.00	$2,985.52
Medical.....	.....			$5,308.28	$0.00	$5,308.28
				$8,293.80	$0.00	$8,293.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,099.41	$0.00	$7,099.41
Medical.....	.....			$7,609.10	$0.00	$7,609.10
				$14,708.51	$0.00	$14,708.51
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,775.20	$0.00	$1,775.20
Indemnity.....	.....			$271,942.02	$0.00	$271,942.02
Medical.....	.....			$109,563.02	$0.00	$109,563.02
				$383,280.24	$0.00	$383,280.24
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$9,395.30	$0.00	$9,395.30
Indemnity.....	.....			$367,789.73	$0.00	$367,789.73
Medical.....	.....			$6,458.73	$0.00	$6,458.73
				$383,643.76	$0.00	$383,643.76
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

949 - VDOT - LEESBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$519.40	$0.00	$519.40
Indemnity.....	.....			$26,463.50	$0.00	$26,463.50
Medical.....	.....			$140,290.23	$0.00	$140,290.23
				$167,273.13	$0.00	$167,273.13
# of Claims	8					
# Open	0	Recovery Amount:	-$1,724.58			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$64.12	$0.00	$64.12
Indemnity.....	.....			$13,674.06	$0.00	$13,674.06
Medical.....	.....			$95,635.76	$0.00	$95,635.76
				$109,373.94	$0.00	$109,373.94
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.00	$0.00	$245.00
				$245.00	$0.00	$245.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,483.14	$0.00	$17,483.14
Indemnity.....	.....			$1,100,314.86	$0.00	$1,100,314.86
Medical.....	.....			$714,938.17	$0.00	$714,938.17
				$1,832,736.17	$0.00	$1,832,736.17
# of Claims	260					
# Open	0	Recovery Amount:	-$6,228.82			

94 - VDOT Learning Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

94 - VDOT Learning Center

WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

957 - VDOT-NoVa Prince William Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,102.03**	**$0.00**	**$9,102.03**
Medical				**$16,925.07**	**$0.00**	**$16,925.07**
				$26,027.10	**$0.00**	**$26,027.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$200.15**	**$0.00**	**$200.15**
				$200.15	**$0.00**	**$200.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$9,102.03**	**$0.00**	**$9,102.03**
Medical			**$17,125.22**	**$0.00**	**$17,125.22**
			$26,227.25	**$0.00**	**$26,227.25**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

957 - VDOT-NoVa Prince William Residency

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,102.03**	**$0.00**	**$9,102.03**
Medical				**$16,925.07**	**$0.00**	**$16,925.07**
				$26,027.10	**$0.00**	**$26,027.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$200.15**	**$0.00**	**$200.15**
				$200.15	**$0.00**	**$200.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,102.03**	**$0.00**	**$9,102.03**
Medical				**$17,125.22**	**$0.00**	**$17,125.22**
				$26,227.25	**$0.00**	**$26,227.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

95 - VDOT Investigative Division

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

95 - VDOT Investigative Division

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

975 - VDOT-NoVa Planning & Development

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

981 - VDOT - NoVa Maintenance

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$2,516.37	$0.00	$2,516.37
Medical.....	.....	$31,823.53	$0.00	$31,823.53
		$34,339.90	$0.00	$34,339.90

# of Claims 14

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

981 - VDOT - NoVa Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$19,552.11	$0.00	$19,552.11
Indemnity.....	.....			$680,399.73	$0.00	$680,399.73
Medical.....	.....			$268,876.56	$0.00	$268,876.56
				$968,828.40	$0.00	$968,828.40
# of Claims	27					
# Open	0	Recovery Amount:	-$119.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$86.00	$0.00	$86.00
Indemnity.....	.....			$96,373.25	$0.00	$96,373.25
Medical.....	.....			$128,971.79	$0.00	$128,971.79
				$225,431.04	$0.00	$225,431.04
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$3,427.71	$0.00	$3,427.71
Indemnity.....	.....			$99,040.34	$0.00	$99,040.34
Medical.....	.....			$93,048.56	$0.00	$93,048.56
				$195,516.61	$0.00	$195,516.61
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$23,065.82	$0.00	$23,065.82
Indemnity.....	.....			$878,329.69	$0.00	$878,329.69
Medical.....	.....			$522,720.44	$0.00	$522,720.44
				$1,424,115.95	$0.00	$1,424,115.95
# of Claims	90					
# Open	0	Recovery Amount:	-$119.49			

987 - VDOT - NoVa Preliminary Engineerin

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

987 - VDOT - NoVa Preliminary Engineerin

WC2010	**7/1/2009 - 6/30/2010**				
Expense			**$507.82**	**$0.00**	**$507.82**
Indemnity			**$17,563.72**	**$0.00**	**$17,563.72**
Medical			**$23,941.89**	**$0.00**	**$23,941.89**
			$42,013.43	**$0.00**	**$42,013.43**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$374.74**	**$0.00**	**$374.74**
Medical			**$50.00**	**$0.00**	**$50.00**
			$424.74	**$0.00**	**$424.74**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$507.82**	**$0.00**	**$507.82**
Indemnity			**$17,938.46**	**$0.00**	**$17,938.46**
Medical			**$23,991.89**	**$0.00**	**$23,991.89**
			$42,438.17	**$0.00**	**$42,438.17**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

997 - VDOT - DULLES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$100.00**	**$0.00**	**$100.00**
			$100.00	**$0.00**	**$100.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

997 - VDOT - DULLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$9,545.45	$0.00	$9,545.45
Medical.....	.....			$24,290.54	$0.00	$24,290.54
				$34,281.99	$0.00	$34,281.99
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$7,034.60	$0.00	$7,034.60
Indemnity.....	.....			$171,669.62	$0.00	$171,669.62
Medical.....	.....			$104,476.91	$0.00	$104,476.91
				$283,181.13	$0.00	$283,181.13
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,274.62	$0.00	$17,274.62
Medical.....	.....			$60,316.67	$0.00	$60,316.67
				$77,591.29	$0.00	$77,591.29
# of Claims	48					
# Open	0	Recovery Amount:	-$29.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$53.90	$0.00	$53.90
Indemnity.....	.....			$229,907.80	$0.00	$229,907.80
Medical.....	.....			$124,670.31	$0.00	$124,670.31
				$354,632.01	$0.00	$354,632.01
# of Claims	47					
# Open	0	Recovery Amount:	-$8,184.62			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

997 - VDOT - DULLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,925.72	$0.00	$3,925.72
Indemnity.....	.....			$102,129.77	$0.00	$102,129.77
Medical.....	.....			$924,000.22	$0.00	$924,000.22
				$1,030,055.71	$0.00	$1,030,055.71
# of Claims	60					
# Open	0	Recovery Amount:	-$423.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,585.94	$0.00	$9,585.94
Medical.....	.....			$38,148.76	$0.00	$38,148.76
				$47,734.70	$0.00	$47,734.70
# of Claims	37					
# Open	0	Recovery Amount:	-$8,826.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,340.88	$0.00	$14,340.88
Medical.....	.....			$37,681.58	$0.00	$37,681.58
				$52,022.46	$0.00	$52,022.46
# of Claims	17					
# Open	0	Recovery Amount:	-$17,832.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,488.34	$0.00	$18,488.34
Medical.....	.....			$11,425.73	$0.00	$11,425.73
				$29,914.07	$0.00	$29,914.07
# of Claims	16					
# Open	0	Recovery Amount:	-$5,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

997 - VDOT - DULLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$112.65	$0.00	$112.65
Medical.....	.....			$2,812.24	$0.00	$2,812.24
				$2,924.89	$0.00	$2,924.89
# of Claims	7					
# Open	0	Recovery Amount:	-$88.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,273.37	$0.00	$3,273.37
Medical.....	.....			$15,521.97	$0.00	$15,521.97
				$18,795.34	$0.00	$18,795.34
# of Claims	16					
# Open	0	Recovery Amount:	-$2,367.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$10,983.22	$0.00	$10,983.22
Medical.....	.....			$36,642.73	$0.00	$36,642.73
				$47,975.95	$0.00	$47,975.95
# of Claims	12					
# Open	0	Recovery Amount:	-$5,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,658.68	$0.00	$11,658.68
Medical.....	.....			$32,847.36	$0.00	$32,847.36
				$44,506.04	$0.00	$44,506.04
# of Claims	12					
# Open	0	Recovery Amount:	-$12,625.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

997 - VDOT - DULLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,666.30	$0.00	$2,666.30
Medical.....	.....			$11,086.16	$0.00	$11,086.16
				$13,752.46	$0.00	$13,752.46
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,995.47	$0.00	$1,995.47
				$1,995.47	$0.00	$1,995.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,936.49	$0.00	$1,936.49
Medical.....	.....			$5,425.41	$0.00	$5,425.41
				$7,361.90	$0.00	$7,361.90
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

997 - VDOT - DULLES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$161.25	$0.00	$161.25
Indemnity.....	.....			$32,281.87	$0.00	$32,281.87
Medical.....	.....			$56,389.27	$0.00	$56,389.27
				$88,832.39	$0.00	$88,832.39
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$12,335.70	$0.00	$12,335.70
Indemnity.....	.....			$188,830.25	$0.00	$188,830.25
Medical.....	.....			$38,051.51	$0.00	$38,051.51
				$239,217.46	$0.00	$239,217.46
# of Claims	6					
# Open	0	Recovery Amount:	-$24,030.05			

Grand Totals						
Expense.....	.....			$24,307.17	$0.00	$24,307.17
Indemnity.....	.....			$824,685.25	$0.00	$824,685.25
Medical.....	.....			$1,525,882.84	$0.00	$1,525,882.84
				$2,374,875.26	$0.00	$2,374,875.26
# of Claims	412					
# Open	0	Recovery Amount:	-$84,408.64			

9 - VDOT-COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

9 - VDOT-COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$340.00	$0.00	$340.00
				$340.00	$0.00	$340.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

9 - VDOT-COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,496.70	$0.00	$10,496.70
Medical.....	.....			$42,072.42	$0.00	$42,072.42
				$52,569.12	$0.00	$52,569.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,496.70	$0.00	$10,496.70
Medical.....	.....			$42,412.42	$0.00	$42,412.42
				$52,909.12	$0.00	$52,909.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

S501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$101,232.54	$0.00	$101,232.54
Indemnity.....	.....			$2,891,090.88	$0.00	$2,891,090.88
Medical.....	.....			$2,653,170.21	$0.00	$2,653,170.21
				$5,645,493.63	$0.00	$5,645,493.63
# of Claims	1,486					
# Open	0	Recovery Amount:	-$237,537.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

S501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$231,776.84	$8,250.01	$240,026.85
Indemnity.....	.....			$3,228,475.77	$136,854.20	$3,365,329.97
Medical.....	.....			$4,304,891.30	$470,141.10	$4,775,032.40
				$7,765,143.91	$615,245.31	$8,380,389.22
# of Claims	1,400					
# Open	3	Recovery Amount:	-$204,219.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$183,773.82	$661.00	$184,434.82
Indemnity.....	.....			$3,169,296.94	$0.00	$3,169,296.94
Medical.....	.....			$2,712,250.45	$0.00	$2,712,250.45
				$6,065,321.21	$661.00	$6,065,982.21
# of Claims	1,290					
# Open	1	Recovery Amount:	-$236,429.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,146.00	$0.00	$2,146.00
Indemnity.....	.....			$31,343.04	$0.00	$31,343.04
Medical.....	.....			$42,495.60	$0.00	$42,495.60
				$75,984.64	$0.00	$75,984.64
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,564.42	$0.00	$3,564.42
Medical.....	.....			$20,500.62	$0.00	$20,500.62
				$24,065.04	$0.00	$24,065.04
# of Claims	160					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

S501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$600.00**	**$0.00**	**$600.00**
Indemnity				**$12,184.97**	**$0.00**	**$12,184.97**
Medical				**$26,404.59**	**$0.00**	**$26,404.59**
				$39,189.56	**$0.00**	**$39,189.56**
# of Claims	**136**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$890.72**	**$0.00**	**$890.72**
				$890.72	**$0.00**	**$890.72**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$159.41**	**$0.00**	**$159.41**
Medical				**$3,408.08**	**$0.00**	**$3,408.08**
				$3,567.49	**$0.00**	**$3,567.49**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

S501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$247.41	$0.00	$247.41
Medical.....	.....			$14,553.44	$0.00	$14,553.44
				$14,800.85	$0.00	$14,800.85
# of Claims	158					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$102.32	$0.00	$102.32
Medical.....	.....			$1,691.52	$0.00	$1,691.52
				$1,793.84	$0.00	$1,793.84
# of Claims	13					
# Open	0	Recovery Amount:	-$317.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,259.32	$0.00	$2,259.32
Medical.....	.....			$30,486.13	$0.00	$30,486.13
				$32,745.45	$0.00	$32,745.45
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,233.63	$0.00	$4,233.63
Medical.....	.....			$8,214.98	$0.00	$8,214.98
				$12,448.61	$0.00	$12,448.61
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

501 - HIGHWAYS & TRANS, DEPT OF

S501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$68.13**	**$0.00**	**$68.13**
				$88.13	**$0.00**	**$88.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$519,549.20**	**$8,911.01**	**$528,460.21**
Indemnity				**$9,342,958.11**	**$136,854.20**	**$9,479,812.31**
Medical				**$9,819,025.77**	**$470,141.10**	**$10,289,166.87**
				$19,681,533.08	**$615,906.31**	**$20,297,439.39**
# of Claims	**4,827**					
# Open	**4**	**Recovery Amount:**	**-$678,504.63**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

503 - VDOT Consigned Claims

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1979	**7/1/1978 - 6/30/1979**					
Expense				**$8.00**	**$67.00**	**$75.00**
Indemnity				**$60,794.69**	**$0.00**	**$60,794.69**
Medical				**$85,570.94**	**$290,397.17**	**$375,968.11**
				$146,373.63	**$290,464.17**	**$436,837.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8.00**	**$67.00**	**$75.00**
Indemnity				**$60,794.69**	**$0.00**	**$60,794.69**
Medical				**$85,570.94**	**$290,397.17**	**$375,968.11**
				$146,373.63	**$290,464.17**	**$436,837.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

S503 - VDOT Consigned Claims

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1982	**7/1/1981 - 6/30/1982**					
Expense				**$127.04**	**$0.00**	**$127.04**
Indemnity				**$172,321.39**	**$0.00**	**$172,321.39**
Medical				**$5,450.00**	**$0.00**	**$5,450.00**
				$177,898.43	**$0.00**	**$177,898.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1984	**7/1/1983 - 6/30/1984**					
Expense				**$8.00**	**$3,792.00**	**$3,800.00**
Indemnity				**$85,314.53**	**$0.00**	**$85,314.53**
Medical				**$27,130.72**	**$41,361.80**	**$68,492.52**
				$112,453.25	**$45,153.80**	**$157,607.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**-$679.46**			
Grand Totals						
Expense				**$135.04**	**$3,792.00**	**$3,927.04**
Indemnity				**$257,635.92**	**$0.00**	**$257,635.92**
Medical				**$32,580.72**	**$41,361.80**	**$73,942.52**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

503 - VDOT Consigned Claims

S503 - VDOT Consigned Claims

				$290,351.68	**$45,153.80**	**$335,505.48**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**-$679.46**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

505 - RAIL & PUBLIC TRANS, DEPT. OF

S505 - RAIL & PUBLIC TRANS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$18.50	**$0.00**	**$18.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$106.39**	**$0.00**	**$106.39**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$106.39	**$0.00**	**$106.39**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$506.63**	**$0.00**	**$506.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$506.63	**$0.00**	**$506.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$631.52**	**$0.00**	**$631.52**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$631.52	**$0.00**	**$631.52**
# of Claims	**4**					

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

505 - RAIL & PUBLIC TRANS, DEPT. OF

S505 - RAIL & PUBLIC TRANS, DEPT. OF

# Open	**0**	**Recovery Amount:**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

506 - MOTOR VEHICLE DEALER BOARD

S506 - MOTOR VEHICLE DEALER BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.27	$0.00	$310.27
				$310.27	$0.00	$310.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$455.00	$0.00	$455.00
				$455.00	$0.00	$455.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.05	$0.00	$442.05
				$442.05	$0.00	$442.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$644.28	$0.00	$644.28
				$644.28	$0.00	$644.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

506 - MOTOR VEHICLE DEALER BOARD

S506 - MOTOR VEHICLE DEALER BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$257.84**	**$0.00**	**$257.84**
				$257.84	**$0.00**	**$257.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,456.49**	**$0.00**	**$1,456.49**
				$1,456.49	**$0.00**	**$1,456.49**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,565.93**	**$0.00**	**$3,565.93**
				$3,565.93	**$0.00**	**$3,565.93**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$47.24**	**$0.00**	**$47.24**
				$47.24	**$0.00**	**$47.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$71.43**	**$0.00**	**$71.43**
Medical				**$326.30**	**$0.00**	**$326.30**
				$397.73	**$0.00**	**$397.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,683.66**	**$0.00**	**$1,683.66**
				$1,683.66	**$0.00**	**$1,683.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$226.75	$0.00	$226.75
				$226.75	$0.00	$226.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.00	$0.00	$82.00
				$82.00	$0.00	$82.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,939.29	$0.00	$2,939.29
				$2,939.29	$0.00	$2,939.29
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,223.40	$0.00	$3,223.40
				$3,223.40	$0.00	$3,223.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$14,192.57	$2,540.00	$16,732.57
Indemnity.....	.....			$593,472.02	$702,676.64	$1,296,148.66
Medical.....	.....			$2,765,027.10	$4,866,952.10	$7,631,979.20
				$3,372,691.69	$5,572,168.74	$8,944,860.43
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,076.37	$0.00	$3,076.37
				$3,076.37	$0.00	$3,076.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$240.22	$0.00	$240.22
				$240.22	$0.00	$240.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$71.01	$0.00	$71.01
				$71.01	$0.00	$71.01
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,706.71	$0.00	$1,706.71
				$1,706.71	$0.00	$1,706.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,258.31	$0.00	$1,258.31
				$1,258.31	$0.00	$1,258.31
# of Claims	2					
# Open	0	Recovery Amount:	-$956.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$28.50	$0.00	$28.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,211.87	$0.00	$4,211.87
				$4,240.37	$0.00	$4,240.37
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$131.98	$0.00	$131.98
				$131.98	$0.00	$131.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.04	$0.00	$472.04
				$472.04	$0.00	$472.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$323.79	$0.00	$323.79
				$323.79	$0.00	$323.79
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

10 - VDH Loudoun Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$38.20	$0.00	$38.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$38.20	$0.00	$38.20
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$14,259.27	$2,540.00	$16,799.27
Indemnity.....	.....			$593,543.45	$702,676.64	$1,296,220.09
Medical.....	.....			$2,785,048.04	$4,866,952.10	$7,652,000.14
				$3,392,850.76	$5,572,168.74	$8,965,019.50
# of Claims	63					
# Open	1	Recovery Amount:	-$956.03			

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$744.50	$0.00	$744.50
				$744.50	$0.00	$744.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.00	$0.00	$141.00
				$141.00	$0.00	$141.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,485.46	$0.00	$1,485.46
Medical.....	.....			$1,874.64	$0.00	$1,874.64
				$3,360.10	$0.00	$3,360.10
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,803.99	$0.00	$12,803.99
				$12,803.99	$0.00	$12,803.99
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$665.71	$0.00	$665.71
Medical.....	.....			$594.00	$0.00	$594.00
				$1,259.71	$0.00	$1,259.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.38	$0.00	$170.38
				$170.38	$0.00	$170.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$96.00	$0.00	$96.00
				$96.00	$0.00	$96.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.80	$0.00	$179.80
				$179.80	$0.00	$179.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.40	$0.00	$266.40
				$266.40	$0.00	$266.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,079.85	$0.00	$1,079.85
				$1,079.85	$0.00	$1,079.85
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$372.15	$0.00	$372.15
				$372.15	$0.00	$372.15
# of Claims	7					
# Open	0	Recovery Amount:	-$372.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,082.14	$0.00	$3,082.14
				$3,100.64	$0.00	$3,100.64
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,231.12	$0.00	$4,231.12
				$4,231.12	$0.00	$4,231.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,905.65	$0.00	$3,905.65
Medical.....	.....			$9,956.67	$0.00	$9,956.67
				$13,862.32	$0.00	$13,862.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,597.10	$0.00	$1,597.10
				$1,597.10	$0.00	$1,597.10
# of Claims	5					
# Open	0	Recovery Amount:	-$692.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,772.52	$0.00	$3,772.52
				$3,772.52	$0.00	$3,772.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$107.32	$0.00	$107.32
				$107.32	$0.00	$107.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$49.63	$0.00	$49.63
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$731.14	$0.00	$731.14
				$780.77	$0.00	$780.77
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$29,140.56	$10,707.64	$39,848.20
Indemnity.....	.....			$403,908.88	$135,877.23	$539,786.11
Medical.....	.....			$776,038.73	$934,294.04	$1,710,332.77
				$1,209,088.17	$1,080,878.91	$2,289,967.08
# of Claims	7					
# Open	1	Recovery Amount:	-$811.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.05	$0.00	$304.05
				$304.05	$0.00	$304.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$36.75	$0.00	$36.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,361.03	$0.00	$1,361.03
				$1,397.78	$0.00	$1,397.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$362.51	$0.00	$362.51
				$362.51	$0.00	$362.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.56	$0.00	$720.56
				$720.56	$0.00	$720.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

11 - VDH Prince William Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$45.18	$0.00	$45.18
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,081.80	$0.00	$4,081.80
				$4,126.98	$0.00	$4,126.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$29,290.62	$10,707.64	$39,998.26
Indemnity.....	.....			$409,965.70	$135,877.23	$545,842.93
Medical.....	.....			$824,669.40	$934,294.04	$1,758,963.44
				$1,263,925.72	$1,080,878.91	$2,344,804.63
# of Claims	142					
# Open	1	Recovery Amount:	-$1,875.85			

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$833.25	$0.00	$833.25
				$833.25	$0.00	$833.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,096.74	$0.00	$2,096.74
				$2,096.74	$0.00	$2,096.74
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$975.87	$0.00	$975.87
				$975.87	$0.00	$975.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$301.81	$0.00	$301.81
				$301.81	$0.00	$301.81
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.80	$0.00	$124.80
				$124.80	$0.00	$124.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.48	$0.00	$207.48
				$207.48	$0.00	$207.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$846.44	$0.00	$846.44
				$846.44	$0.00	$846.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,034.41	$0.00	$3,034.41
				$3,034.41	$0.00	$3,034.41
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$327.75	$0.00	$327.75
				$327.75	$0.00	$327.75
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$152.57	$0.00	$152.57
Medical.....	.....			$10,857.31	$0.00	$10,857.31
				$11,009.88	$0.00	$11,009.88
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$516.82	$0.00	$516.82
				$516.82	$0.00	$516.82
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,443.66	$0.00	$1,443.66
				$1,443.66	$0.00	$1,443.66
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,342.47	$0.00	$3,342.47
				$3,342.47	$0.00	$3,342.47
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$939.90	$0.00	$939.90
				$939.90	$0.00	$939.90
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,290.37	$0.00	$7,290.37
				$7,290.37	$0.00	$7,290.37
# of Claims	16					
# Open	0	Recovery Amount:	-$2,732.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,180.96	$0.00	$2,180.96
				$2,180.96	$0.00	$2,180.96
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,182.66	$0.00	$3,182.66
				$3,182.66	$0.00	$3,182.66
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$515.28	$0.00	$515.28
				$515.28	$0.00	$515.28
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,860.58	$0.00	$3,860.58
				$3,860.58	$0.00	$3,860.58
# of Claims	7					
# Open	0	Recovery Amount:	-$2,273.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.41	$0.00	$304.41
				$304.41	$0.00	$304.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$398.42	$0.00	$398.42
				$398.42	$0.00	$398.42
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.00	$0.00	$132.00
				$132.00	$0.00	$132.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$413.08	$0.00	$413.08
				$413.08	$0.00	$413.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$66.03	$0.00	$66.03
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$66.03	$0.00	$66.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.75	$0.00	$199.75
				$199.75	$0.00	$199.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

12 - VDH Alleghany Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$66.03	$50.00	$116.03
Indemnity.....	.....			$152.57	$0.00	$152.57
Medical.....	.....			$44,326.22	$1,200.00	$45,526.22
				$44,544.82	$1,250.00	$45,794.82
# of Claims	202					
# Open	1	Recovery Amount:	-$5,005.76			

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$9,902.49**	**$0.00**	**$9,902.49**
		$10,285.99	**$0.00**	**$10,285.99**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$6,511.12**	**$0.00**	**$6,511.12**
		$6,511.12	**$0.00**	**$6,511.12**
# of Claims	**7**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$3,376.83**	**$0.00**	**$3,376.83**
Indemnity		**$74,109.33**	**$0.00**	**$74,109.33**
Medical		**$28,024.46**	**$0.00**	**$28,024.46**
		$105,510.62	**$0.00**	**$105,510.62**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**-$175.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,002.21**	**$0.00**	**$3,002.21**
Medical		**$11,453.06**	**$0.00**	**$11,453.06**
		$14,455.27	**$0.00**	**$14,455.27**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**-$9,000.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$91.10	$0.00	$91.10
Medical.....	.....			$833.36	$0.00	$833.36
				$924.46	$0.00	$924.46
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$913.34	$0.00	$913.34
				$913.34	$0.00	$913.34
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$504.00	$0.00	$504.00
Indemnity.....	.....			$91,978.32	$0.00	$91,978.32
Medical.....	.....			$113,372.84	$0.00	$113,372.84
				$205,855.16	$0.00	$205,855.16
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,465.52	$0.00	$8,465.52
				$8,465.52	$0.00	$8,465.52
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,020.66	$0.00	$23,020.66
Medical.....	.....			$17,727.07	$0.00	$17,727.07
				$40,747.73	$0.00	$40,747.73
# of Claims	18					
# Open	0	Recovery Amount:	-$6,349.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,890.87	$0.00	$4,890.87
				$4,890.87	$0.00	$4,890.87
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$570.27	$0.00	$570.27
Medical.....	.....			$9,180.72	$0.00	$9,180.72
				$9,750.99	$0.00	$9,750.99
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,504.45	$0.00	$3,504.45
				$3,504.45	$0.00	$3,504.45
# of Claims	14					
# Open	0	Recovery Amount:	-$2,713.86			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.77	$0.00	$236.77
				$236.77	$0.00	$236.77
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,023.52	$0.00	$17,023.52
Medical.....	.....			$32,382.52	$0.00	$32,382.52
				$49,406.04	$0.00	$49,406.04
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$9,740.94	$144.00	$9,884.94
Indemnity.....	.....			$134,863.40	$0.00	$134,863.40
Medical.....	.....			$638,992.26	$530,967.74	$1,169,960.00
				$783,596.60	$531,111.74	$1,314,708.34
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,760.54	$0.00	$8,760.54
Medical.....	.....			$24,654.75	$0.00	$24,654.75
				$33,415.29	$0.00	$33,415.29
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,318.20	$0.00	$2,318.20
				$2,318.20	$0.00	$2,318.20
# of Claims	18					
# Open	0	Recovery Amount:	-$1,545.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$946.20	$0.00	$946.20
				$946.20	$0.00	$946.20
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$53.93	$0.00	$53.93
Medical.....	.....			$984.16	$0.00	$984.16
				$1,038.09	$0.00	$1,038.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.00	$0.00	$54.00
				$54.00	$0.00	$54.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,557.25	$0.00	$2,557.25
Medical.....	.....			$4,285.91	$0.00	$4,285.91
				$6,851.16	$0.00	$6,851.16
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,970.52	$3,061.48	$6,032.00
Indemnity.....	.....			$13,474.52	$196,115.43	$209,589.95
Medical.....	.....			$135,379.11	$560,590.12	$695,969.23
				$151,824.15	$759,767.03	$911,591.18
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$45.13	$0.00	$45.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.39	$0.00	$48.39
				$93.52	$0.00	$93.52
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.28	$0.00	$266.28
				$266.28	$0.00	$266.28
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,756.00	$0.00	$1,756.00
				$1,756.00	$0.00	$1,756.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,498.76	$0.00	$2,498.76
				$2,498.76	$0.00	$2,498.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$80.57	$0.00	$80.57
				$80.57	$0.00	$80.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26.30	$0.00	$26.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,196.25	$0.00	$2,196.25
				$2,222.55	$0.00	$2,222.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$519.27	$0.00	$519.27
				$519.27	$0.00	$519.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

13 - VDH Central Virginia Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$17,055.22	$3,205.48	$20,260.70
Indemnity.....	.....			$369,505.05	$196,115.43	$565,620.48
Medical.....	.....			$1,062,378.70	$1,091,557.86	$2,153,936.56
				$1,448,938.97	$1,290,878.77	$2,739,817.74
# of Claims	390					
# Open	2	Recovery Amount:	-$19,783.81			

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$1,758.29	$0.00	$1,758.29
Medical.....	.....			$6,278.54	$0.00	$6,278.54
				$8,420.33	$0.00	$8,420.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$28,637.94	$0.00	$28,637.94
Medical.....	.....			$27,442.71	$0.00	$27,442.71
				$56,080.65	$0.00	$56,080.65
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37.00	$0.00	$37.00
				$37.00	$0.00	$37.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,349.33	$0.00	$7,349.33
Medical.....	.....			$3,755.15	$0.00	$3,755.15
				$11,104.48	$0.00	$11,104.48
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,325.70	$0.00	$3,325.70
Medical.....	.....			$8,220.21	$0.00	$8,220.21
				$11,545.91	$0.00	$11,545.91
# of Claims	11					
# Open	0	Recovery Amount:	-$4,183.30			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$66,354.88	$0.00	$66,354.88
Medical.....	.....			$22,849.72	$0.00	$22,849.72
				$89,204.60	$0.00	$89,204.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$21,812.34	$27,817.93	$49,630.27
Indemnity.....	.....			$140,171.23	$0.00	$140,171.23
Medical.....	.....			$274,796.27	$37,552.76	$312,349.03
				$436,779.84	$65,370.69	$502,150.53
# of Claims	5					
# Open	1	Recovery Amount:	-$9,916.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$97.28	$0.00	$97.28
				$97.28	$0.00	$97.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,275.95	$24.00	$2,299.95
Indemnity.....	.....			$188,314.63	$0.00	$188,314.63
Medical.....	.....			$137,272.56	$141,545.15	$278,817.71
				$327,863.14	$141,569.15	$469,432.29
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$23.40	$0.00	$23.40
Indemnity.....	.....			$279,389.58	$0.00	$279,389.58
Medical.....	.....			$105,748.62	$0.00	$105,748.62
				$385,161.60	$0.00	$385,161.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$676.94	$0.00	$676.94
				$676.94	$0.00	$676.94
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$283.25	$0.00	$283.25
				$283.25	$0.00	$283.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.60	$0.00	$212.60
				$212.60	$0.00	$212.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$39.00	$0.00	$39.00
				$39.00	$0.00	$39.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$228.60	$0.00	$228.60
				$228.60	$0.00	$228.60
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$61.00	$0.00	$61.00
				$61.00	$0.00	$61.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.64	$0.00	$289.64
				$289.64	$0.00	$289.64
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,866.14	$0.00	$4,866.14
				$4,866.14	$0.00	$4,866.14
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$69.35	$0.00	$69.35
Indemnity.....	.....			$1,380.37	$0.00	$1,380.37
Medical.....	.....			$57,542.07	$0.00	$57,542.07
				$58,991.79	$0.00	$58,991.79
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,349.65	$0.00	$1,349.65
				$1,349.65	$0.00	$1,349.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,310.45	$0.00	$1,310.45
				$1,310.45	$0.00	$1,310.45
# of Claims	3					
# Open	0	Recovery Amount:	-$616.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,789.40	$0.00	$2,789.40
				$2,789.40	$0.00	$2,789.40
# of Claims	3					
# Open	0	Recovery Amount:	-$465.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$20.32	$0.00	$20.32
Indemnity.....	.....			$24,764.16	$0.00	$24,764.16
Medical.....	.....			$8,806.12	$0.00	$8,806.12
				$33,590.60	$0.00	$33,590.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$62.67	$20.00	$82.67
Indemnity.....	.....			$23,988.32	$0.00	$23,988.32
Medical.....	.....			$51,056.35	$75,561.25	$126,617.60
				$75,107.34	$75,581.25	$150,688.59
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$806.07	$0.00	$806.07
				$814.07	$0.00	$814.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,848.88	$0.00	$1,848.88
				$1,848.88	$0.00	$1,848.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$22.90	$0.00	$22.90
Indemnity.....	.....			$167.37	$0.00	$167.37
Medical.....	.....			$11,234.11	$0.00	$11,234.11
				$11,424.38	$0.00	$11,424.38
# of Claims	5					
# Open	0	Recovery Amount:	-$388.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$358.11	$0.00	$358.11
				$358.11	$0.00	$358.11
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

14 - VDH Cumberland Plateau Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$112.34	$0.00	$112.34
Indemnity.....	.....			$4,952.96	$0.00	$4,952.96
Medical.....	.....			$45,245.12	$0.00	$45,245.12
				$50,310.42	$0.00	$50,310.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$75.50	$0.00	$75.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,466.71	$0.00	$5,466.71
				$5,542.21	$0.00	$5,542.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$102.20	$0.00	$102.20
Indemnity.....	.....			$3,546.12	$0.00	$3,546.12
Medical.....	.....			$15,986.94	$0.00	$15,986.94
				$19,635.26	$0.00	$19,635.26
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$12.50	$0.00	$12.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.47	$0.00	$248.47
				$260.97	$0.00	$260.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24,980.97	$27,861.93	$52,842.90
Indemnity.....	.....			$774,100.88	$0.00	$774,100.88
Medical.....	.....			$797,203.68	$254,659.16	$1,051,862.84
				$1,596,285.53	$282,521.09	$1,878,806.62
# of Claims	152					
# Open	3	Recovery Amount:	-$15,569.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.64	$0.00	$75.64
				$75.64	$0.00	$75.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$381.24	$0.00	$381.24
				$381.24	$0.00	$381.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,054.85	$0.00	$1,054.85
Medical.....	.....			$3,128.89	$0.00	$3,128.89
				$4,183.74	$0.00	$4,183.74
# of Claims	9					
# Open	0	Recovery Amount:	-$3,189.04			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$961.94	$0.00	$961.94
Indemnity.....	.....			$65,395.61	$0.00	$65,395.61
Medical.....	.....			$122,648.82	$0.00	$122,648.82
				$189,006.37	$0.00	$189,006.37
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$8,548.20	$9,389.00	$17,937.20
Indemnity.....	.....			$464.65	$0.00	$464.65
Medical.....	.....			$165,312.96	$166,122.05	$331,435.01
				$174,325.81	$175,511.05	$349,836.86
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,564.04	$0.00	$1,564.04
				$1,564.04	$0.00	$1,564.04
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$8,287.63	$0.00	$8,287.63
Medical.....	.....			$50,042.66	$0.00	$50,042.66
				$58,338.29	$0.00	$58,338.29
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,442.98	$0.00	$1,442.98
				$1,442.98	$0.00	$1,442.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,319.06	$0.00	$1,319.06
Medical.....	.....			$4,716.75	$0.00	$4,716.75
				$6,035.81	$0.00	$6,035.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.79	$0.00	$244.79
				$244.79	$0.00	$244.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,799.87	$0.00	$1,799.87
				$1,799.87	$0.00	$1,799.87
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$65.30	$0.00	$65.30
Indemnity.....	.....			$111.85	$0.00	$111.85
Medical.....	.....			$41,295.37	$0.00	$41,295.37
				$41,472.52	$0.00	$41,472.52
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,503.56	$0.00	$5,503.56
				$5,503.56	$0.00	$5,503.56
# of Claims	4					
# Open	0	Recovery Amount:	-$4,081.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,220.89	$0.00	$6,220.89
				$6,220.89	$0.00	$6,220.89
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,034.00**	**$0.00**	**$1,034.00**
				$1,034.00	**$0.00**	**$1,034.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,807.17**	**$0.00**	**$1,807.17**
				$1,807.17	**$0.00**	**$1,807.17**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,260.46**	**$0.00**	**$4,260.46**
				$4,260.46	**$0.00**	**$4,260.46**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$323.95**	**$0.00**	**$323.95**
				$323.95	**$0.00**	**$323.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$153.09	$0.00	$153.09
				$153.09	$0.00	$153.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.40	$0.00	$135.40
				$135.40	$0.00	$135.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,325.87	$0.00	$2,325.87
				$2,325.87	$0.00	$2,325.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$87.72	$0.00	$87.72
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,762.28	$0.00	$7,762.28
				$7,850.00	$0.00	$7,850.00
# of Claims	7					
# Open	0	Recovery Amount:	-$5,322.54			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

15 - VDH Pittsylvania/Danville Hlth Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26.80	$0.00	$26.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,586.64	$0.00	$2,586.64
				$2,613.44	$0.00	$2,613.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$23.85	$26.15	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,064.90	$2,096.99	$7,161.89
				$5,088.75	$2,123.14	$7,211.89
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$9,721.81	$9,415.15	$19,136.96
Indemnity.....	.....			$76,633.65	$0.00	$76,633.65
Medical.....	.....			$429,832.22	$168,219.04	$598,051.26
				$516,187.68	$177,634.19	$693,821.87
# of Claims	167					
# Open	2	Recovery Amount:	-$12,592.94			

16 - VDH West Piedmont Health District

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$990.75**	**$0.00**	**$990.75**
Indemnity				**$1,114.65**	**$0.00**	**$1,114.65**
Medical				**$4,355.02**	**$0.00**	**$4,355.02**
				$6,460.42	**$0.00**	**$6,460.42**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$12,238.02**	**$0.00**	**$12,238.02**
Indemnity		**$48,928.02**	**$0.00**	**$48,928.02**
Medical		**$45,237.90**	**$0.00**	**$45,237.90**
		$106,403.94	**$0.00**	**$106,403.94**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$45.00**	**$0.00**	**$45.00**
		$45.00	**$0.00**	**$45.00**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$272.39	$0.00	$272.39
				$272.39	$0.00	$272.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$616.84	$0.00	$616.84
Medical.....	.....			$654.00	$0.00	$654.00
				$1,270.84	$0.00	$1,270.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.92	$0.00	$161.92
				$161.92	$0.00	$161.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$140.33	$0.00	$140.33
				$140.33	$0.00	$140.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,960.51	$0.00	$3,960.51
				$3,960.51	$0.00	$3,960.51
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$8,139.54	$1,819.67	$9,959.21
Indemnity.....	.....			$125,572.19	$0.00	$125,572.19
Medical.....	.....			$287,428.25	$267,890.55	$555,318.80
				$421,139.98	$269,710.22	$690,850.20
# of Claims	6					
# Open	1	Recovery Amount:	-$3,233.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.50	$0.00	$392.50
				$392.50	$0.00	$392.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$24.50	$0.00	$24.50
				$24.50	$0.00	$24.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.48	$0.00	$197.48
				$197.48	$0.00	$197.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.10	$0.00	$74.10
				$74.10	$0.00	$74.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$755.19	$0.00	$755.19
				$755.19	$0.00	$755.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,411.86	$0.00	$2,411.86
				$2,411.86	$0.00	$2,411.86
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$316.33	$0.00	$316.33
				$316.33	$0.00	$316.33
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$10,163.30	$0.00	$10,163.30
Medical.....	.....			$1,857.27	$0.00	$1,857.27
				$12,040.57	$0.00	$12,040.57
# of Claims	4					
# Open	0	Recovery Amount:	-$276.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4.60	$0.00	$4.60
				$4.60	$0.00	$4.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,186.68	$0.00	$5,186.68
				$5,186.68	$0.00	$5,186.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

16 - VDH West Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$121.92	$0.00	$121.92
				$121.92	$0.00	$121.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$902.09	$0.00	$902.09
				$902.09	$0.00	$902.09
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$318.88	$0.00	$318.88
				$318.88	$0.00	$318.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$21,388.31	$1,819.67	$23,207.98
Indemnity.....	.....			$186,395.00	$0.00	$186,395.00
Medical.....	.....			$354,818.72	$267,890.55	$622,709.27
				$562,602.03	$269,710.22	$832,312.25
# of Claims	104					
# Open	1	Recovery Amount:	-$3,509.55			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.60	$0.00	$207.60
				$207.60	$0.00	$207.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$869.75	$0.00	$869.75
Indemnity.....	.....			$98,290.14	$0.00	$98,290.14
Medical.....	.....			$80,268.28	$0.00	$80,268.28
				$179,428.17	$0.00	$179,428.17
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,805.19	$0.00	$1,805.19
Medical.....	.....			$5,559.56	$0.00	$5,559.56
				$7,364.75	$0.00	$7,364.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$512.05	$0.00	$512.05
Medical.....	.....			$1,034.77	$0.00	$1,034.77
				$1,546.82	$0.00	$1,546.82
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,299.79**	**$0.00**	**$14,299.79**
Medical				**$21,041.54**	**$0.00**	**$21,041.54**
				$35,341.33	**$0.00**	**$35,341.33**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.05**	**$0.00**	**$114.05**
				$114.05	**$0.00**	**$114.05**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,163.72**	**$0.00**	**$14,163.72**
Medical				**$4,298.33**	**$0.00**	**$4,298.33**
				$18,462.05	**$0.00**	**$18,462.05**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$212.45**	**$0.00**	**$212.45**
				$212.45	**$0.00**	**$212.45**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$645.11**	**$0.00**	**$645.11**
				$645.11	**$0.00**	**$645.11**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$82.00**	**$0.00**	**$82.00**
				$82.00	**$0.00**	**$82.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,500.00**	**$0.00**	**$1,500.00**
Medical				**$764.62**	**$0.00**	**$764.62**
				$2,264.62	**$0.00**	**$2,264.62**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,685.03**	**$0.00**	**$2,685.03**
				$2,685.03	**$0.00**	**$2,685.03**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$16,787.22**	**$0.00**	**$16,787.22**
Indemnity				**$11,123.24**	**$0.00**	**$11,123.24**
Medical				**$281.74**	**$0.00**	**$281.74**
				$28,192.20	**$0.00**	**$28,192.20**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,991.74	$0.00	$15,991.74
Medical.....	.....			$12,351.65	$0.00	$12,351.65
				$28,343.39	$0.00	$28,343.39
# of Claims	7					
# Open	0	Recovery Amount:	-$262.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,748.85	$0.00	$6,748.85
				$6,748.85	$0.00	$6,748.85
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,863.33	$0.00	$1,863.33
				$1,863.33	$0.00	$1,863.33
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$33.70**	**$0.00**	**$33.70**
Medical				**$2,958.59**	**$0.00**	**$2,958.59**
				$2,992.29	**$0.00**	**$2,992.29**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$33.00**	**$0.00**	**$33.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,345.30**	**$0.00**	**$1,345.30**
				$1,378.30	**$0.00**	**$1,378.30**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$594.21**	**$0.00**	**$594.21**
Indemnity				**$9,244.85**	**$0.00**	**$9,244.85**
Medical				**$11,128.88**	**$0.00**	**$11,128.88**
				$20,967.94	**$0.00**	**$20,967.94**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$749.00**	**$0.00**	**$749.00**
				$749.00	**$0.00**	**$749.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,968.04	$0.00	$2,968.04
				$2,968.04	$0.00	$2,968.04
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,013.43	$0.00	$2,013.43
				$2,013.43	$0.00	$2,013.43
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$35.00	$0.00	$35.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,803.13	$0.00	$2,803.13
				$2,838.13	$0.00	$2,838.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$24.90	$0.00	$24.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,038.54	$0.00	$2,038.54
				$2,063.44	$0.00	$2,063.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$21.98	$0.00	$21.98
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,487.75	$0.00	$1,487.75
				$1,509.73	$0.00	$1,509.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

17 - VDH Lenowisco Health Department

Grand Totals

Expense			**$18,366.06**	**$0.00**	**$18,366.06**
Indemnity			**$166,964.42**	**$0.00**	**$166,964.42**
Medical			**$165,651.57**	**$0.00**	**$165,651.57**
			$350,982.05	**$0.00**	**$350,982.05**
# of Claims	**175**				
# Open	**0**	**Recovery Amount:**	**-$262.29**		

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$80.70**	**$0.00**	**$80.70**
				$80.70	**$0.00**	**$80.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$767.00**	**$0.00**	**$767.00**
Indemnity				**$37,983.32**	**$0.00**	**$37,983.32**
Medical				**$54,898.79**	**$0.00**	**$54,898.79**
				$93,649.11	**$0.00**	**$93,649.11**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,015.57**	**$0.00**	**$1,015.57**
				$1,015.57	**$0.00**	**$1,015.57**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,701.29	$0.00	$4,701.29
Medical.....	.....			$15,113.05	$0.00	$15,113.05
				$19,814.34	$0.00	$19,814.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,224.06	$0.00	$1,224.06
Medical.....	.....			$12,502.38	$0.00	$12,502.38
				$13,726.44	$0.00	$13,726.44
# of Claims	21					
# Open	0	Recovery Amount:	-$8,016.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,995.01	$0.00	$7,995.01
Medical.....	.....			$29,470.43	$0.00	$29,470.43
				$37,465.44	$0.00	$37,465.44
# of Claims	21					
# Open	0	Recovery Amount:	-$21,169.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,256.80	$0.00	$3,256.80
Medical.....	.....			$118,842.50	$0.00	$118,842.50
				$122,099.30	$0.00	$122,099.30
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$403.34	$0.00	$403.34
Medical.....	.....			$936.03	$0.00	$936.03
				$1,339.37	$0.00	$1,339.37
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,527.55	$0.00	$14,527.55
				$14,527.55	$0.00	$14,527.55
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$505.79	$0.00	$505.79
				$505.79	$0.00	$505.79
# of Claims	5					
# Open	0	Recovery Amount:	-$125.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$422.13	$0.00	$422.13
Medical.....	.....			$2,839.79	$0.00	$2,839.79
				$3,261.92	$0.00	$3,261.92
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$760.00	$0.00	$760.00
				$760.00	$0.00	$760.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$46,629.50	$0.00	$46,629.50
Medical.....	.....			$50,054.40	$0.00	$50,054.40
				$96,683.90	$0.00	$96,683.90
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$2,664.00	$0.00	$2,664.00
Indemnity.....	.....			$286,241.75	$0.00	$286,241.75
Medical.....	.....			$62,321.46	$0.00	$62,321.46
				$351,227.21	$0.00	$351,227.21
# of Claims	9					
# Open	0	Recovery Amount:	-$2,736.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,048.67	$0.00	$2,048.67
				$2,048.67	$0.00	$2,048.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,907.84	$0.00	$6,907.84
				$6,907.84	$0.00	$6,907.84
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,037.04	$0.00	$12,037.04
Medical.....	.....			$16,452.21	$0.00	$16,452.21
				$28,489.25	$0.00	$28,489.25
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,882.51	$0.00	$2,882.51
				$2,882.51	$0.00	$2,882.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$126.90	$0.00	$126.90
				$126.90	$0.00	$126.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$752.37	$0.00	$752.37
				$752.37	$0.00	$752.37
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$128.20	$0.00	$128.20
Indemnity.....	.....			$11,195.27	$0.00	$11,195.27
Medical.....	.....			$121,414.97	$0.00	$121,414.97
				$132,738.44	$0.00	$132,738.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,194.69	$0.00	$3,194.69
				$3,194.69	$0.00	$3,194.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,729.61	$0.00	$1,729.61
				$1,729.61	$0.00	$1,729.61
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$29.25	$0.00	$29.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,868.91	$0.00	$4,868.91
				$4,898.16	$0.00	$4,898.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$656.80	$0.00	$656.80
				$656.80	$0.00	$656.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,389.75	$0.00	$12,389.75
				$12,397.75	$0.00	$12,397.75
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$39.84	$0.00	$39.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,345.49	$0.00	$2,345.49
				$2,385.33	$0.00	$2,385.33
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,936.33	$0.00	$6,936.33
				$6,936.33	$0.00	$6,936.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

18 - VDH Mount Rogers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$28.00	$0.00	$28.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$14.50	$0.00	$14.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,748.37	$0.00	$13,748.37
				$13,762.87	$0.00	$13,762.87
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,678.79	$0.00	$3,678.79
Indemnity.....	.....			$412,089.51	$0.00	$412,089.51
Medical.....	.....			$560,323.86	$0.00	$560,323.86
				$976,092.16	$0.00	$976,092.16
# of Claims	237					
# Open	0	Recovery Amount:	-$32,046.98			

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$5,655.22**	**$0.00**	**$5,655.22**
Medical				**$10,230.59**	**$0.00**	**$10,230.59**
				$15,948.31	**$0.00**	**$15,948.31**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$293.00**	**$0.00**	**$293.00**
		$293.00	**$0.00**	**$293.00**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$348.36**	**$0.00**	**$348.36**
		$348.36	**$0.00**	**$348.36**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$178.00**	**$0.00**	**$178.00**
		$178.00	**$0.00**	**$178.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,034.73**	**$0.00**	**$4,034.73**
Medical		**$13,382.61**	**$0.00**	**$13,382.61**
		$17,417.34	**$0.00**	**$17,417.34**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$29,924.08	$0.00	$29,924.08
Medical.....	.....			$29,296.44	$0.00	$29,296.44
				$59,220.52	$0.00	$59,220.52
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,987.71	$0.00	$2,987.71
Medical.....	.....			$1,914.62	$0.00	$1,914.62
				$4,902.33	$0.00	$4,902.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$533.57	$0.00	$533.57
				$533.57	$0.00	$533.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,194.71	$0.00	$1,194.71
				$1,194.71	$0.00	$1,194.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$885.22	$0.00	$885.22
				$885.22	$0.00	$885.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$164.00	$0.00	$164.00
				$164.00	$0.00	$164.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$100.00	$0.00	$100.00
				$100.00	$0.00	$100.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,387.47	$0.00	$2,387.47
				$2,387.47	$0.00	$2,387.47
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,805.86	$0.00	$1,805.86
				$1,805.86	$0.00	$1,805.86
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$434.90	$0.00	$434.90
				$434.90	$0.00	$434.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$899.74	$0.00	$899.74
				$899.74	$0.00	$899.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,132.95	$0.00	$4,132.95
				$4,132.95	$0.00	$4,132.95
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,424.88	$0.00	$1,424.88
				$1,424.88	$0.00	$1,424.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.17	$0.00	$244.17
				$244.17	$0.00	$244.17
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,809.84	$0.00	$3,809.84
				$3,845.84	$0.00	$3,845.84
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,098.47	$0.00	$1,098.47
				$1,098.47	$0.00	$1,098.47
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,992.79	$0.00	$3,992.79
				$3,992.79	$0.00	$3,992.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.57	$0.00	$221.57
				$221.57	$0.00	$221.57
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$28.13	$0.00	$28.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$92.77	$0.00	$92.77
				$120.90	$0.00	$120.90
# of Claims	8					
# Open	0	Recovery Amount:	-$92.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$304.83	$0.00	$304.83
				$304.83	$0.00	$304.83
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$180.91	$0.00	$180.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$180.91	$0.00	$180.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$34.30	$0.00	$34.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$899.61	$0.00	$899.61
				$933.91	$0.00	$933.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

19 - VDH New River Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$36.71**	**$0.00**	**$36.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$36.30**	**$0.00**	**$36.30**
				$73.01	**$0.00**	**$73.01**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$378.55**	**$0.00**	**$378.55**
Indemnity				**$42,601.74**	**$0.00**	**$42,601.74**
Medical				**$80,307.27**	**$0.00**	**$80,307.27**
				$123,287.56	**$0.00**	**$123,287.56**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**-$92.77**			

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$625.00**	**$0.00**	**$625.00**
				$625.00	**$0.00**	**$625.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$100.00**	**$0.00**	**$100.00**
Indemnity				**$876.19**	**$0.00**	**$876.19**
Medical				**$8,409.39**	**$0.00**	**$8,409.39**
				$9,385.58	**$0.00**	**$9,385.58**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,250.25	$0.00	$1,250.25
Medical.....	.....			$8,084.69	$0.00	$8,084.69
				$9,334.94	$0.00	$9,334.94
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,017.78	$0.00	$5,017.78
Medical.....	.....			$15,189.18	$0.00	$15,189.18
				$20,206.96	$0.00	$20,206.96
# of Claims	18					
# Open	0	Recovery Amount:	-$87.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$522.79	$0.00	$522.79
				$522.79	$0.00	$522.79
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.03	$0.00	$151.03
				$151.03	$0.00	$151.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$774.67	$0.00	$774.67
				$774.67	$0.00	$774.67
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$436.55	$0.00	$436.55
Medical.....	.....			$2,430.86	$0.00	$2,430.86
				$2,867.41	$0.00	$2,867.41
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$112.00	$0.00	$112.00
				$112.00	$0.00	$112.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,158.67	$0.00	$1,158.67
				$1,158.67	$0.00	$1,158.67
# of Claims	9					
# Open	0	Recovery Amount:	-$684.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,926.85	$0.00	$5,926.85
				$5,926.85	$0.00	$5,926.85
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,572.43	$0.00	$4,572.43
Medical.....	.....			$5,551.12	$0.00	$5,551.12
				$10,123.55	$0.00	$10,123.55
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,638.58	$0.00	$1,638.58
				$1,638.58	$0.00	$1,638.58
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$5,688.30	$8.00	$5,696.30
Indemnity.....	.....			$110,930.34	$0.00	$110,930.34
Medical.....	.....			$53,620.10	$199,516.08	$253,136.18
				$170,238.74	$199,524.08	$369,762.82
# of Claims	8					
# Open	1	Recovery Amount:	-$3,440.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,364.00	$560.39	$2,924.39
Indemnity.....	.....			$9,845.77	$0.00	$9,845.77
Medical.....	.....			$293,262.97	$433,245.54	$726,508.51
				$305,472.74	$433,805.93	$739,278.67
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.18	$0.00	$562.18
				$562.18	$0.00	$562.18
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,472.18	$0.00	$6,472.18
				$6,472.18	$0.00	$6,472.18
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$820.74	$0.00	$820.74
				$820.74	$0.00	$820.74
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,261.69	$0.00	$1,261.69
				$1,261.69	$0.00	$1,261.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$404.03	$0.00	$404.03
Medical.....	.....			$3,442.29	$0.00	$3,442.29
				$3,846.32	$0.00	$3,846.32
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$202.27	$0.00	$202.27
Indemnity.....	.....			$8,177.03	$0.00	$8,177.03
Medical.....	.....			$38,219.44	$0.00	$38,219.44
				$46,598.74	$0.00	$46,598.74
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,205.05	$0.00	$1,205.05
				$1,205.05	$0.00	$1,205.05
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.70	$0.00	$174.70
				$174.70	$0.00	$174.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$5,314.05	$5,240.36	$10,554.41
Indemnity.....	.....			$77,173.60	$127,679.53	$204,853.13
Medical.....	.....			$676,636.90	$264,522.78	$941,159.68
				$759,124.55	$397,442.67	$1,156,567.22
# of Claims	9					
# Open	1	Recovery Amount:	-$48.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$529.91	$0.00	$529.91
				$529.91	$0.00	$529.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$31.70	$0.00	$31.70
Indemnity.....	.....			$304.08	$0.00	$304.08
Medical.....	.....			$6,703.40	$0.00	$6,703.40
				$7,039.18	$0.00	$7,039.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$867.98	$0.00	$867.98
				$867.98	$0.00	$867.98
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

1 - VDH Central Shenandoah Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$884.55	$0.00	$884.55
				$884.55	$0.00	$884.55
# of Claims	8					
# Open	0	Recovery Amount:	-$630.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$40.35	$8.00	$48.35
Indemnity.....	.....			$3,347.41	$3,843.32	$7,190.73
Medical.....	.....			$37,417.03	$7,031.58	$44,448.61
				$40,804.79	$10,882.90	$51,687.69
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,748.67	$5,816.75	$19,565.42
Indemnity.....	.....			$222,335.46	$131,522.85	$353,858.31
Medical.....	.....			$1,172,655.94	$904,315.98	$2,076,971.92
				$1,408,740.07	$1,041,655.58	$2,450,395.65
# of Claims	308					
# Open	4	Recovery Amount:	-$4,892.05			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.00	$0.00	$74.00
				$74.00	$0.00	$74.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$460.60	$0.00	$460.60
				$460.60	$0.00	$460.60
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,989.03	$0.00	$1,989.03
				$1,989.03	$0.00	$1,989.03
# of Claims	15					
# Open	0	Recovery Amount:	-$60.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$675.00	$0.00	$675.00
Indemnity.....	.....			$19,282.23	$0.00	$19,282.23
Medical.....	.....			$22,558.18	$0.00	$22,558.18
				$42,515.41	$0.00	$42,515.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$917.24	$0.00	$917.24
Medical.....	.....			$1,381.35	$0.00	$1,381.35
				$2,298.59	$0.00	$2,298.59
# of Claims	6					
# Open	0	Recovery Amount:	-$414.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$143.24	$0.00	$143.24
				$143.24	$0.00	$143.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6.00	$0.00	$6.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,224.51	$0.00	$8,224.51
				$8,230.51	$0.00	$8,230.51
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.34	$0.00	$421.34
				$421.34	$0.00	$421.34
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$534.67**	**$0.00**	**$534.67**
				$534.67	**$0.00**	**$534.67**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$644.75**	**$0.00**	**$644.75**
				$644.75	**$0.00**	**$644.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.11	$0.00	$337.11
				$337.11	$0.00	$337.11
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,295.69	$0.00	$1,295.69
				$1,295.69	$0.00	$1,295.69
# of Claims	9					
# Open	0	Recovery Amount:	-$907.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$399.20	$0.00	$399.20
				$399.20	$0.00	$399.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.60	$0.00	$224.60
				$224.60	$0.00	$224.60
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$388.27	$0.00	$388.27
				$388.27	$0.00	$388.27
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$289.36	$0.00	$289.36
				$289.36	$0.00	$289.36
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$157.36	$0.00	$157.36
				$157.36	$0.00	$157.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$380.19	$0.00	$380.19
				$380.19	$0.00	$380.19
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$807.97	$0.00	$807.97
				$867.97	$0.00	$867.97
# of Claims	8					
# Open	0	Recovery Amount:	-$156.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$40.92	$0.00	$40.92
Indemnity.....	.....			$10,393.44	$0.00	$10,393.44
Medical.....	.....			$84,246.86	$0.00	$84,246.86
				$94,681.22	$0.00	$94,681.22
# of Claims	4					
# Open	0	Recovery Amount:	-$41,210.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$33.80	$0.00	$33.80
Indemnity.....	.....			$1,232.71	$0.00	$1,232.71
Medical.....	.....			$11,499.33	$0.00	$11,499.33
				$12,765.84	$0.00	$12,765.84
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

20 - VDH Roanoke City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$128.45**	**$0.00**	**$128.45**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,062.18**	**$0.00**	**$3,062.18**
				$3,190.63	**$0.00**	**$3,190.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$1,867.93**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$944.17**	**$0.00**	**$944.17**
Indemnity				**$31,825.62**	**$0.00**	**$31,825.62**
Medical				**$139,519.79**	**$0.00**	**$139,519.79**
				$172,289.58	**$0.00**	**$172,289.58**
# of Claims	**149**					
# Open	**0**	**Recovery Amount:**	**-$44,616.63**			

21 - VDH Chesterfield Health District

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$72.00**	**$0.00**	**$72.00**
				$72.00	**$0.00**	**$72.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$62.50**	**$0.00**	**$62.50**
Indemnity		**$342.89**	**$0.00**	**$342.89**
Medical		**$3,997.04**	**$0.00**	**$3,997.04**
		$4,402.43	**$0.00**	**$4,402.43**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,468.71**	**$0.00**	**$2,468.71**
Medical		**$1,743.60**	**$0.00**	**$1,743.60**
		$4,212.31	**$0.00**	**$4,212.31**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,265.34**	**$0.00**	**$2,265.34**
		$2,265.34	**$0.00**	**$2,265.34**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$677.42**	**$0.00**	**$677.42**
		$677.42	**$0.00**	**$677.42**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$2,175.63	$0.00	$2,175.63
Indemnity.....	.....			$148,885.05	$0.00	$148,885.05
Medical.....	.....			$11,218.07	$0.00	$11,218.07
				$162,278.75	$0.00	$162,278.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.51	$0.00	$115.51
				$115.51	$0.00	$115.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,472.25	$0.00	$1,472.25
Medical.....	.....			$1,090.01	$0.00	$1,090.01
				$2,562.26	$0.00	$2,562.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$394.80	$0.00	$394.80
Indemnity.....	.....			$16,781.13	$0.00	$16,781.13
Medical.....	.....			$76,681.17	$0.00	$76,681.17
				$93,857.10	$0.00	$93,857.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$580.08	$0.00	$580.08
Medical.....	.....			$1,503.05	$0.00	$1,503.05
				$2,083.13	$0.00	$2,083.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.00	$0.00	$237.00
				$237.00	$0.00	$237.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$500.63	$0.00	$500.63
				$500.63	$0.00	$500.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,142.19	$0.00	$1,142.19
				$1,142.19	$0.00	$1,142.19
# of Claims	4					
# Open	0	Recovery Amount:	-$720.29			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,696.96	$0.00	$2,696.96
Medical.....	.....			$328.63	$0.00	$328.63
				$3,025.59	$0.00	$3,025.59
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.85	$0.00	$321.85
				$321.85	$0.00	$321.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.00	$0.00	$114.00
				$114.00	$0.00	$114.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,406.24	$0.00	$1,406.24
				$1,406.24	$0.00	$1,406.24
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$381.27	$0.00	$381.27
				$381.27	$0.00	$381.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$628.21	$0.00	$628.21
				$628.21	$0.00	$628.21
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.08	$0.00	$274.08
				$274.08	$0.00	$274.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$483.69	$0.00	$483.69
				$483.69	$0.00	$483.69
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,190.64	$0.00	$4,190.64
Medical.....	.....			$10,081.89	$0.00	$10,081.89
				$14,280.53	$0.00	$14,280.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,120.98	$0.00	$1,120.98
Indemnity.....	.....			$148.57	$0.00	$148.57
Medical.....	.....			$4,890.92	$0.00	$4,890.92
				$6,160.47	$0.00	$6,160.47
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$178.43	$0.00	$178.43
Indemnity.....	.....			$225.15	$0.00	$225.15
Medical.....	.....			$7,243.29	$0.00	$7,243.29
				$7,646.87	$0.00	$7,646.87
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$493.06	$0.00	$493.06
				$493.06	$0.00	$493.06
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$516.24	$0.00	$516.24
Indemnity.....	.....			$2,195.88	$0.00	$2,195.88
Medical.....	.....			$128,817.25	$0.00	$128,817.25
				$131,529.37	$0.00	$131,529.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$112.01	$0.00	$112.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,470.77	$0.00	$2,470.77
				$2,582.78	$0.00	$2,582.78
# of Claims	3					
# Open	0	Recovery Amount:	-$2,252.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

21 - VDH Chesterfield Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$38.76	$0.00	$38.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,709.06	$0.00	$1,709.06
				$1,747.82	$0.00	$1,747.82
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$793.01	$0.00	$793.01
				$793.01	$0.00	$793.01
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$4,607.35	$0.00	$4,607.35
Indemnity.....	.....			$179,987.31	$0.00	$179,987.31
Medical.....	.....			$261,680.25	$0.00	$261,680.25
				$446,274.91	$0.00	$446,274.91
# of Claims	147					
# Open	0	Recovery Amount:	-$2,972.70			

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,041.86**	**$0.00**	**$1,041.86**
Medical				**$30.00**	**$0.00**	**$30.00**
				$1,071.86	**$0.00**	**$1,071.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$204.85**	**$0.00**	**$204.85**
Medical		**$545.62**	**$0.00**	**$545.62**
		$750.47	**$0.00**	**$750.47**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$6,138.11**	**$6,064.78**	**$12,202.89**
Indemnity		**$12,432.36**	**$0.00**	**$12,432.36**
Medical		**$174,898.67**	**$27,246.30**	**$202,144.97**
		$193,469.14	**$33,311.08**	**$226,780.22**
# of Claims	**7**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$403.54**	**$0.00**	**$403.54**
Medical		**$1,726.18**	**$0.00**	**$1,726.18**
		$2,129.72	**$0.00**	**$2,129.72**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$290.02**	**$0.00**	**$290.02**
		$290.02	**$0.00**	**$290.02**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,802.28	$0.00	$1,802.28
Medical.....	.....			$2,224.85	$0.00	$2,224.85
				$4,027.13	$0.00	$4,027.13
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,576.80	$0.00	$1,576.80
Medical.....	.....			$3,186.92	$0.00	$3,186.92
				$4,763.72	$0.00	$4,763.72
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$129.33	$0.00	$129.33
				$129.33	$0.00	$129.33
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$342.75	$0.00	$342.75
				$342.75	$0.00	$342.75
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$269.86	$0.00	$269.86
Indemnity.....	.....			$14,684.21	$0.00	$14,684.21
Medical.....	.....			$15,338.41	$0.00	$15,338.41
				$30,292.48	$0.00	$30,292.48
# of Claims	13					
# Open	0	Recovery Amount:	-$6,601.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,867.25	$0.00	$3,867.25
				$3,867.25	$0.00	$3,867.25
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,474.84	$0.00	$1,474.84
				$1,474.84	$0.00	$1,474.84
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$343,625.06	$0.00	$343,625.06
Medical.....	.....			$152,683.17	$0.00	$152,683.17
				$496,308.23	$0.00	$496,308.23
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,985.23	$0.00	$1,985.23
Medical.....	.....			$6,919.59	$0.00	$6,919.59
				$8,904.82	$0.00	$8,904.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,449.04	$0.00	$10,449.04
				$10,449.04	$0.00	$10,449.04
# of Claims	11					
# Open	0	Recovery Amount:	-$3,901.76			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,984.80	$0.00	$7,984.80
Medical.....	.....			$58,404.25	$0.00	$58,404.25
				$66,389.05	$0.00	$66,389.05
# of Claims	13					
# Open	0	Recovery Amount:	-$5,000.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10.26	$0.00	$10.26
Medical.....	.....			$6,370.49	$0.00	$6,370.49
				$6,380.75	$0.00	$6,380.75
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,830.79	$0.00	$2,830.79
				$2,830.79	$0.00	$2,830.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$54.77	$0.00	$54.77
Indemnity.....	.....			$1,592.17	$0.00	$1,592.17
Medical.....	.....			$3,025.98	$0.00	$3,025.98
				$4,672.92	$0.00	$4,672.92
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$5,246.71	$0.00	$5,246.71
Indemnity.....	.....			$34,520.29	$0.00	$34,520.29
Medical.....	.....			$91,912.07	$0.00	$91,912.07
				$131,679.07	$0.00	$131,679.07
# of Claims	14					
# Open	0	Recovery Amount:	-$30,561.64			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,411.97	$0.00	$3,411.97
				$3,411.97	$0.00	$3,411.97
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.59	$0.00	$354.59
				$354.59	$0.00	$354.59
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,172.34	$0.00	$11,172.34
				$11,214.34	$0.00	$11,214.34
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,672.47	$0.00	$6,672.47
				$6,672.47	$0.00	$6,672.47
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$899.24	$0.00	$899.24
				$915.24	$0.00	$915.24
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$6,959.04	$0.00	$6,959.04
Indemnity.....	.....			$403,849.04	$0.00	$403,849.04
Medical.....	.....			$149,738.91	$0.00	$149,738.91
				$560,546.99	$0.00	$560,546.99
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$14,855.79	$0.00	$14,855.79
Indemnity.....	.....			$90,776.28	$0.00	$90,776.28
Medical.....	.....			$128,806.44	$0.00	$128,806.44
				$234,438.51	$0.00	$234,438.51
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,643.85	$0.00	$2,643.85
				$2,651.85	$0.00	$2,651.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$9,127.95**	**$0.00**	**$9,127.95**
Medical				**$36,451.89**	**$0.00**	**$36,451.89**
				$45,587.84	**$0.00**	**$45,587.84**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,916.92**	**$0.00**	**$1,916.92**
				$1,916.92	**$0.00**	**$1,916.92**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

22 - VDH Crater Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$934.18	$0.00	$934.18
				$978.18	$0.00	$978.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,425.68	$50.00	$3,475.68
Indemnity.....	.....			$6,614.96	$43,464.00	$50,078.96
Medical.....	.....			$18,493.28	$131,412.84	$149,906.12
				$28,533.92	$174,926.84	$203,460.76
# of Claims	7					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$37,067.96	$6,114.78	$43,182.74
Indemnity.....	.....			$932,231.94	$43,464.00	$975,695.94
Medical.....	.....			$898,146.30	$158,659.14	$1,056,805.44
				$1,867,446.20	$208,237.92	$2,075,684.12
# of Claims	316					
# Open	3	Recovery Amount:	-$46,064.85			

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,870.12	$0.00	$2,870.12
				$2,870.12	$0.00	$2,870.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,573.35	$0.00	$1,573.35
Indemnity.....	.....			$35,053.43	$0.00	$35,053.43
Medical.....	.....			$3,001.50	$0.00	$3,001.50
				$39,628.28	$0.00	$39,628.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36,596.03	$0.00	$36,596.03
Medical.....	.....			$3,794.25	$0.00	$3,794.25
				$40,390.28	$0.00	$40,390.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$55.00	$0.00	$55.00
				$55.00	$0.00	$55.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$511.07	$0.00	$511.07
				$511.07	$0.00	$511.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$61.31	$0.00	$61.31
				$61.31	$0.00	$61.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$595.92	$0.00	$595.92
				$595.92	$0.00	$595.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,743.82	$0.00	$1,743.82
				$1,743.82	$0.00	$1,743.82
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$470.89	$0.00	$470.89
				$470.89	$0.00	$470.89
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$329.60	$0.00	$329.60
				$329.60	$0.00	$329.60
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$370.63	$0.00	$370.63
				$370.63	$0.00	$370.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,512.96	$0.00	$8,512.96
				$8,512.96	$0.00	$8,512.96
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.00	$0.00	$270.00
				$270.00	$0.00	$270.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,276.11	$0.00	$7,276.11
Medical.....	.....			$50,236.49	$0.00	$50,236.49
				$57,512.60	$0.00	$57,512.60
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,688.82	$0.00	$4,688.82
				$4,688.82	$0.00	$4,688.82
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,319.94	$0.00	$3,319.94
				$3,319.94	$0.00	$3,319.94
# of Claims	4					
# Open	0	Recovery Amount:	-$3,053.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$72.00	$0.00	$72.00
				$72.00	$0.00	$72.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.92	$0.00	$123.92
				$123.92	$0.00	$123.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.21	$0.00	$215.21
				$215.21	$0.00	$215.21
# of Claims	2					
# Open	0	Recovery Amount:	-$215.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,240.92	$0.00	$1,240.92
				$1,240.92	$0.00	$1,240.92
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,965.08	$0.00	$5,965.08
				$5,965.08	$0.00	$5,965.08
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,844.73**	**$0.00**	**$1,844.73**
				$1,844.73	**$0.00**	**$1,844.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,855.86**	**$0.00**	**$3,855.86**
				$3,855.86	**$0.00**	**$3,855.86**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$89.04**	**$0.00**	**$89.04**
				$89.04	**$0.00**	**$89.04**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

23 - VDH Chickahominy Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,573.35	$0.00	$1,573.35
Indemnity.....	.....			$78,925.57	$0.00	$78,925.57
Medical.....	.....			$94,239.08	$0.00	$94,239.08
				$174,738.00	$0.00	$174,738.00
# of Claims	121					
# Open	0	Recovery Amount:	-$3,268.70			

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.00	$0.00	$44.00
				$44.00	$0.00	$44.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,278.36	$0.00	$1,278.36
Medical.....	.....			$4,900.24	$0.00	$4,900.24
				$6,178.60	$0.00	$6,178.60
# of Claims	7					
# Open	0	Recovery Amount:	-$3,448.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$41.19	$0.00	$41.19
Medical.....	.....			$2,841.18	$0.00	$2,841.18
				$2,882.37	$0.00	$2,882.37
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,648.68	$0.00	$1,648.68
Medical.....	.....			$5,571.75	$0.00	$5,571.75
				$7,220.43	$0.00	$7,220.43
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.81	$0.00	$81.81
				$81.81	$0.00	$81.81
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179.70	$0.00	$179.70
Medical.....	.....			$1,629.73	$0.00	$1,629.73
				$1,809.43	$0.00	$1,809.43
# of Claims	20					
# Open	0	Recovery Amount:	-$464.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$152.76	$0.00	$152.76
Medical.....	.....			$1,940.44	$0.00	$1,940.44
				$2,093.20	$0.00	$2,093.20
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.00	$0.00	$237.00
				$237.00	$0.00	$237.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$317.00	$0.00	$317.00
				$317.00	$0.00	$317.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$836.66	$0.00	$836.66
				$836.66	$0.00	$836.66
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$94.04	$0.00	$94.04
Medical.....	.....			$1,642.63	$0.00	$1,642.63
				$1,736.67	$0.00	$1,736.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,032.00	$0.00	$3,032.00
Medical.....	.....			$14,685.61	$0.00	$14,685.61
				$17,717.61	$0.00	$17,717.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.00	$0.00	$321.00
				$321.00	$0.00	$321.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,383.50	$0.00	$1,383.50
Medical.....	.....			$17,369.40	$0.00	$17,369.40
				$18,752.90	$0.00	$18,752.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$635.28	$0.00	$635.28
				$635.28	$0.00	$635.28
# of Claims	5					
# Open	0	Recovery Amount:	-$570.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$718.42	$0.00	$718.42
				$718.42	$0.00	$718.42
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$387.95	$0.00	$387.95
Medical.....	.....			$20,873.94	$0.00	$20,873.94
				$21,261.89	$0.00	$21,261.89
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$786.61	$0.00	$786.61
				$786.61	$0.00	$786.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,823.14	$0.00	$5,823.14
Medical.....	.....			$79,693.52	$0.00	$79,693.52
				$85,516.66	$0.00	$85,516.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,446.20	$0.00	$2,446.20
				$2,512.20	$0.00	$2,512.20
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$877.46	$0.00	$877.46
Medical.....	.....			$10,238.96	$0.00	$10,238.96
				$11,116.42	$0.00	$11,116.42
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,424.53	$0.00	$3,424.53
				$3,444.53	$0.00	$3,444.53
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,071.46	$0.00	$1,071.46
				$1,071.46	$0.00	$1,071.46
# of Claims	5					
# Open	0	Recovery Amount:	-$383.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,873.02	$0.00	$7,873.02
				$7,873.02	$0.00	$7,873.02
# of Claims	6					
# Open	0	Recovery Amount:	-$240.98			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,077.62	$0.00	$2,077.62
				$2,085.62	$0.00	$2,085.62
# of Claims	5					
# Open	0	Recovery Amount:	-$1,567.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,314.64	$0.00	$1,314.64
				$1,314.64	$0.00	$1,314.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$162.50	$0.00	$162.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,176.97	$0.00	$3,176.97
				$3,339.47	$0.00	$3,339.47
# of Claims	3					
# Open	0	Recovery Amount:	-$2,725.94			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

24 - VDH Henrico Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$512.39	$0.00	$512.39
				$512.39	$0.00	$512.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.00	$0.00	$313.00
				$313.00	$0.00	$313.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$35.50	$0.00	$35.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$358.73	$0.00	$358.73
				$394.23	$0.00	$394.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.96	$0.00	$193.96
				$193.96	$0.00	$193.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$292.00	$0.00	$292.00
Indemnity.....	.....			$14,898.78	$0.00	$14,898.78
Medical.....	.....			$188,127.70	$0.00	$188,127.70
				$203,318.48	$0.00	$203,318.48
# of Claims	195					
# Open	0	Recovery Amount:	-$9,400.98			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$222.00	$0.00	$222.00
				$222.00	$0.00	$222.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$233.00	$0.00	$233.00
				$233.00	$0.00	$233.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,179.40	$0.00	$6,179.40
Medical.....	.....			$8,187.85	$0.00	$8,187.85
				$14,367.25	$0.00	$14,367.25
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$903.45	$0.00	$903.45
Medical.....	.....			$5,204.11	$0.00	$5,204.11
				$6,107.56	$0.00	$6,107.56
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$1,792.75	$0.00	$1,792.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,368.62	$0.00	$19,368.62
				$21,161.37	$0.00	$21,161.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$105.75	$0.00	$105.75
				$105.75	$0.00	$105.75
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58.00	$0.00	$58.00
				$58.00	$0.00	$58.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,868.94	$0.00	$4,868.94
				$4,868.94	$0.00	$4,868.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$393.96	$0.00	$393.96
Medical.....	.....			$12,369.91	$0.00	$12,369.91
				$12,763.87	$0.00	$12,763.87
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,476.25	$0.00	$5,476.25
Medical.....	.....			$10,282.37	$0.00	$10,282.37
				$15,758.62	$0.00	$15,758.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$332.00	$0.00	$332.00
				$332.00	$0.00	$332.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$155.00	$0.00	$155.00
				$155.00	$0.00	$155.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$948.02**	**$0.00**	**$948.02**
				$948.02	**$0.00**	**$948.02**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$35,547.98**	**$0.00**	**$35,547.98**
Medical				**$54,425.65**	**$0.00**	**$54,425.65**
				$89,973.63	**$0.00**	**$89,973.63**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$47,991.29**	**$0.00**	**$47,991.29**
Medical				**$109,449.57**	**$0.00**	**$109,449.57**
				$157,440.86	**$0.00**	**$157,440.86**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$120,095.08**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$245.00**	**$0.00**	**$245.00**
				$245.00	**$0.00**	**$245.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.20	$0.00	$13.20
				$13.20	$0.00	$13.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

25 - VDH Piedmont Health District

Grand Totals

Expense			**$1,792.75**	**$0.00**	**$1,792.75**
Indemnity			**$96,492.33**	**$0.00**	**$96,492.33**
Medical			**$226,468.99**	**$0.00**	**$226,468.99**
			$324,754.07	**$0.00**	**$324,754.07**
# of Claims	**141**				
# Open	**0**	**Recovery Amount:**	**-$120,095.08**		

26 - VDH Richmond City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$708.22**	**$0.00**	**$708.22**
				$708.22	**$0.00**	**$708.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$197.85**	**$0.00**	**$197.85**
Medical				**$6,701.38**	**$0.00**	**$6,701.38**
				$6,899.23	**$0.00**	**$6,899.23**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$4,462.26**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

26 - VDH Richmond City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$728.49	$0.00	$728.49
				$728.49	$0.00	$728.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$175.87	$0.00	$175.87
				$175.87	$0.00	$175.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$36.24	$0.00	$36.24
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$36.24	$0.00	$36.24
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

26 - VDH Richmond City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$31.50**	**$0.00**	**$31.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$31.50	**$0.00**	**$31.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,369.72**	**$0.00**	**$1,369.72**
				$1,369.72	**$0.00**	**$1,369.72**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,744.56**	**$0.00**	**$1,744.56**
				$1,744.56	**$0.00**	**$1,744.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$5,270.15**	**$0.00**	**$5,270.15**
Medical				**$169,155.83**	**$0.00**	**$169,155.83**
				$174,441.98	**$0.00**	**$174,441.98**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

26 - VDH Richmond City Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,196.95	$0.00	$1,196.95
				$1,196.95	$0.00	$1,196.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$36.75	$0.00	$36.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,259.77	$0.00	$4,259.77
				$4,296.52	$0.00	$4,296.52
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$35.08	$0.00	$35.08
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,558.78	$0.00	$3,558.78
				$3,593.86	$0.00	$3,593.86
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$155.57	$0.00	$155.57
Indemnity.....	.....			$5,468.00	$0.00	$5,468.00
Medical.....	.....			$189,599.57	$0.00	$189,599.57
				$195,223.14	$0.00	$195,223.14
# of Claims	47					
# Open	0	Recovery Amount:	-$4,462.26			

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$62.50**	**$0.00**	**$62.50**
Indemnity				**$269.90**	**$0.00**	**$269.90**
Medical				**$1,026.90**	**$0.00**	**$1,026.90**
				$1,359.30	**$0.00**	**$1,359.30**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$115.82**	**$0.00**	**$115.82**
Medical		**$1,087.70**	**$0.00**	**$1,087.70**
		$1,203.52	**$0.00**	**$1,203.52**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,023.47**	**$0.00**	**$13,023.47**
Medical		**$6,777.87**	**$0.00**	**$6,777.87**
		$19,801.34	**$0.00**	**$19,801.34**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$45.00**	**$0.00**	**$45.00**
		$45.00	**$0.00**	**$45.00**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,507.01**	**$0.00**	**$1,507.01**
Medical		**$7,204.92**	**$0.00**	**$7,204.92**
		$8,711.93	**$0.00**	**$8,711.93**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.00	$0.00	$44.00
				$44.00	$0.00	$44.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,790.66	$0.00	$1,790.66
				$1,790.66	$0.00	$1,790.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$570.93	$0.00	$570.93
				$570.93	$0.00	$570.93
# of Claims	4					
# Open	0	Recovery Amount:	-$311.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,320.44	$0.00	$14,320.44
Medical.....	.....			$966.49	$0.00	$966.49
				$15,286.93	$0.00	$15,286.93
# of Claims	7					
# Open	0	Recovery Amount:	-$31.24			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$696.27	$0.00	$696.27
Medical.....	.....			$4,585.94	$0.00	$4,585.94
				$5,282.21	$0.00	$5,282.21
# of Claims	9					
# Open	0	Recovery Amount:	-$199.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$494.24	$0.00	$494.24
Medical.....	.....			$5,700.91	$0.00	$5,700.91
				$6,195.15	$0.00	$6,195.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,783.16	$0.00	$1,783.16
				$1,783.16	$0.00	$1,783.16
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$579.70	$0.00	$579.70
				$579.70	$0.00	$579.70
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,612.81	$0.00	$1,612.81
				$1,612.81	$0.00	$1,612.81
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$32,570.52	$0.00	$32,570.52
				$32,570.52	$0.00	$32,570.52
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$90.10	$0.00	$90.10
				$90.10	$0.00	$90.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$959.31	$0.00	$959.31
				$959.31	$0.00	$959.31
# of Claims	5					
# Open	0	Recovery Amount:	-$150.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$84.81	$0.00	$84.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,092.91	$0.00	$12,092.91
				$12,177.72	$0.00	$12,177.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$24,144.75	$0.00	$24,144.75
Medical.....	.....			$19,925.69	$0.00	$19,925.69
				$44,112.44	$0.00	$44,112.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.00	$0.00	$138.00
				$138.00	$0.00	$138.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$590.65	$0.00	$590.65
				$590.65	$0.00	$590.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$689.39	$0.00	$689.39
				$689.39	$0.00	$689.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

27 - VDH Southside Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$30.70	$0.00	$30.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.37	$0.00	$132.37
				$163.07	$0.00	$163.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$220.01	$0.00	$220.01
Indemnity.....	.....			$54,571.90	$0.00	$54,571.90
Medical.....	.....			$101,013.93	$0.00	$101,013.93
				$155,805.84	$0.00	$155,805.84
# of Claims	171					
# Open	0	Recovery Amount:	-$691.98			

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$528.83	$0.00	$528.83
				$591.33	$0.00	$591.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$367.12	$0.00	$367.12
Medical.....	.....			$4,177.05	$0.00	$4,177.05
				$4,544.17	$0.00	$4,544.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,623.05	$0.00	$3,623.05
Medical.....	.....			$5,302.00	$0.00	$5,302.00
				$8,925.05	$0.00	$8,925.05
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,047.54	$0.00	$2,047.54
				$2,047.54	$0.00	$2,047.54
# of Claims	19					
# Open	0	Recovery Amount:	-$68.05			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,568.39	$0.00	$1,568.39
Medical.....	.....			$9,587.60	$0.00	$9,587.60
				$11,155.99	$0.00	$11,155.99
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$248.15	$0.00	$248.15
				$248.15	$0.00	$248.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,271.26	$0.00	$2,271.26
				$2,271.26	$0.00	$2,271.26
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$889.80	$0.00	$889.80
				$889.80	$0.00	$889.80
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$601.76	$0.00	$601.76
Medical.....	.....			$6,608.87	$0.00	$6,608.87
				$7,210.63	$0.00	$7,210.63
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$496.55	$0.00	$496.55
Medical.....	.....			$5,452.53	$0.00	$5,452.53
				$5,949.08	$0.00	$5,949.08
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,198.09	$0.00	$1,198.09
				$1,198.09	$0.00	$1,198.09
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$64.93	$0.00	$64.93
Medical.....	.....			$1,426.10	$0.00	$1,426.10
				$1,491.03	$0.00	$1,491.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,150.05	$0.00	$2,150.05
				$2,150.05	$0.00	$2,150.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,539.81	$0.00	$5,539.81
				$5,539.81	$0.00	$5,539.81
# of Claims	6					
# Open	0	Recovery Amount:	-$1,702.62			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$421.34	$0.00	$421.34
				$421.34	$0.00	$421.34
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$576.31	$0.00	$576.31
				$576.31	$0.00	$576.31
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$404.88	$0.00	$404.88
Medical.....	.....			$4,759.69	$0.00	$4,759.69
				$5,164.57	$0.00	$5,164.57
# of Claims	5					
# Open	0	Recovery Amount:	-$5,024.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.14	$0.00	$139.14
				$139.14	$0.00	$139.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$703.34	$0.00	$703.34
				$703.34	$0.00	$703.34
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,165.49	$0.00	$2,165.49
Medical.....	.....			$37,212.08	$0.00	$37,212.08
				$39,377.57	$0.00	$39,377.57
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,019.96	$0.00	$4,019.96
				$4,019.96	$0.00	$4,019.96
# of Claims	6					
# Open	0	Recovery Amount:	-$4,019.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,174.33	$0.00	$1,174.33
				$1,174.33	$0.00	$1,174.33
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$170.35	$0.00	$170.35
				$170.35	$0.00	$170.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$698.39	$0.00	$698.39
				$698.39	$0.00	$698.39
# of Claims	5					
# Open	0	Recovery Amount:	-$454.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$599.31	$0.00	$599.31
				$599.31	$0.00	$599.31
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.76	$0.00	$433.76
				$433.76	$0.00	$433.76
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.61	$0.00	$300.61
				$300.61	$0.00	$300.61
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$316.93	$0.00	$316.93
				$316.93	$0.00	$316.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,114.64	$937.09	$2,051.73
				$1,122.64	$937.09	$2,059.73
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

28 - VDH Chesapeake Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,232.83**	**$271.00**	**$2,503.83**
				$2,232.83	**$321.00**	**$2,553.83**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$70.50**	**$50.00**	**$120.50**
Indemnity				**$9,292.17**	**$0.00**	**$9,292.17**
Medical				**$102,300.69**	**$1,208.09**	**$103,508.78**
				$111,663.36	**$1,258.09**	**$112,921.45**
# of Claims	**202**					
# Open	**2**	**Recovery Amount:**	**-$11,269.22**			

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$58.00**	**$0.00**	**$58.00**
				$58.00	**$0.00**	**$58.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$901.56**	**$533.37**	**$1,434.93**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$42,004.00**	**$17,991.51**	**$59,995.51**
				$42,905.56	**$18,524.88**	**$61,430.44**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,102.50	$0.00	$1,102.50
Medical.....	.....			$2,532.09	$0.00	$2,532.09
				$3,634.59	$0.00	$3,634.59
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$30.00	$0.00	$30.00
				$30.00	$0.00	$30.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$648.58	$0.00	$648.58
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,312.38	$0.00	$1,312.38
				$1,960.96	$0.00	$1,960.96
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$528.66	$0.00	$528.66
				$528.66	$0.00	$528.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,662.66	$0.00	$2,662.66
				$2,662.66	$0.00	$2,662.66
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$577.34	$0.00	$577.34
				$577.34	$0.00	$577.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,080.00	$0.00	$2,080.00
Indemnity.....	.....			$52,549.71	$0.00	$52,549.71
Medical.....	.....			$11,643.68	$0.00	$11,643.68
				$66,273.39	$0.00	$66,273.39
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.10	$0.00	$309.10
				$309.10	$0.00	$309.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$723.60	$0.00	$723.60
				$723.60	$0.00	$723.60
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$462.91	$0.00	$462.91
				$462.91	$0.00	$462.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,315.87	$0.00	$1,315.87
				$1,315.87	$0.00	$1,315.87
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$663.00	$0.00	$663.00
				$663.00	$0.00	$663.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,516.72	$0.00	$3,516.72
				$3,516.72	$0.00	$3,516.72
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$328.74	$0.00	$328.74
				$328.74	$0.00	$328.74
# of Claims	3					
# Open	0	Recovery Amount:	-$328.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$13.34	$0.00	$13.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$13.34	$0.00	$13.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$34.32	$0.00	$34.32
Indemnity.....	.....			$1,846.10	$0.00	$1,846.10
Medical.....	.....			$6,773.56	$0.00	$6,773.56
				$8,653.98	$0.00	$8,653.98
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$72.00	$0.00	$72.00
Indemnity.....	.....			$15,743.65	$0.00	$15,743.65
Medical.....	.....			$4,124.87	$0.00	$4,124.87
				$19,940.52	$0.00	$19,940.52
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$32.00	$37.64	$69.64
Indemnity.....	.....			$1,917.84	$0.00	$1,917.84
Medical.....	.....			$41,561.23	$30,795.08	$72,356.31
				$43,511.07	$30,832.72	$74,343.79
# of Claims	7					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$281.53	$0.00	$281.53
				$281.53	$0.00	$281.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,718.88	$0.00	$2,718.88
				$2,726.88	$0.00	$2,726.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

29 - VDH Eastern Shore Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$937.70	$3,812.30	$4,750.00
				$937.70	$3,812.30	$4,750.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,789.80	$571.01	$4,360.81
Indemnity.....	.....			$73,159.80	$0.00	$73,159.80
Medical.....	.....			$125,066.52	$52,598.89	$177,665.41
				$202,016.12	$53,169.90	$255,186.02
# of Claims	137					
# Open	4	Recovery Amount:	-$328.74			

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$176.85	$0.00	$176.85
				$176.85	$0.00	$176.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$503.45	$0.00	$503.45
				$503.45	$0.00	$503.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,012.50	$0.00	$1,012.50
				$1,012.50	$0.00	$1,012.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$64.22	$0.00	$64.22
				$64.22	$0.00	$64.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.74	$0.00	$350.74
				$350.74	$0.00	$350.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,072.48	$0.00	$1,072.48
Medical.....	.....			$818.02	$0.00	$818.02
				$1,890.50	$0.00	$1,890.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,097.76	$0.00	$1,097.76
Medical.....	.....			$2,229.18	$0.00	$2,229.18
				$3,326.94	$0.00	$3,326.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$992.74	$0.00	$992.74
				$992.74	$0.00	$992.74
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$856.86	$0.00	$856.86
				$856.86	$0.00	$856.86
# of Claims	11					
# Open	0	Recovery Amount:	-$35.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$981.01	$0.00	$981.01
Medical.....	.....			$6,139.59	$0.00	$6,139.59
				$7,120.60	$0.00	$7,120.60
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$613.51	$0.00	$613.51
				$613.51	$0.00	$613.51
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$264.93	$0.00	$264.93
Medical.....	.....			$3,883.58	$0.00	$3,883.58
				$4,148.51	$0.00	$4,148.51
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$933.23	$0.00	$933.23
				$933.23	$0.00	$933.23
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,965.73	$0.00	$1,965.73
				$1,965.73	$0.00	$1,965.73
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,828.17	$0.00	$3,828.17
				$3,828.17	$0.00	$3,828.17
# of Claims	11					
# Open	0	Recovery Amount:	-$243.03			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$552.93	$0.00	$552.93
Medical.....	.....			$1,556.99	$0.00	$1,556.99
				$2,109.92	$0.00	$2,109.92
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$985.94	$0.00	$985.94
				$985.94	$0.00	$985.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$286.91	$0.00	$286.91
				$286.91	$0.00	$286.91
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,967.57	$0.00	$7,967.57
				$7,967.57	$0.00	$7,967.57
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$613.79	$0.00	$613.79
				$613.79	$0.00	$613.79
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,189.44	$11,429.60	$13,619.04
Indemnity.....	.....			$286,991.90	$39,892.18	$326,884.08
Medical.....	.....			$148,282.11	$15,689.72	$163,971.83
				$437,463.45	$67,011.50	$504,474.95
# of Claims	5					
# Open	1	Recovery Amount:	-$9,546.83			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,163.79	$0.00	$1,163.79
Medical.....	.....			$10,807.96	$0.00	$10,807.96
				$11,979.75	$0.00	$11,979.75
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$550.07	$0.00	$550.07
Medical.....	.....			$14,545.23	$0.00	$14,545.23
				$15,103.30	$0.00	$15,103.30
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.67	$0.00	$356.67
				$364.67	$0.00	$364.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

2 - VDH Lord Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$647.52	$0.00	$647.52
				$647.52	$0.00	$647.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$1,356.06	$3,693.94	$5,050.00
Indemnity.....	.....			$658.65	$9,341.35	$10,000.00
Medical.....	.....			$14,893.23	$22,482.83	$37,376.06
				$16,907.94	$35,518.12	$52,426.06
# of Claims	6					
# Open	1	Recovery Amount:	-$377.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,569.50	$15,173.54	$18,743.04
Indemnity.....	.....			$293,333.52	$49,233.53	$342,567.05
Medical.....	.....			$225,312.29	$39,372.55	$264,684.84
				$522,215.31	$103,779.62	$625,994.93
# of Claims	184					
# Open	3	Recovery Amount:	-$10,202.50			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,675.43	$0.00	$5,675.43
Medical.....	.....			$1,629.56	$0.00	$1,629.56
				$7,304.99	$0.00	$7,304.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,882.00	$0.00	$2,882.00
Indemnity.....	.....			$245,042.02	$0.00	$245,042.02
Medical.....	.....			$47,522.49	$0.00	$47,522.49
				$295,446.51	$0.00	$295,446.51
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,342.61	$0.00	$2,342.61
Indemnity.....	.....			$14,328.12	$0.00	$14,328.12
Medical.....	.....			$15,393.13	$0.00	$15,393.13
				$32,063.86	$0.00	$32,063.86
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$231,402.36	$0.00	$231,402.36
Medical.....	.....			$142,513.28	$0.00	$142,513.28
				$373,915.64	$0.00	$373,915.64
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$407.13**	**$0.00**	**$407.13**
				$407.13	**$0.00**	**$407.13**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,314.67**	**$0.00**	**$9,314.67**
Medical				**$16,241.60**	**$0.00**	**$16,241.60**
				$25,556.27	**$0.00**	**$25,556.27**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,990.01**	**$0.00**	**$1,990.01**
				$1,990.01	**$0.00**	**$1,990.01**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$423.67**	**$0.00**	**$423.67**
				$423.67	**$0.00**	**$423.67**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$3,150.00**	**$0.00**	**$3,150.00**
Indemnity				**$91,970.30**	**$0.00**	**$91,970.30**
Medical				**$92,472.21**	**$0.00**	**$92,472.21**
				$187,592.51	**$0.00**	**$187,592.51**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**-$34.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,749.62**	**$0.00**	**$4,749.62**
				$4,749.62	**$0.00**	**$4,749.62**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,580.87**	**$0.00**	**$6,580.87**
Medical				**$39,574.60**	**$0.00**	**$39,574.60**
				$46,155.47	**$0.00**	**$46,155.47**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$139.21**	**$0.00**	**$139.21**
Medical				**$5,484.51**	**$0.00**	**$5,484.51**
				$5,623.72	**$0.00**	**$5,623.72**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$881.15**	**$0.00**	**$881.15**
				$881.15	**$0.00**	**$881.15**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$934.00**	**$0.00**	**$934.00**
				$934.00	**$0.00**	**$934.00**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$131.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$531.28**	**$0.00**	**$531.28**
				$531.28	**$0.00**	**$531.28**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$195.94**	**$0.00**	**$195.94**
				$195.94	**$0.00**	**$195.94**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$292.00**	**$0.00**	**$292.00**
				$292.00	**$0.00**	**$292.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,142.69**	**$0.00**	**$1,142.69**
				$1,142.69	**$0.00**	**$1,142.69**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$300.60**	**$0.00**	**$300.60**
				$300.60	**$0.00**	**$300.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,421.61**	**$0.00**	**$2,421.61**
				$2,421.61	**$0.00**	**$2,421.61**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$870.21**	**$0.00**	**$870.21**
				$870.21	**$0.00**	**$870.21**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,916.62**	**$0.00**	**$6,916.62**
				$6,916.62	**$0.00**	**$6,916.62**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$654.33**	**$0.00**	**$654.33**
				$654.33	**$0.00**	**$654.33**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$88.80**	**$0.00**	**$88.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$678.60**	**$0.00**	**$678.60**
				$767.40	**$0.00**	**$767.40**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$66.20**	**$100.00**	**$166.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,843.54**	**$841.65**	**$2,685.19**
				$1,909.74	**$941.65**	**$2,851.39**
# of Claims	**3**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

30 - VDH Hampton Health District

Grand Totals

Expense.....	**$8,529.61**	**$100.00**	**$8,629.61**
Indemnity.....	**$604,452.98**	**$0.00**	**$604,452.98**
Medical.....	**$386,064.38**	**$841.65**	**$386,906.03**
	$999,046.97	**$941.65**	**$999,988.62**

# of Claims 223

 # Open 2 **Recovery Amount:** -$165.00

32 - VDH Norfolk Health District

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$198.41**	**$0.00**	**$198.41**
Medical.....			**$966.99**	**$0.00**	**$966.99**
			$1,165.40	**$0.00**	**$1,165.40**
# of Claims	3				
# Open	0	**Recovery Amount:** $0.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense.....			**$4,322.18**	**$0.00**	**$4,322.18**
Indemnity.....			**$72,688.17**	**$0.00**	**$72,688.17**
Medical.....			**$12,214.92**	**$0.00**	**$12,214.92**
			$89,225.27	**$0.00**	**$89,225.27**
# of Claims	38				
# Open	0	**Recovery Amount:** $0.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$2,473.57**	**$0.00**	**$2,473.57**
Medical.....			**$9,655.40**	**$0.00**	**$9,655.40**
			$12,128.97	**$0.00**	**$12,128.97**
# of Claims	32				
# Open	0	**Recovery Amount:** $0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,240.89	$0.00	$1,240.89
Medical.....	.....			$14,974.92	$0.00	$14,974.92
				$16,215.81	$0.00	$16,215.81
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,935.13	$0.00	$19,935.13
Medical.....	.....			$29,648.94	$0.00	$29,648.94
				$49,584.07	$0.00	$49,584.07
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,649.04	$0.00	$7,649.04
				$7,649.04	$0.00	$7,649.04
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,317.88	$0.00	$1,317.88
				$1,317.88	$0.00	$1,317.88
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,518.57	$0.00	$2,518.57
Medical.....	.....			$13,431.89	$0.00	$13,431.89
				$15,950.46	$0.00	$15,950.46
# of Claims	17					
# Open	0	Recovery Amount:	-$301.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$190.62	$0.00	$190.62
Indemnity.....	.....			$3,255.66	$0.00	$3,255.66
Medical.....	.....			$15,424.07	$0.00	$15,424.07
				$18,870.35	$0.00	$18,870.35
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,959.15	$0.00	$2,959.15
Medical.....	.....			$4,908.48	$0.00	$4,908.48
				$7,867.63	$0.00	$7,867.63
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,233.28	$0.00	$1,233.28
Medical.....	.....			$12,352.18	$0.00	$12,352.18
				$13,585.46	$0.00	$13,585.46
# of Claims	22					
# Open	0	Recovery Amount:	-$967.78			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,531.85	$0.00	$27,531.85
Medical.....	.....			$55,150.18	$0.00	$55,150.18
				$82,682.03	$0.00	$82,682.03
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,958.87	$0.00	$2,958.87
Medical.....	.....			$12,672.85	$0.00	$12,672.85
				$15,631.72	$0.00	$15,631.72
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$22,164.97	$0.00	$22,164.97
Indemnity.....	.....			$283,668.40	$0.00	$283,668.40
Medical.....	.....			$421,404.37	$136,208.52	$557,612.89
				$727,237.74	$136,208.52	$863,446.26
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,078.29	$0.00	$5,078.29
				$5,078.29	$0.00	$5,078.29
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,004.61	$0.00	$16,004.61
Medical.....	.....			$32,601.00	$0.00	$32,601.00
				$48,605.61	$0.00	$48,605.61
# of Claims	19					
# Open	0	Recovery Amount:	-$1,865.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,311.16	$0.00	$1,311.16
Medical.....	.....			$11,375.64	$0.00	$11,375.64
				$12,686.80	$0.00	$12,686.80
# of Claims	25					
# Open	0	Recovery Amount:	-$2,421.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,848.00	$0.00	$5,848.00
Medical.....	.....			$8,004.00	$0.00	$8,004.00
				$13,852.00	$0.00	$13,852.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$138.67	$0.00	$138.67
Medical.....	.....			$6,583.64	$0.00	$6,583.64
				$6,722.31	$0.00	$6,722.31
# of Claims	23					
# Open	0	Recovery Amount:	-$935.85			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$22.00	$0.00	$22.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,256.13	$0.00	$5,256.13
				$5,278.13	$0.00	$5,278.13
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,508.09	$0.00	$2,508.09
				$2,574.09	$0.00	$2,574.09
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$166.16	$0.00	$166.16
Medical.....	.....			$3,209.61	$0.00	$3,209.61
				$3,375.77	$0.00	$3,375.77
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$172.28	$0.00	$172.28
Medical.....	.....			$26,001.10	$0.00	$26,001.10
				$26,233.38	$0.00	$26,233.38
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,028.44	$0.00	$9,028.44
Medical.....	.....			$29,745.43	$0.00	$29,745.43
				$38,781.87	$0.00	$38,781.87
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,106.19	$0.00	$4,106.19
				$4,134.19	$0.00	$4,134.19
# of Claims	14					
# Open	0	Recovery Amount:	-$1,513.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$481.40	$0.00	$481.40
				$489.40	$0.00	$489.40
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,651.21	$0.00	$1,651.21
				$1,651.21	$0.00	$1,651.21
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,911.55	$0.00	$6,911.55
				$6,919.55	$0.00	$6,919.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.00	$0.00	$572.00
				$572.00	$0.00	$572.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$37.13	$0.00	$37.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,407.13	$0.00	$5,407.13
				$5,444.26	$0.00	$5,444.26
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$98.20	$0.00	$98.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,554.67	$0.00	$4,554.67
				$4,652.87	$0.00	$4,652.87
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

32 - VDH Norfolk Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$54.27	$0.00	$54.27
				$54.27	$0.00	$54.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,516.02	$0.00	$6,516.02
Medical.....	.....			$9,843.57	$0.00	$9,843.57
				$16,367.59	$0.00	$16,367.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$27,021.10	$0.00	$27,021.10
Indemnity.....	.....			$459,847.29	$0.00	$459,847.29
Medical.....	.....			$775,717.03	$136,208.52	$911,925.55
				$1,262,585.42	$136,208.52	$1,398,793.94
# of Claims	741					
# Open	1	Recovery Amount:	-$8,004.80			

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$109.00**	**$0.00**	**$109.00**
				$109.00	**$0.00**	**$109.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,844.61**	**$0.00**	**$3,844.61**
Medical		**$10,297.98**	**$0.00**	**$10,297.98**
		$14,142.59	**$0.00**	**$14,142.59**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$21,613.04**	**$0.00**	**$21,613.04**
Medical		**$9,102.25**	**$0.00**	**$9,102.25**
		$30,715.29	**$0.00**	**$30,715.29**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$759.95**	**$0.00**	**$759.95**
Indemnity		**$5,856.25**	**$0.00**	**$5,856.25**
Medical		**$6,838.83**	**$0.00**	**$6,838.83**
		$13,455.03	**$0.00**	**$13,455.03**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$173.29**	**$0.00**	**$173.29**
Indemnity		**$49,598.90**	**$0.00**	**$49,598.90**
Medical		**$40,066.35**	**$0.00**	**$40,066.35**
		$89,838.54	**$0.00**	**$89,838.54**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$301.20	$0.00	$301.20
Medical.....	.....			$3,331.28	$0.00	$3,331.28
				$3,632.48	$0.00	$3,632.48
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,091.50	$0.00	$2,091.50
Medical.....	.....			$16,761.52	$0.00	$16,761.52
				$18,853.02	$0.00	$18,853.02
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$88.23	$0.00	$88.23
Medical.....	.....			$1,362.28	$0.00	$1,362.28
				$1,450.51	$0.00	$1,450.51
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,534.88	$0.00	$2,534.88
Medical.....	.....			$14,579.37	$0.00	$14,579.37
				$17,114.25	$0.00	$17,114.25
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$15.40	$0.00	$15.40
Indemnity.....	.....			$2,023.44	$0.00	$2,023.44
Medical.....	.....			$1,284.23	$0.00	$1,284.23
				$3,323.07	$0.00	$3,323.07
# of Claims	10					
# Open	0	Recovery Amount:	-$1,508.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.10	$0.00	$159.10
				$159.10	$0.00	$159.10
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,214.41	$0.00	$4,214.41
				$4,214.41	$0.00	$4,214.41
# of Claims	21					
# Open	0	Recovery Amount:	-$35.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,808.46	$0.00	$1,808.46
				$1,808.46	$0.00	$1,808.46
# of Claims	5					
# Open	0	Recovery Amount:	-$107.81			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,641.26	$0.00	$1,641.26
Medical.....	.....			$6,370.99	$0.00	$6,370.99
				$8,012.25	$0.00	$8,012.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,811.65	$0.00	$6,811.65
				$6,811.65	$0.00	$6,811.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,096.28	$0.00	$1,096.28
				$1,096.28	$0.00	$1,096.28
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.45	$0.00	$207.45
				$207.45	$0.00	$207.45
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$493.14	$0.00	$493.14
				$493.14	$0.00	$493.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$316.50	$0.00	$316.50
Medical.....	.....			$3,286.49	$0.00	$3,286.49
				$3,602.99	$0.00	$3,602.99
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$439.36	$0.00	$439.36
				$439.36	$0.00	$439.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$13.89	$0.00	$13.89
Indemnity.....	.....			$7,639.24	$0.00	$7,639.24
Medical.....	.....			$5,313.10	$0.00	$5,313.10
				$12,966.23	$0.00	$12,966.23
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$6,238.52	$0.00	$6,238.52
Medical.....	.....			$7,589.99	$0.00	$7,589.99
				$13,872.51	$0.00	$13,872.51
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,202.17	$0.00	$1,202.17
				$1,202.17	$0.00	$1,202.17
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,651.56	$0.00	$3,651.56
				$3,651.56	$0.00	$3,651.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,144.25	$0.00	$5,144.25
				$5,144.25	$0.00	$5,144.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,171.53	$0.00	$3,171.53
				$3,171.53	$0.00	$3,171.53
# of Claims	10					
# Open	0	Recovery Amount:	-$1,261.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,979.71	$0.00	$3,979.71
				$3,979.71	$0.00	$3,979.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,209.39	$0.00	$2,209.39
				$2,209.39	$0.00	$2,209.39
# of Claims	10					
# Open	0	Recovery Amount:	-$1,907.09			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$39.50	$0.00	$39.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$147.08	$0.00	$147.08
				$186.58	$0.00	$186.58
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$18.05	$0.00	$18.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,819.22	$0.00	$4,819.22
				$4,837.27	$0.00	$4,837.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$30.68	$18.82	$49.50
Indemnity.....	.....			$1,165.30	$3,416.45	$4,581.75
Medical.....	.....			$34,578.15	$9,727.49	$44,305.64
				$35,774.13	$13,162.76	$48,936.89
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

33 - VDH Three Rivers Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,581.36	$0.00	$1,581.36
				$1,581.36	$0.00	$1,581.36
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,546.76	$0.00	$2,546.76
				$2,546.76	$50.00	$2,596.76
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,094.76	$68.82	$1,163.58
Indemnity.....	.....			$104,952.87	$3,416.45	$108,369.32
Medical.....	.....			$204,554.69	$9,727.49	$214,282.18
				$310,602.32	$13,212.76	$323,815.08
# of Claims	286					
# Open	2	Recovery Amount:	-$4,819.88			

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$852.00	$0.00	$852.00
Indemnity.....	.....			$103,640.68	$0.00	$103,640.68
Medical.....	.....			$83,536.25	$0.00	$83,536.25
				$188,028.93	$0.00	$188,028.93
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,804.37	$0.00	$1,804.37
				$1,804.37	$0.00	$1,804.37
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$632.81	$0.00	$632.81
Medical.....	.....			$2,644.53	$0.00	$2,644.53
				$3,277.34	$0.00	$3,277.34
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5,687.56	$24,047.44	$29,735.00
Indemnity.....	.....			$101,141.61	$0.00	$101,141.61
Medical.....	.....			$247,888.54	$172,170.92	$420,059.46
				$354,717.71	$196,218.36	$550,936.07
# of Claims	23					
# Open	1	Recovery Amount:	-$47.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,834.54	$0.00	$9,834.54
Medical.....	.....			$14,300.28	$0.00	$14,300.28
				$24,134.82	$0.00	$24,134.82
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$819.01	$0.00	$819.01
				$819.01	$0.00	$819.01
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,491.54	$0.00	$6,491.54
Medical.....	.....			$17,629.54	$0.00	$17,629.54
				$24,121.08	$0.00	$24,121.08
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$848.50	$0.00	$848.50
Indemnity.....	.....			$109,583.30	$0.00	$109,583.30
Medical.....	.....			$137,912.48	$0.00	$137,912.48
				$248,344.28	$0.00	$248,344.28
# of Claims	15					
# Open	0	Recovery Amount:	-$69.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,433.56	$0.00	$3,433.56
Medical.....	.....			$1,285.55	$0.00	$1,285.55
				$4,719.11	$0.00	$4,719.11
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$984.17	$0.00	$984.17
				$984.17	$0.00	$984.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,195.51	$0.00	$1,195.51
				$1,195.51	$0.00	$1,195.51
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$512.21	$0.00	$512.21
Medical.....	.....			$2,855.11	$0.00	$2,855.11
				$3,367.32	$0.00	$3,367.32
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$329.32	$0.00	$329.32
				$329.32	$0.00	$329.32
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,825.95	$0.00	$2,825.95
Medical.....	.....			$4,688.07	$0.00	$4,688.07
				$7,514.02	$0.00	$7,514.02
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.30	$0.00	$313.30
				$313.30	$0.00	$313.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,287.21	$0.00	$1,287.21
				$1,287.21	$0.00	$1,287.21
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$960.44	$0.00	$960.44
				$960.44	$0.00	$960.44
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18,560.78	$292.00	$18,852.78
Indemnity.....	.....			$167,015.00	$0.00	$167,015.00
Medical.....	.....			$116,742.98	$10,185.46	$126,928.44
				$302,318.76	$10,477.46	$312,796.22
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$895.43	$0.00	$895.43
				$895.43	$0.00	$895.43
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$618.03	$0.00	$618.03
				$684.03	$0.00	$684.03
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,805.80	$0.00	$3,805.80
Medical.....	.....			$22,140.33	$0.00	$22,140.33
				$25,946.13	$0.00	$25,946.13
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$122.68	$0.00	$122.68
				$122.68	$0.00	$122.68
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,414.65	$0.00	$1,414.65
				$1,414.65	$0.00	$1,414.65
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,461.25	$0.00	$5,461.25
				$5,461.25	$0.00	$5,461.25
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,348.27	$0.00	$2,348.27
				$2,356.27	$0.00	$2,356.27
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,413.00	$0.00	$4,413.00
				$4,413.00	$0.00	$4,413.00
# of Claims	11					
# Open	0	Recovery Amount:	-$897.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$489.74	$0.00	$489.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,947.46	$0.00	$9,947.46
				$10,437.20	$0.00	$10,437.20
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$502.02	$0.00	$502.02
				$502.02	$0.00	$502.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$219.61	$0.00	$219.61
				$219.61	$0.00	$219.61
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,149.95	$0.00	$3,149.95
				$3,149.95	$0.00	$3,149.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$111.48	$0.00	$111.48
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,212.68	$0.00	$1,212.68
				$1,324.16	$0.00	$1,324.16
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$505.77	$0.00	$505.77
				$505.77	$0.00	$505.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

34 - VDH Peninsula Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$37.64	$0.00	$37.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$37.64	$0.00	$37.64
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$26,661.70	$24,339.44	$51,001.14
Indemnity.....	.....			$508,917.00	$0.00	$508,917.00
Medical.....	.....			$690,127.79	$182,356.38	$872,484.17
				$1,225,706.49	$206,695.82	$1,432,402.31
# of Claims	375					
# Open	2	Recovery Amount:	-$1,013.10			

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$176.25	$0.00	$176.25
				$176.25	$0.00	$176.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$144.00	$0.00	$144.00
				$144.00	$0.00	$144.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$617.78	$0.00	$617.78
Medical.....	.....			$1,606.75	$0.00	$1,606.75
				$2,224.53	$0.00	$2,224.53
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,521.92	$0.00	$3,521.92
Medical.....	.....			$11,319.91	$0.00	$11,319.91
				$14,841.83	$0.00	$14,841.83
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,535.54	$0.00	$4,535.54
Medical.....	.....			$4,377.01	$0.00	$4,377.01
				$8,912.55	$0.00	$8,912.55
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$264.12	$0.00	$264.12
Medical.....	.....			$1,077.73	$0.00	$1,077.73
				$1,341.85	$0.00	$1,341.85
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,755.63	$0.00	$1,755.63
Medical.....	.....			$3,960.52	$0.00	$3,960.52
				$5,716.15	$0.00	$5,716.15
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$90.25	$0.00	$90.25
Medical.....	.....			$2,221.02	$0.00	$2,221.02
				$2,311.27	$0.00	$2,311.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$19.87	$0.00	$19.87
Indemnity.....	.....			$9,824.02	$0.00	$9,824.02
Medical.....	.....			$9,310.12	$0.00	$9,310.12
				$19,154.01	$0.00	$19,154.01
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,141.09	$0.00	$2,141.09
				$2,141.09	$0.00	$2,141.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$438.35	$0.00	$438.35
Medical.....	.....			$6,929.01	$0.00	$6,929.01
				$7,367.36	$0.00	$7,367.36
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,147.97	$0.00	$1,147.97
				$1,147.97	$0.00	$1,147.97
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,298.90	$0.00	$1,298.90
				$1,298.90	$0.00	$1,298.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$59.71	$0.00	$59.71
Medical.....	.....			$1,028.24	$0.00	$1,028.24
				$1,087.95	$0.00	$1,087.95
# of Claims	7					
# Open	0	Recovery Amount:	-$340.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,310.42	$0.00	$5,310.42
				$5,310.42	$0.00	$5,310.42
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,846.00	$0.00	$10,846.00
Medical.....	.....			$49,002.17	$0.00	$49,002.17
				$59,848.17	$0.00	$59,848.17
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$373.10	$0.00	$373.10
				$373.10	$0.00	$373.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,005.89	$0.00	$3,005.89
Medical.....	.....			$36,226.14	$0.00	$36,226.14
				$39,232.03	$0.00	$39,232.03
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,783.73	$0.00	$6,783.73
				$6,783.73	$0.00	$6,783.73
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,089.87	$0.00	$1,089.87
				$1,089.87	$0.00	$1,089.87
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,097.97	$0.00	$5,097.97
				$5,129.97	$0.00	$5,129.97
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,214.13	$0.00	$1,214.13
				$1,214.13	$0.00	$1,214.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$34.50	$0.00	$34.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$34.50	$0.00	$34.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

35 - VDH Western Tidewater Health Dist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$202.50	$0.00	$202.50
				$202.50	$0.00	$202.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$86.37	$0.00	$86.37
Indemnity.....	.....			$34,959.21	$0.00	$34,959.21
Medical.....	.....			$152,038.55	$0.00	$152,038.55
				$187,084.13	$0.00	$187,084.13
# of Claims	268					
# Open	0	Recovery Amount:	-$340.35			

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$1,418.86	$0.00	$1,418.86
Medical.....	.....			$824.20	$0.00	$824.20
				$2,305.56	$0.00	$2,305.56
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,213.83	$0.00	$1,213.83
				$1,213.83	$0.00	$1,213.83
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45.72	$0.00	$45.72
Medical.....	.....			$950.90	$0.00	$950.90
				$996.62	$0.00	$996.62
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,748.97	$0.00	$1,748.97
				$1,748.97	$0.00	$1,748.97
# of Claims	11					
# Open	0	Recovery Amount:	-$854.87			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,066.61	$0.00	$1,066.61
				$1,066.61	$0.00	$1,066.61
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$137.19	$0.00	$137.19
Medical.....	.....			$2,654.18	$0.00	$2,654.18
				$2,791.37	$0.00	$2,791.37
# of Claims	3					
# Open	0	Recovery Amount:	-$1,490.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,802.78	$0.00	$6,802.78
				$6,802.78	$0.00	$6,802.78
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,451.80	$0.00	$3,451.80
Medical.....	.....			$15,032.69	$0.00	$15,032.69
				$18,484.49	$0.00	$18,484.49
# of Claims	15					
# Open	0	Recovery Amount:	-$100.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,561.11	$0.00	$3,561.11
Medical.....	.....			$4,117.86	$0.00	$4,117.86
				$7,678.97	$0.00	$7,678.97
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,000.00	$0.00	$15,000.00
Medical.....	.....			$3,339.26	$0.00	$3,339.26
				$18,339.26	$0.00	$18,339.26
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,081.87	$0.00	$2,081.87
				$2,081.87	$0.00	$2,081.87
# of Claims	12					
# Open	0	Recovery Amount:	-$20.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,165.46	$0.00	$4,165.46
Medical.....	.....			$32,303.46	$0.00	$32,303.46
				$36,468.92	$0.00	$36,468.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,319.91	$0.00	$1,319.91
				$1,319.91	$0.00	$1,319.91
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$327.48	$0.00	$327.48
				$327.48	$0.00	$327.48
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,434.77	$0.00	$4,434.77
				$4,434.77	$0.00	$4,434.77
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,257.26	$0.00	$2,257.26
				$2,257.26	$0.00	$2,257.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$958.59	$0.00	$958.59
				$958.59	$0.00	$958.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$145.35	$0.00	$145.35
				$145.35	$0.00	$145.35
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$72.00	$0.00	$72.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,789.92	$0.00	$17,789.92
				$17,861.92	$0.00	$17,861.92
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$811.37	$0.00	$811.37
				$811.37	$0.00	$811.37
# of Claims	8					
# Open	0	Recovery Amount:	-$328.74			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$375.33	$0.00	$375.33
				$375.33	$0.00	$375.33
# of Claims	6					
# Open	0	Recovery Amount:	-$287.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$517.46	$0.00	$517.46
				$517.46	$0.00	$517.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$563.50	$0.00	$563.50
				$563.50	$0.00	$563.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$585.40	$0.00	$585.40
				$585.40	$0.00	$585.40
# of Claims	7					
# Open	0	Recovery Amount:	-$231.52			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$22.39	$0.00	$22.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,486.15	$0.00	$5,486.15
				$5,508.54	$0.00	$5,508.54
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$868.12	$0.00	$868.12
				$868.12	$0.00	$868.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$62.88	$0.00	$62.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,463.80	$0.00	$2,463.80
				$2,526.68	$0.00	$2,526.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$42.94	$0.00	$42.94
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,477.55	$0.00	$1,477.55
				$1,520.49	$0.00	$1,520.49
# of Claims	4					
# Open	0	Recovery Amount:	-$1,273.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,665.65	$19,994.55	$25,660.20
Medical.....	.....			$56,638.41	$164,907.82	$221,546.23
				$62,312.06	$184,902.37	$247,214.43
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,021.04	$0.00	$1,021.04
				$1,021.04	$0.00	$1,021.04
# of Claims	6					
# Open	0	Recovery Amount:	-$720.08			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

36 - VDH Virginia Beach Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$270.71	$0.00	$270.71
Indemnity.....	.....			$33,445.79	$19,994.55	$53,440.34
Medical.....	.....			$170,178.02	$164,907.82	$335,085.84
				$203,894.52	$184,902.37	$388,796.89
# of Claims	240					
# Open	1	Recovery Amount:	-$5,306.31			

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$159.25	$0.00	$159.25
				$159.25	$0.00	$159.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$702.95	$0.00	$702.95
				$702.95	$0.00	$702.95
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,421.24	$0.00	$2,421.24
Medical.....	.....			$7,061.88	$0.00	$7,061.88
				$9,483.12	$0.00	$9,483.12
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,176.79	$0.00	$1,176.79
Medical.....	.....			$37,622.40	$0.00	$37,622.40
				$38,799.19	$0.00	$38,799.19
# of Claims	8					
# Open	0	Recovery Amount:	-$8,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$127.98	$0.00	$127.98
Medical.....	.....			$1,350.31	$0.00	$1,350.31
				$1,478.29	$0.00	$1,478.29
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$597.94	$0.00	$597.94
Medical.....	.....			$1,853.26	$0.00	$1,853.26
				$2,451.20	$0.00	$2,451.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$470.72	$0.00	$470.72
				$470.72	$0.00	$470.72
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,898.28	$0.00	$2,898.28
				$2,898.28	$0.00	$2,898.28
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,342.00	$0.00	$1,342.00
Indemnity.....	.....			$237,877.56	$0.00	$237,877.56
Medical.....	.....			$149,216.80	$0.00	$149,216.80
				$388,436.36	$0.00	$388,436.36
# of Claims	7					
# Open	0	Recovery Amount:	-$1,866.40			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$684.78	$0.00	$684.78
Medical.....	.....			$2,302.67	$0.00	$2,302.67
				$2,987.45	$0.00	$2,987.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,817.52	$0.00	$4,817.52
				$4,817.52	$0.00	$4,817.52
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,155.65	$0.00	$1,155.65
				$1,155.65	$0.00	$1,155.65
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$275.00	$0.00	$275.00
				$275.00	$0.00	$275.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$615.00	$0.00	$615.00
				$615.00	$0.00	$615.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.00	$0.00	$128.00
				$128.00	$0.00	$128.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$508.48	$0.00	$508.48
				$508.48	$0.00	$508.48
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,348.06	$0.00	$5,348.06
				$5,348.06	$0.00	$5,348.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,243.40	$0.00	$1,243.40
				$1,243.40	$0.00	$1,243.40
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,339.42	$0.00	$10,339.42
				$10,339.42	$0.00	$10,339.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$31.50	$0.00	$31.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,017.50	$0.00	$3,017.50
				$3,049.00	$0.00	$3,049.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,811.39	$0.00	$2,811.39
				$2,811.39	$0.00	$2,811.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20.64	$0.00	$20.64
				$20.64	$0.00	$20.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,856.15	$0.00	$1,856.15
Medical.....	.....			$7,908.01	$0.00	$7,908.01
				$9,772.16	$0.00	$9,772.16
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$390.50	$0.00	$390.50
				$390.50	$0.00	$390.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$183.93	$0.00	$183.93
				$183.93	$0.00	$183.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

39 - VDH Portsmouth Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$102.96	$0.00	$102.96
				$102.96	$0.00	$102.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,389.50	$0.00	$1,389.50
Indemnity.....	.....			$244,742.44	$0.00	$244,742.44
Medical.....	.....			$242,503.98	$0.00	$242,503.98
				$488,635.92	$0.00	$488,635.92
# of Claims	164					
# Open	0	Recovery Amount:	-$10,366.40			

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,339.75	$0.00	$3,339.75
				$3,339.75	$0.00	$3,339.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$260.00	$0.00	$260.00
				$260.00	$0.00	$260.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$620.25	$0.00	$620.25
				$620.25	$0.00	$620.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$756.00	$0.00	$756.00
Medical.....	.....			$888.77	$0.00	$888.77
				$1,644.77	$0.00	$1,644.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,510.53	$0.00	$1,510.53
Medical.....	.....			$9,788.55	$0.00	$9,788.55
				$11,299.08	$0.00	$11,299.08
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.30	$0.00	$312.30
				$312.30	$0.00	$312.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$307.87	$0.00	$307.87
				$307.87	$0.00	$307.87
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$842.84	$0.00	$842.84
				$842.84	$0.00	$842.84
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,997.41	$0.00	$2,997.41
Medical.....	.....			$3,773.54	$0.00	$3,773.54
				$6,770.95	$0.00	$6,770.95
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,369.85	$0.00	$2,369.85
Medical.....	.....			$5,516.70	$0.00	$5,516.70
				$7,886.55	$0.00	$7,886.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$563.88	$0.00	$563.88
				$563.88	$0.00	$563.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$239.72	$0.00	$239.72
Medical.....	.....			$1,720.40	$0.00	$1,720.40
				$1,960.12	$0.00	$1,960.12
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$27.54	$0.00	$27.54
Indemnity.....	.....			$14,942.79	$0.00	$14,942.79
Medical.....	.....			$12,907.95	$0.00	$12,907.95
				$27,878.28	$0.00	$27,878.28
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$629.89	$0.00	$629.89
				$648.39	$0.00	$648.39
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$881.70	$0.00	$881.70
				$881.70	$0.00	$881.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,891.68	$0.00	$2,891.68
				$2,891.68	$0.00	$2,891.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.00	$0.00	$135.00
				$135.00	$0.00	$135.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$538.07	$0.00	$538.07
				$538.07	$0.00	$538.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,790.81	$0.00	$1,790.81
				$1,790.81	$0.00	$1,790.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$676.51	$0.00	$676.51
Indemnity.....	.....			$2,532.42	$0.00	$2,532.42
Medical.....	.....			$10,470.93	$0.00	$10,470.93
				$13,679.86	$0.00	$13,679.86
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$107.11	$0.00	$107.11
Indemnity.....	.....			$2,884.59	$0.00	$2,884.59
Medical.....	.....			$29,732.90	$0.00	$29,732.90
				$32,724.60	$0.00	$32,724.60
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$119.02	$0.00	$119.02
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,928.37	$0.00	$5,928.37
				$6,047.39	$0.00	$6,047.39
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$64.00	$0.00	$64.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$404.49	$0.00	$404.49
				$468.49	$0.00	$468.49
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$14,731.12	$1,400.00	$16,131.12
Indemnity.....	.....			$270,176.25	$8,686.27	$278,862.52
Medical.....	.....			$120,098.82	$3,967.50	$124,066.32
				$405,006.19	$14,053.77	$419,059.96
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,598.25	$0.00	$5,598.25
				$5,598.25	$0.00	$5,598.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$905.80	$0.00	$905.80
Medical.....	.....			$32,815.29	$0.00	$32,815.29
				$33,729.09	$0.00	$33,729.09
# of Claims	6					
# Open	0	Recovery Amount:	-$2,257.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$943.02	$0.00	$943.02
				$943.02	$0.00	$943.02
# of Claims	2					
# Open	0	Recovery Amount:	-$286.57			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$12.50	$0.00	$12.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$425.28	$0.00	$425.28
				$437.78	$0.00	$437.78
# of Claims	5					
# Open	0	Recovery Amount:	-$110.84			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

3 - VDH Rappahannock Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$216.01	$0.00	$216.01
Indemnity.....	.....			$3,593.34	$0.00	$3,593.34
Medical.....	.....			$10,178.65	$0.00	$10,178.65
				$13,988.00	$0.00	$13,988.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$860.28	$0.00	$860.28
				$860.28	$0.00	$860.28
# of Claims	5					
# Open	0	Recovery Amount:	-$539.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,796.70	$0.00	$1,796.70
				$1,796.70	$0.00	$1,796.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$22.59	$50.00	$72.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$586.69	$613.31	$1,200.00
				$609.28	$663.31	$1,272.59
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$16,002.90	$1,450.00	$17,452.90
Indemnity.....	.....			$302,908.70	$8,686.27	$311,594.97
Medical.....	.....			$267,549.62	$4,580.81	$272,130.43
				$586,461.22	$14,717.08	$601,178.30
# of Claims	222					
# Open	2	Recovery Amount:	-$3,194.24			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$164.45	$0.00	$164.45
				$164.45	$0.00	$164.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$977.63	$0.00	$977.63
				$977.63	$0.00	$977.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,508.85	$0.00	$2,508.85
Indemnity.....	.....			$137,257.95	$0.00	$137,257.95
Medical.....	.....			$15,013.70	$0.00	$15,013.70
				$154,780.50	$0.00	$154,780.50
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.00	$0.00	$197.00
				$197.00	$0.00	$197.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,019.84	$0.00	$1,019.84
Medical.....	.....			$3,063.23	$0.00	$3,063.23
				$4,083.07	$0.00	$4,083.07
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,441.37	$0.00	$1,441.37
				$1,441.37	$0.00	$1,441.37
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.73	$0.00	$128.73
				$128.73	$0.00	$128.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,160.00	$0.00	$8,160.00
Medical.....	.....			$18,963.17	$0.00	$18,963.17
				$27,123.17	$0.00	$27,123.17
# of Claims	3					
# Open	0	Recovery Amount:	-$26.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$861.06	$0.00	$861.06
				$861.06	$0.00	$861.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$11.55	$0.00	$11.55
Indemnity.....	.....			$66.04	$0.00	$66.04
Medical.....	.....			$3,369.19	$0.00	$3,369.19
				$3,446.78	$0.00	$3,446.78
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$578.89	$0.00	$578.89
Medical.....	.....			$7,225.60	$0.00	$7,225.60
				$7,804.49	$0.00	$7,804.49
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,306.05	$0.00	$5,306.05
				$5,306.05	$0.00	$5,306.05
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$734.05	$0.00	$734.05
				$734.05	$0.00	$734.05
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$516.71	$0.00	$516.71
Medical.....	.....			$2,458.14	$0.00	$2,458.14
				$2,974.85	$0.00	$2,974.85
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,130.96	$0.00	$1,130.96
				$1,130.96	$0.00	$1,130.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$217.00	$0.00	$217.00
				$217.00	$0.00	$217.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,249.60	$0.00	$2,249.60
Indemnity.....	.....			$5,414.86	$0.00	$5,414.86
Medical.....	.....			$26,089.57	$0.00	$26,089.57
				$33,754.03	$0.00	$33,754.03
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,526.19	$0.00	$1,526.19
				$1,526.19	$0.00	$1,526.19
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$13.00	$0.00	$13.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$13.00	$0.00	$13.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,322.67	$0.00	$2,322.67
				$2,322.67	$0.00	$2,322.67
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,772.65	$0.00	$2,772.65
				$2,772.65	$0.00	$2,772.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$705.75	$0.00	$705.75
				$705.75	$0.00	$705.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$12,352.86	$0.00	$12,352.86
Medical.....	.....			$92,039.52	$0.00	$92,039.52
				$104,408.38	$0.00	$104,408.38
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$1,697.14	$0.00	$1,697.14
Medical.....	.....			$12,542.42	$0.00	$12,542.42
				$14,263.56	$0.00	$14,263.56
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,012.66	$0.00	$7,012.66
Medical.....	.....			$3,542.23	$0.00	$3,542.23
				$10,562.89	$0.00	$10,562.89
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,832.26	$0.00	$1,832.26
				$1,832.26	$0.00	$1,832.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$108.40	$0.00	$108.40
				$108.40	$0.00	$108.40
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$359.37	$0.00	$359.37
				$359.37	$0.00	$359.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.30	$0.00	$172.30
				$172.30	$0.00	$172.30
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,652.76	$0.00	$1,652.76
				$1,700.76	$0.00	$1,700.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$70.90	$0.00	$70.90
Indemnity.....	.....			$3,650.22	$0.00	$3,650.22
Medical.....	.....			$41,301.00	$0.00	$41,301.00
				$45,022.12	$0.00	$45,022.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

4 - VDH Rappahannock/Rapidan Health Dist

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$68.82**	**$68.82**
Indemnity				**$0.00**	**$14,768.25**	**$14,768.25**
Medical				**$3,466.26**	**$81,552.10**	**$85,018.36**
				$3,466.26	**$96,389.17**	**$99,855.43**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$4,949.90**	**$68.82**	**$5,018.72**
Indemnity				**$177,727.17**	**$14,768.25**	**$192,495.42**
Medical				**$251,684.68**	**$81,552.10**	**$333,236.78**
				$434,361.75	**$96,389.17**	**$530,750.92**
# of Claims	**220**					
# Open	**1**	**Recovery Amount:**	**-$26.00**			

517 -VDH Office of Emergency Med. Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$208.18**	**$0.00**	**$208.18**
				$208.18	**$0.00**	**$208.18**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

517 -VDH Office of Emergency Med. Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$116.06	$16.00	$132.06
Indemnity.....	.....			$24,549.82	$0.00	$24,549.82
Medical.....	.....			$51,442.50	$42,553.80	$93,996.30
				$76,108.38	$42,569.80	$118,678.18
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$626.50	$0.00	$626.50
				$626.50	$0.00	$626.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$36.13	$0.00	$36.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,795.44	$0.00	$2,795.44
				$2,831.57	$0.00	$2,831.57
# of Claims	1					
# Open	0	Recovery Amount:	-$1,733.17			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

517 -VDH Office of Emergency Med. Svcs

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$449.88	$0.00	$449.88
				$449.88	$0.00	$449.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$96.25	$0.00	$96.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,852.58	$0.00	$8,852.58
				$8,948.83	$0.00	$8,948.83
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$22.65	$0.00	$22.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$22.65	$0.00	$22.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$89.75	$0.00	$89.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,759.26	$0.00	$2,759.26
				$2,849.01	$0.00	$2,849.01
# of Claims	3					
# Open	0	Recovery Amount:	-$2,759.26			

Grand Totals						
Expense.....	.....			$360.84	$16.00	$376.84
Indemnity.....	.....			$24,549.82	$0.00	$24,549.82
Medical.....	.....			$67,134.34	$42,553.80	$109,688.14
				$92,045.00	$42,569.80	$134,614.80
# of Claims	22					
# Open	1	Recovery Amount:	-$4,492.43			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

555 -VDH Vital Records & Health Statist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$768.19	$0.00	$768.19
Medical.....	.....			$9,566.89	$0.00	$9,566.89
				$10,335.08	$0.00	$10,335.08
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$537.40	$0.00	$537.40
				$537.40	$0.00	$537.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

555 -VDH Vital Records & Health Statist.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,423.56	$0.00	$2,423.56
				$2,423.56	$0.00	$2,423.56
# of Claims	1					
# Open	0	Recovery Amount:	-$2,423.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$681.14	$0.00	$681.14
				$717.14	$0.00	$717.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$953.52	$0.00	$953.52
Medical.....	.....			$4,505.24	$0.00	$4,505.24
				$5,494.76	$0.00	$5,494.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			$45.06	$100.00	$145.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,864.80	$4,538.78	$11,403.58
				$6,909.86	$4,638.78	$11,548.64
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$117.06	$100.00	$217.06
Indemnity.....	.....			$1,721.71	$0.00	$1,721.71
Medical.....	.....			$24,579.03	$4,538.78	$29,117.81
				$26,417.80	$4,638.78	$31,056.58
# of Claims	14					
# Open	1	Recovery Amount:	-$2,423.56			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

560 -VDH Office of Licensure & Certific

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,006.03	$0.00	$3,006.03
				$3,006.03	$0.00	$3,006.03
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,077.91	$0.00	$1,077.91
				$1,077.91	$0.00	$1,077.91
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.37	$0.00	$128.37
				$128.37	$0.00	$128.37
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,299.32	$0.00	$1,299.32
Medical.....	.....			$2,092.43	$0.00	$2,092.43
				$3,399.75	$0.00	$3,399.75
# of Claims	6					
# Open	0	Recovery Amount:	-$1,380.35			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$239.85**	**$0.00**	**$239.85**
Medical				**$5,709.50**	**$0.00**	**$5,709.50**
				$5,977.35	**$0.00**	**$5,977.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$409.28**	**$0.00**	**$409.28**
				$409.28	**$0.00**	**$409.28**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$29.39**	**$0.00**	**$29.39**
Indemnity				**$4,136.30**	**$0.00**	**$4,136.30**
Medical				**$4,824.32**	**$0.00**	**$4,824.32**
				$8,990.01	**$0.00**	**$8,990.01**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$214.54**	**$0.00**	**$214.54**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,845.63**	**$0.00**	**$2,845.63**
				$3,060.17	**$0.00**	**$3,060.17**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$718.75**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$27.18**	**$0.00**	**$27.18**
Indemnity				**$6,486.99**	**$0.00**	**$6,486.99**
Medical				**$6,674.29**	**$0.00**	**$6,674.29**
				$13,188.46	**$0.00**	**$13,188.46**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**-$7,517.05**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$52,513.92	$0.00	$52,513.92
Medical.....	.....			$28,162.10	$0.00	$28,162.10
				$80,692.02	$0.00	$80,692.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,356.66	$0.00	$2,356.66
				$2,356.66	$0.00	$2,356.66
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$84.50	$0.00	$84.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.19	$0.00	$215.19
				$299.69	$0.00	$299.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$407.61	$0.00	$407.61
Indemnity.....	.....			$64,676.38	$0.00	$64,676.38
Medical.....	.....			$57,501.71	$0.00	$57,501.71
				$122,585.70	$0.00	$122,585.70
# of Claims	77					
# Open	0	Recovery Amount:	-$9,616.15			

584 -VDH Office of the Chief Med. Exam.

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

584 -VDH Office of the Chief Med. Exam.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$798.06	$0.00	$798.06
				$798.06	$0.00	$798.06
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,733.54	$0.00	$4,733.54
				$4,733.54	$0.00	$4,733.54
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,492.00	$0.00	$19,492.00
				$19,492.00	$0.00	$19,492.00
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,572.90	$0.00	$1,572.90
				$1,572.90	$0.00	$1,572.90
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

584 -VDH Office of the Chief Med. Exam.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11,628.93	$10,206.19	$21,835.12
Indemnity.....	.....			$187,230.56	$0.00	$187,230.56
Medical.....	.....			$235,696.47	$472,249.26	$707,945.73
				$434,555.96	$482,455.45	$917,011.41
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,829.46	$0.00	$6,829.46
Medical.....	.....			$22,898.57	$0.00	$22,898.57
				$29,736.03	$0.00	$29,736.03
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$2,003.90	$0.00	$2,003.90
Medical.....	.....			$33,627.72	$0.00	$33,627.72
				$35,647.62	$0.00	$35,647.62
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,505.40	$0.00	$4,505.40
				$4,505.40	$0.00	$4,505.40
# of Claims	13					
# Open	0	Recovery Amount:	-$2,622.76			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

584 -VDH Office of the Chief Med. Exam.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,911.87	$0.00	$2,911.87
				$2,911.87	$0.00	$2,911.87
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$87.30	$0.00	$87.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,980.75	$0.00	$2,980.75
				$3,068.05	$0.00	$3,068.05
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$30.50	$0.00	$30.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,432.02	$0.00	$3,432.02
				$3,462.52	$0.00	$3,462.52
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,531.61	$0.00	$1,531.61
				$1,531.61	$0.00	$1,531.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

584 -VDH Office of the Chief Med. Exam.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,814.06	$0.00	$3,814.06
				$3,832.88	$0.00	$3,832.88
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$11,789.55	$10,206.19	$21,995.74
Indemnity.....	.....			$196,063.92	$0.00	$196,063.92
Medical.....	.....			$337,994.97	$472,249.26	$810,244.23
				$545,848.44	$482,455.45	$1,028,303.89
# of Claims	171					
# Open	1	Recovery Amount:	-$2,622.76			

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,851.02	$0.00	$1,851.02
				$1,851.02	$0.00	$1,851.02
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.13	$0.00	$89.13
				$89.13	$0.00	$89.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$547.25	$0.00	$547.25
				$547.25	$0.00	$547.25
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,680.24	$0.00	$7,680.24
Medical.....	.....			$15,541.64	$0.00	$15,541.64
				$23,221.88	$0.00	$23,221.88
# of Claims	11					
# Open	0	Recovery Amount:	-$218.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$3,507.55	$0.00	$3,507.55
Medical.....	.....			$12,038.99	$0.00	$12,038.99
				$15,566.54	$0.00	$15,566.54
# of Claims	9					
# Open	0	Recovery Amount:	-$10,103.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.60	$0.00	$376.60
				$376.60	$0.00	$376.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$173.49	$0.00	$173.49
				$173.49	$0.00	$173.49
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$527.02	$0.00	$527.02
Medical.....	.....			$11,037.64	$0.00	$11,037.64
				$11,564.66	$0.00	$11,564.66
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$237.80	$0.00	$237.80
				$237.80	$0.00	$237.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$393.00	$0.00	$393.00
				$393.00	$0.00	$393.00
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,283.30	$0.00	$2,283.30
				$2,283.30	$0.00	$2,283.30
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,388.00	$0.00	$1,388.00
Indemnity.....	.....			$23,803.56	$0.00	$23,803.56
Medical.....	.....			$34,668.67	$0.00	$34,668.67
				$59,860.23	$0.00	$59,860.23
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$698.86	$53,640.93	$54,339.79
Indemnity.....	.....			$1,281.39	$0.00	$1,281.39
Medical.....	.....			$996,845.45	$395,856.78	$1,392,702.23
				$998,825.70	$449,497.71	$1,448,323.41
# of Claims	15					
# Open	1	Recovery Amount:	-$4,979.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$350.01	$0.00	$350.01
				$350.01	$0.00	$350.01
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$221.00	$0.00	$221.00
				$221.00	$0.00	$221.00
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,524.61	$0.00	$1,524.61
				$1,524.61	$0.00	$1,524.61
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$6,163.77	$0.00	$6,163.77
Indemnity.....	.....			$8,310.10	$0.00	$8,310.10
Medical.....	.....			$214,205.36	$0.00	$214,205.36
				$228,679.23	$0.00	$228,679.23
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,439.88	$0.00	$6,439.88
				$6,439.88	$0.00	$6,439.88
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,160.08	$0.00	$2,160.08
				$2,160.08	$0.00	$2,160.08
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,242.81	$0.00	$2,242.81
				$2,242.81	$0.00	$2,242.81
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,928.16	$0.00	$5,928.16
Medical.....	.....			$37,276.46	$0.00	$37,276.46
				$43,204.62	$0.00	$43,204.62
# of Claims	24					
# Open	0	Recovery Amount:	-$173.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,133.07	$0.00	$1,133.07
				$1,133.07	$0.00	$1,133.07
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.23	$0.00	$172.23
				$172.23	$0.00	$172.23
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$41,301.18	$0.00	$41,301.18
				$41,329.18	$0.00	$41,329.18
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$13,944.97	$0.00	$13,944.97
Medical.....	.....			$41,679.84	$0.00	$41,679.84
				$55,668.81	$0.00	$55,668.81
# of Claims	6					
# Open	1	Recovery Amount:	-$452.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$201.51	$0.00	$201.51
				$201.51	$0.00	$201.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$784.70	$0.00	$784.70
				$784.70	$0.00	$784.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,626.27	$0.00	$1,626.27
				$1,626.27	$0.00	$1,626.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$39.40	$0.00	$39.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,580.91	$0.00	$3,580.91
				$3,620.31	$0.00	$3,620.31
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,493.29	$0.00	$1,493.29
				$1,493.29	$0.00	$1,493.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$194.79	$0.00	$194.79
				$194.79	$0.00	$194.79
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.29	$0.00	$224.29
				$224.29	$0.00	$224.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

5 - VDH Thomas Jefferson Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$58.43**	**$50.00**	**$108.43**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$19,960.58**	**$12,750.03**	**$32,710.61**
				$20,019.01	**$12,800.03**	**$32,819.04**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8,440.46**	**$53,690.93**	**$62,131.39**
Indemnity				**$64,982.99**	**$0.00**	**$64,982.99**
Medical				**$1,452,891.85**	**$408,606.81**	**$1,861,498.66**
				$1,526,315.30	**$462,297.74**	**$1,988,613.04**
# of Claims	**315**					
# Open	**3**	**Recovery Amount:**	**-$15,927.51**			

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$852.33**	**$0.00**	**$852.33**
				$852.33	**$0.00**	**$852.33**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$750.29**	**$0.00**	**$750.29**
Medical				**$7,773.08**	**$0.00**	**$7,773.08**
				$8,523.37	**$0.00**	**$8,523.37**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$378.80	$0.00	$378.80
Medical.....	.....			$1,966.75	$0.00	$1,966.75
				$2,345.55	$0.00	$2,345.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,849.20	$0.00	$1,849.20
Medical.....	.....			$6,082.48	$0.00	$6,082.48
				$7,931.68	$0.00	$7,931.68
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,820.35	$0.00	$4,820.35
Medical.....	.....			$2,396.11	$0.00	$2,396.11
				$7,216.46	$0.00	$7,216.46
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$325.72	$0.00	$325.72
Medical.....	.....			$7,837.31	$0.00	$7,837.31
				$8,163.03	$0.00	$8,163.03
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$823.99	$0.00	$823.99
				$823.99	$0.00	$823.99
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$435.50	$0.00	$435.50
Medical.....	.....			$6,587.59	$0.00	$6,587.59
				$7,023.09	$0.00	$7,023.09
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.76	$0.00	$312.76
				$312.76	$0.00	$312.76
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,917.56	$0.00	$7,917.56
Medical.....	.....			$5,573.70	$0.00	$5,573.70
				$13,491.26	$0.00	$13,491.26
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$118.94	$0.00	$118.94
				$118.94	$0.00	$118.94
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,786.32	$0.00	$1,786.32
				$1,786.32	$0.00	$1,786.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.09	$0.00	$177.09
				$177.09	$0.00	$177.09
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$459.20	$0.00	$459.20
				$459.20	$0.00	$459.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$325.00	$0.00	$325.00
Indemnity.....	.....			$15,410.56	$0.00	$15,410.56
Medical.....	.....			$20,392.51	$0.00	$20,392.51
				$36,128.07	$0.00	$36,128.07
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,252.69	$0.00	$3,252.69
				$3,252.69	$0.00	$3,252.69
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,990.91	$0.00	$11,990.91
				$11,990.91	$0.00	$11,990.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.71	$0.00	$95.71
				$95.71	$0.00	$95.71
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$948.58	$0.00	$948.58
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$28,073.98	$0.00	$28,073.98
				$29,022.56	$0.00	$29,022.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,646.35	$0.00	$4,646.35
				$4,646.35	$0.00	$4,646.35
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$11.02	$0.00	$11.02
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,473.90	$0.00	$3,473.90
				$3,484.92	$0.00	$3,484.92
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$2,269.49	$0.00	$2,269.49
Medical.....	.....			$1,761.68	$0.00	$1,761.68
				$4,075.17	$0.00	$4,075.17
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$12.89	$0.00	$12.89
Medical.....	.....			$3,721.77	$0.00	$3,721.77
				$3,774.66	$0.00	$3,774.66
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$78.02	$0.00	$78.02
				$78.02	$0.00	$78.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,160.84	$0.00	$4,160.84
				$4,160.84	$0.00	$4,160.84
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,000.78	$0.00	$2,000.78
				$2,000.78	$0.00	$2,000.78
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$746.53	$0.00	$746.53
				$746.53	$0.00	$746.53
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

6 - VDH Alexandria Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$1,376.60**	**$0.00**	**$1,376.60**
Indemnity				**$34,170.36**	**$0.00**	**$34,170.36**
Medical				**$127,143.32**	**$0.00**	**$127,143.32**
				$162,690.28	**$0.00**	**$162,690.28**
# of Claims	**142**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,749.10**	**$0.00**	**$6,749.10**
				$6,749.10	**$0.00**	**$6,749.10**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$9,834.10	$0.00	$9,834.10
Indemnity.....	.....			$148,624.34	$0.00	$148,624.34
Medical.....	.....			$80,427.89	$0.00	$80,427.89
				$238,886.33	$0.00	$238,886.33
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$3,262.61	$0.00	$3,262.61
Indemnity.....	.....			$32,656.15	$0.00	$32,656.15
Medical.....	.....			$138,484.18	$0.00	$138,484.18
				$174,402.94	$0.00	$174,402.94
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,112.22	$0.00	$8,112.22
Medical.....	.....			$14,583.35	$0.00	$14,583.35
				$22,695.57	$0.00	$22,695.57
# of Claims	34					
# Open	0	Recovery Amount:	-$1,145.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$12,662.12	$1,521.64	$14,183.76
Indemnity.....	.....			$384,501.88	$0.00	$384,501.88
Medical.....	.....			$1,202,532.66	$38,405.69	$1,240,938.35
				$1,599,696.66	$39,927.33	$1,639,623.99
# of Claims	14					
# Open	1	Recovery Amount:	-$26,676.71			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$67,098.48	$0.00	$67,098.48
Medical.....	.....			$17,656.13	$0.00	$17,656.13
				$84,794.61	$0.00	$84,794.61
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$356.93	$0.00	$356.93
Indemnity.....	.....			$2,939.99	$0.00	$2,939.99
Medical.....	.....			$40,123.55	$0.00	$40,123.55
				$43,420.47	$0.00	$43,420.47
# of Claims	16					
# Open	0	Recovery Amount:	-$5,953.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$70,949.89	$0.00	$70,949.89
Medical.....	.....			$102,278.39	$0.00	$102,278.39
				$173,228.28	$0.00	$173,228.28
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$6,290.75	$0.00	$6,290.75
Indemnity.....	.....			$166,211.71	$0.00	$166,211.71
Medical.....	.....			$2,430,623.01	$0.00	$2,430,623.01
				$2,603,125.47	$0.00	$2,603,125.47
# of Claims	12					
# Open	0	Recovery Amount:	-$902,395.52			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$582.02	$0.00	$582.02
Medical.....	.....			$5,291.42	$0.00	$5,291.42
				$5,873.44	$0.00	$5,873.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,929.95	$0.00	$4,929.95
				$4,929.95	$0.00	$4,929.95
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$11,003.09	$0.00	$11,003.09
Indemnity.....	.....			$189,651.39	$0.00	$189,651.39
Medical.....	.....			$451,716.94	$0.00	$451,716.94
				$652,371.42	$0.00	$652,371.42
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$26,025.34	$0.00	$26,025.34
Medical.....	.....			$63,858.43	$0.00	$63,858.43
				$89,883.77	$0.00	$89,883.77
# of Claims	26					
# Open	0	Recovery Amount:	-$34,783.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,024.43	$0.00	$7,024.43
Medical.....	.....			$8,703.65	$0.00	$8,703.65
				$15,728.08	$0.00	$15,728.08
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,870.04	$0.00	$3,870.04
Medical.....	.....			$44,774.85	$0.00	$44,774.85
				$48,644.89	$0.00	$48,644.89
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,499.87	$0.00	$10,499.87
Medical.....	.....			$61,635.86	$0.00	$61,635.86
				$72,135.73	$0.00	$72,135.73
# of Claims	33					
# Open	0	Recovery Amount:	-$9,987.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$1,078.86	$0.00	$1,078.86
Indemnity.....	.....			$46,870.07	$0.00	$46,870.07
Medical.....	.....			$214,294.74	$0.00	$214,294.74
				$262,243.67	$0.00	$262,243.67
# of Claims	25					
# Open	0	Recovery Amount:	-$123.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,885.39	$0.00	$15,885.39
Medical.....	.....			$101,569.43	$0.00	$101,569.43
				$117,454.82	$0.00	$117,454.82
# of Claims	21					
# Open	0	Recovery Amount:	-$100,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$167.08	$0.00	$167.08
Indemnity.....	.....			$25,165.07	$0.00	$25,165.07
Medical.....	.....			$65,128.62	$0.00	$65,128.62
				$90,460.77	$0.00	$90,460.77
# of Claims	40					
# Open	0	Recovery Amount:	-$2,996.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$15.06	$0.00	$15.06
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,909.08	$0.00	$5,909.08
				$5,924.14	$0.00	$5,924.14
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$394.01	$0.00	$394.01
Medical.....	.....			$11,128.26	$0.00	$11,128.26
				$11,522.27	$0.00	$11,522.27
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$54.05	$0.00	$54.05
Indemnity.....	.....			$1,240.09	$0.00	$1,240.09
Medical.....	.....			$29,791.80	$10,754.62	$40,546.42
				$31,085.94	$10,754.62	$41,840.56
# of Claims	21					
# Open	1	Recovery Amount:	-$89.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$78.00	$0.00	$78.00
Indemnity.....	.....			$15,592.83	$0.00	$15,592.83
Medical.....	.....			$17,228.56	$0.00	$17,228.56
				$32,899.39	$0.00	$32,899.39
# of Claims	24					
# Open	0	Recovery Amount:	-$17,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$275.19	$0.00	$275.19
Medical.....	.....			$10,716.72	$0.00	$10,716.72
				$10,999.91	$0.00	$10,999.91
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$96.50	$0.00	$96.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,428.79	$0.00	$8,428.79
				$8,525.29	$0.00	$8,525.29
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,029.00	$0.00	$2,029.00
Indemnity.....	.....			$22,738.55	$0.00	$22,738.55
Medical.....	.....			$51,987.13	$0.00	$51,987.13
				$76,754.68	$0.00	$76,754.68
# of Claims	18					
# Open	0	Recovery Amount:	-$32,857.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$1,009.44	$0.00	$1,009.44
Indemnity.....	.....			$44,817.69	$0.00	$44,817.69
Medical.....	.....			$216,876.99	$0.00	$216,876.99
				$262,704.12	$0.00	$262,704.12
# of Claims	21					
# Open	0	Recovery Amount:	-$2,849.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$344.21	$0.00	$344.21
Indemnity.....	.....			$252.51	$0.00	$252.51
Medical.....	.....			$26,426.38	$0.00	$26,426.38
				$27,023.10	$0.00	$27,023.10
# of Claims	22					
# Open	0	Recovery Amount:	-$12,499.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5,642.23	$8.00	$5,650.23
Indemnity.....	.....			$347,130.40	$0.00	$347,130.40
Medical.....	.....			$28,683.94	$83,647.99	$112,331.93
				$381,456.57	$83,655.99	$465,112.56
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$76.34	$0.00	$76.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,935.44	$0.00	$5,935.44
				$6,011.78	$0.00	$6,011.78
# of Claims	21					
# Open	0	Recovery Amount:	-$2,928.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$184.81	$0.00	$184.81
Indemnity.....	.....			$3,091.97	$0.00	$3,091.97
Medical.....	.....			$19,027.90	$0.00	$19,027.90
				$22,304.68	$0.00	$22,304.68
# of Claims	6					
# Open	0	Recovery Amount:	-$13,083.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$99.94	$0.00	$99.94
Indemnity.....	.....			$11,867.04	$0.00	$11,867.04
Medical.....	.....			$60,866.97	$0.00	$60,866.97
				$72,833.95	$0.00	$72,833.95
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$54.40	$0.00	$54.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,010.06	$0.00	$4,010.06
				$4,064.46	$0.00	$4,064.46
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

760 - VDH- CENTRAL OFFICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$73.92	$76.08	$150.00
Indemnity.....	.....			$0.00	$24,524.75	$24,524.75
Medical.....	.....			$0.00	$33,450.00	$33,450.00
				$73.92	$58,050.83	$58,124.75
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$54,461.44	$1,605.72	$56,067.16
Indemnity.....	.....			$1,654,068.56	$24,524.75	$1,678,593.31
Medical.....	.....			$5,552,380.17	$166,258.30	$5,718,638.47
				$7,260,910.17	$192,388.77	$7,453,298.94
# of Claims	709					
# Open	6	Recovery Amount:	-$1,165,870.12			

7 - VDH Arlington Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

7 - VDH Arlington Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$70.77	$0.00	$70.77
				$70.77	$0.00	$70.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$394.97	$0.00	$394.97
				$394.97	$0.00	$394.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$465.74	$0.00	$465.74
				$465.74	$0.00	$465.74
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

9 - VDH Fairfax Health District

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

9 - VDH Fairfax Health District

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$637.35**	**$0.00**	**$637.35**
				$637.35	**$0.00**	**$637.35**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$62.50**	**$0.00**	**$62.50**
Indemnity		**$150.60**	**$0.00**	**$150.60**
Medical		**$1,517.70**	**$0.00**	**$1,517.70**
		$1,730.80	**$0.00**	**$1,730.80**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,912.52**	**$0.00**	**$1,912.52**
		$1,912.52	**$0.00**	**$1,912.52**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$13,747.71**	**$0.00**	**$13,747.71**
Medical		**$24,939.50**	**$0.00**	**$24,939.50**
		$38,687.21	**$0.00**	**$38,687.21**
# of Claims	**11**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$32,865.05**	**$0.00**	**$32,865.05**
Medical		**$24,983.29**	**$0.00**	**$24,983.29**
		$57,848.34	**$0.00**	**$57,848.34**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

9 - VDH Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,006.22**	**$0.00**	**$1,006.22**
				$1,006.22	**$0.00**	**$1,006.22**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$145.00**	**$0.00**	**$145.00**
				$145.00	**$0.00**	**$145.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$387.44**	**$0.00**	**$387.44**
				$387.44	**$0.00**	**$387.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$372.15**	**$0.00**	**$372.15**
				$372.15	**$0.00**	**$372.15**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

9 - VDH Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,474.18	$0.00	$11,474.18
Medical.....	.....			$29,326.01	$0.00	$29,326.01
				$40,800.19	$0.00	$40,800.19
# of Claims	8					
# Open	0	Recovery Amount:	-$8,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,521.22	$0.00	$1,521.22
				$1,521.22	$0.00	$1,521.22
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.81	$0.00	$645.81
				$645.81	$0.00	$645.81
# of Claims	3					
# Open	0	Recovery Amount:	-$645.81			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

9 - VDH Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,460.96	$0.00	$2,460.96
				$2,460.96	$0.00	$2,460.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

9 - VDH Fairfax Health District

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$58,237.54	$0.00	$58,237.54
Medical.....	.....			$89,855.17	$0.00	$89,855.17
				$148,155.21	$0.00	$148,155.21
# of Claims	114					
# Open	0	Recovery Amount:	-$8,645.81			

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$5,144.09	$0.00	$5,144.09
Indemnity.....	.....			$210,163.81	$0.00	$210,163.81
Medical.....	.....			$111,625.82	$0.00	$111,625.82
				$326,933.72	$0.00	$326,933.72
# of Claims	407					
# Open	0	Recovery Amount:	-$4,616.72			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$4,244.53	$0.00	$4,244.53
Indemnity.....	.....			$101,435.20	$0.00	$101,435.20
Medical.....	.....			$120,258.67	$0.00	$120,258.67
				$225,938.40	$0.00	$225,938.40
# of Claims	409					
# Open	0	Recovery Amount:	-$9,733.40			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$296.62	$0.00	$296.62
Indemnity.....	.....			$15,182.40	$0.00	$15,182.40
Medical.....	.....			$69,962.16	$0.00	$69,962.16
				$85,441.18	$0.00	$85,441.18
# of Claims	275					
# Open	0	Recovery Amount:	-$2,771.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$418.22	$0.00	$418.22
Indemnity.....	.....			$10,292.65	$0.00	$10,292.65
Medical.....	.....			$16,618.22	$0.00	$16,618.22
				$27,329.09	$0.00	$27,329.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$749.30	$0.00	$749.30
Medical.....	.....			$165.00	$0.00	$165.00
				$914.30	$0.00	$914.30
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,573.74	$0.00	$9,573.74
Medical.....	.....			$12,824.91	$0.00	$12,824.91
				$22,398.65	$0.00	$22,398.65
# of Claims	55					
# Open	0	Recovery Amount:	-$89.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,529.44	$0.00	$21,529.44
Medical.....	.....			$65,778.01	$0.00	$65,778.01
				$87,307.45	$0.00	$87,307.45
# of Claims	179					
# Open	0	Recovery Amount:	-$3,384.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,096.00	$0.00	$1,096.00
Indemnity.....	.....			$23,238.50	$0.00	$23,238.50
Medical.....	.....			$337,074.33	$0.00	$337,074.33
				$361,408.83	$0.00	$361,408.83
# of Claims	258					
# Open	0	Recovery Amount:	-$678.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$280.90	$0.00	$280.90
Indemnity.....	.....			$4,350.45	$0.00	$4,350.45
Medical.....	.....			$11,908.30	$0.00	$11,908.30
				$16,539.65	$0.00	$16,539.65
# of Claims	178					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$667.56	$0.00	$667.56
				$667.56	$0.00	$667.56
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$10.00	$0.00	$10.00
Indemnity.....	.....			$562.25	$0.00	$562.25
Medical.....	.....			$26,239.77	$0.00	$26,239.77
				$26,812.02	$0.00	$26,812.02
# of Claims	75					
# Open	0	Recovery Amount:	-$75.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,045.38	$40.00	$2,085.38
Indemnity.....	.....			$53,593.62	$0.00	$53,593.62
Medical.....	.....			$259,001.50	$32,438.91	$291,440.41
				$314,640.50	$32,478.91	$347,119.41
# of Claims	87					
# Open	1	Recovery Amount:	-$5,258.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$406.04	$1,500.00	$1,906.04
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,105.39	$0.00	$19,105.39
				$19,511.43	$1,500.00	$21,011.43
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$83.11	$0.00	$83.11
Indemnity.....	.....			$1,653.08	$0.00	$1,653.08
Medical.....	.....			$30,032.48	$0.00	$30,032.48
				$31,768.67	$0.00	$31,768.67
# of Claims	2					
# Open	0	Recovery Amount:	-$20,570.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.00	$0.00	$125.00
				$125.00	$0.00	$125.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

601 - VA DEPARTMENT OF HEALTH

S601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$1,744.69**	**$0.00**	**$1,744.69**
				$1,744.69	**$0.00**	**$1,744.69**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$14,024.89**	**$1,540.00**	**$15,564.89**
Indemnity.....	.....			**$452,324.44**	**$0.00**	**$452,324.44**
Medical.....	.....			**$1,083,131.81**	**$32,438.91**	**$1,115,570.72**
				$1,549,481.14	**$33,978.91**	**$1,583,460.05**
# of Claims	**1,964**					
# Open	**2**	**Recovery Amount:**	**-$47,177.21**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.92	$0.00	$109.92
				$109.92	$0.00	$109.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.00	$0.00	$76.00
				$76.00	$0.00	$76.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$637.01	$0.00	$637.01
Medical.....	.....			$6,663.74	$0.00	$6,663.74
				$7,300.75	$0.00	$7,300.75
# of Claims	5					
# Open	0	Recovery Amount:	-$3,852.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$446.00	$0.00	$446.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,493.41	$0.00	$1,493.41
				$1,939.41	$0.00	$1,939.41
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,183.16	$0.00	$1,183.16
Medical.....	.....			$4,058.40	$0.00	$4,058.40
				$5,241.56	$0.00	$5,241.56
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$47.71	$0.00	$47.71
Indemnity.....	.....			$7,069.01	$0.00	$7,069.01
Medical.....	.....			$10,425.18	$0.00	$10,425.18
				$17,541.90	$0.00	$17,541.90
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$4,708.70	$300.00	$5,008.70
Indemnity.....	.....			$223,540.86	$0.00	$223,540.86
Medical.....	.....			$1,166,540.23	$1,126,561.59	$2,293,101.82
				$1,394,789.79	$1,126,861.59	$2,521,651.38
# of Claims	14					
# Open	1	Recovery Amount:	-$5,618.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,229.79	$0.00	$2,229.79
Medical.....	.....			$1,732.72	$0.00	$1,732.72
				$3,962.51	$0.00	$3,962.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,778.48	$0.00	$4,778.48
Medical.....	.....			$6,211.23	$0.00	$6,211.23
				$10,989.71	$0.00	$10,989.71
# of Claims	8					
# Open	0	Recovery Amount:	-$5,227.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,145.21	$0.00	$2,145.21
Indemnity.....	.....			$77.88	$0.00	$77.88
Medical.....	.....			$3,210.50	$0.00	$3,210.50
				$5,433.59	$0.00	$5,433.59
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,059.77	$0.00	$1,059.77
				$1,059.77	$0.00	$1,059.77
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$177.15	$0.00	$177.15
Indemnity.....	.....			$7,305.26	$0.00	$7,305.26
Medical.....	.....			$11,134.08	$0.00	$11,134.08
				$18,616.49	$0.00	$18,616.49
# of Claims	7					
# Open	0	Recovery Amount:	-$3,076.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$204.00	$0.00	$204.00
				$204.00	$0.00	$204.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$603.00	$0.00	$603.00
				$603.00	$0.00	$603.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,651.22	$0.00	$1,651.22
				$1,651.22	$0.00	$1,651.22
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.20	$0.00	$75.20
				$75.20	$0.00	$75.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,538.57	$0.00	$2,538.57
Medical.....	.....			$4,424.89	$0.00	$4,424.89
				$6,963.46	$0.00	$6,963.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.71	$0.00	$138.71
				$138.71	$0.00	$138.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,900.12	$0.00	$2,900.12
				$2,900.12	$0.00	$2,900.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,380.72	$0.00	$2,380.72
				$2,380.72	$0.00	$2,380.72
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,460.49	$0.00	$2,460.49
				$2,460.49	$0.00	$2,460.49
# of Claims	3					
# Open	0	Recovery Amount:	-$1,981.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$476.08	$0.00	$476.08
				$476.08	$0.00	$476.08
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,716.72	$0.00	$1,716.72
				$1,716.72	$0.00	$1,716.72
# of Claims	7					
# Open	0	Recovery Amount:	-$745.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$254.78	$0.00	$254.78
				$254.78	$0.00	$254.78
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,533.15	$0.00	$3,533.15
				$3,533.15	$0.00	$3,533.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$91.77	$0.00	$91.77
Indemnity.....	.....			$22,952.77	$0.00	$22,952.77
Medical.....	.....			$23,353.15	$0.00	$23,353.15
				$46,397.69	$0.00	$46,397.69
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,048.69	$0.00	$2,048.69
				$2,048.69	$0.00	$2,048.69
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,496.89	$0.00	$2,496.89
				$2,496.89	$0.00	$2,496.89
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,849.46	$0.00	$2,849.46
				$2,857.46	$0.00	$2,857.46
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$115.29	$0.00	$115.29
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$115.29	$0.00	$115.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$4,620.77	$1,879.23	$6,500.00
Indemnity.....	.....			$55,640.19	$11,023.61	$66,663.80
Medical.....	.....			$48,835.20	$19,164.80	$68,000.00
				$109,096.16	$32,067.64	$141,163.80
# of Claims	1					
# Open	1	Recovery Amount:	-$54,997.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$33.34	$0.00	$33.34
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$33.34	$0.00	$33.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

602 - MEDICAL ASST. SERVS., DEPT. OF

S602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$44.00**	**$0.00**	**$44.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$44.00	**$0.00**	**$44.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$466.69**	**$0.00**	**$466.69**
				$466.69	**$0.00**	**$466.69**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$12,437.94**	**$2,179.23**	**$14,617.17**
Indemnity				**$327,952.98**	**$11,023.61**	**$338,976.59**
Medical				**$1,313,584.34**	**$1,145,726.39**	**$2,459,310.73**
				$1,653,975.26	**$1,158,929.23**	**$2,812,904.49**
# of Claims	**172**					
# Open	**2**	**Recovery Amount:**	**-$75,499.50**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

606 - VA BOARD FOR PEOPLE WITH DISABILIT

S606 - VA BOARD FOR PEOPLE WITH DISABILI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

157 -VADOC-PULASKI CORRECTIONAL UNIT #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$3,029.07	$0.00	$3,029.07
Medical.....	.....			$5,150.48	$0.00	$5,150.48
				$8,563.05	$0.00	$8,563.05
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,732.96	$0.00	$5,732.96
Indemnity.....	.....			$129,074.78	$0.00	$129,074.78
Medical.....	.....			$91,979.77	$0.00	$91,979.77
				$226,787.51	$0.00	$226,787.51
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,470.27	$0.00	$2,470.27
Medical.....	.....			$701.75	$0.00	$701.75
				$3,172.02	$0.00	$3,172.02
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,038.78	$0.00	$8,038.78
				$8,038.78	$0.00	$8,038.78
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

157 -VADOC-PULASKI CORRECTIONAL UNIT #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,243.07	$0.00	$3,243.07
				$3,243.07	$0.00	$3,243.07
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$581.66	$0.00	$581.66
				$581.66	$0.00	$581.66
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,398.83	$0.00	$1,398.83
				$1,398.83	$0.00	$1,398.83
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$307.22	$0.00	$307.22
Medical.....	.....			$1,536.13	$0.00	$1,536.13
				$1,843.35	$0.00	$1,843.35
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

157 -VADOC-PULASKI CORRECTIONAL UNIT #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$13.75	$0.00	$13.75
Indemnity.....	.....			$11,291.65	$0.00	$11,291.65
Medical.....	.....			$27,670.20	$0.00	$27,670.20
				$38,975.60	$0.00	$38,975.60
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,827.09	$0.00	$3,827.09
				$3,827.09	$0.00	$3,827.09
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,227.80	$0.00	$9,227.80
Medical.....	.....			$20,210.57	$0.00	$20,210.57
				$29,438.37	$0.00	$29,438.37
# of Claims	13					
# Open	0	Recovery Amount:	-$809.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,800.42	$0.00	$1,800.42
				$1,800.42	$0.00	$1,800.42
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

157 -VADOC-PULASKI CORRECTIONAL UNIT #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,329.66	$0.00	$9,329.66
				$9,329.66	$0.00	$9,329.66
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,847.05	$0.00	$1,847.05
Medical.....	.....			$43,018.71	$0.00	$43,018.71
				$44,865.76	$0.00	$44,865.76
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$203.39	$2,796.61	$3,000.00
Indemnity.....	.....			$721.78	$0.00	$721.78
Medical.....	.....			$63,483.45	$35,405.18	$98,888.63
				$64,408.62	$38,201.79	$102,610.41
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,102.57	$0.00	$3,102.57
Medical.....	.....			$46,884.49	$0.00	$46,884.49
				$49,987.06	$0.00	$49,987.06
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

157 -VADOC-PULASKI CORRECTIONAL UNIT #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$26,517.30	$0.00	$26,517.30
Indemnity.....	.....			$435,657.91	$0.00	$435,657.91
Medical.....	.....			$201,480.54	$108,999.06	$310,479.60
				$663,655.75	$108,999.06	$772,654.81
# of Claims	15					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$532.56	$0.00	$532.56
				$532.56	$0.00	$532.56
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,845.66	$0.00	$9,845.66
				$9,845.66	$0.00	$9,845.66
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,148.40	$0.00	$1,148.40
				$1,148.40	$0.00	$1,148.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$32,850.90	$2,796.61	$35,647.51
Indemnity.....	.....			$596,730.10	$0.00	$596,730.10
Medical.....	.....			$541,862.22	$144,404.24	$686,266.46
				$1,171,443.22	$147,200.85	$1,318,644.07
# of Claims	283					
# Open	2	Recovery Amount:	-$809.20			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$689.00	$0.00	$689.00
				$689.00	$0.00	$689.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96.93	$0.00	$96.93
Medical.....	.....			$945.68	$0.00	$945.68
				$1,042.61	$0.00	$1,042.61
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,510.29	$0.00	$1,510.29
				$1,510.29	$0.00	$1,510.29
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$197.73	$0.00	$197.73
Medical.....	.....			$868.39	$0.00	$868.39
				$1,066.12	$0.00	$1,066.12
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,210.77	$0.00	$5,210.77
Medical.....	.....			$5,110.93	$0.00	$5,110.93
				$10,321.70	$0.00	$10,321.70
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,668.87	$0.00	$1,668.87
Medical.....	.....			$2,649.27	$0.00	$2,649.27
				$4,318.14	$0.00	$4,318.14
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$214.00	$0.00	$214.00
				$214.00	$0.00	$214.00
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.00	$0.00	$309.00
				$309.00	$0.00	$309.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$2,826.62	$0.00	$2,826.62
Medical.....	.....			$2,874.49	$0.00	$2,874.49
				$5,719.61	$0.00	$5,719.61
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,578.14	$0.00	$1,578.14
Medical.....	.....			$6,976.39	$0.00	$6,976.39
				$8,554.53	$0.00	$8,554.53
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$171.25	$0.00	$171.25
				$171.25	$0.00	$171.25
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.00	$0.00	$52.00
				$52.00	$0.00	$52.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$869.22	$0.00	$869.22
				$869.22	$0.00	$869.22
# of Claims	9					
# Open	0	Recovery Amount:	-$791.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,799.15	$0.00	$1,799.15
Medical.....	.....			$19,837.70	$0.00	$19,837.70
				$21,636.85	$0.00	$21,636.85
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$258.80	$0.00	$258.80
Medical.....	.....			$2,644.20	$0.00	$2,644.20
				$2,903.00	$0.00	$2,903.00
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,872.36	$0.00	$3,872.36
Medical.....	.....			$9,943.98	$0.00	$9,943.98
				$13,816.34	$0.00	$13,816.34
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$108.98	$0.00	$108.98
				$108.98	$0.00	$108.98
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$72.10	$0.00	$72.10
				$72.10	$0.00	$72.10
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,496.06	$0.00	$2,496.06
Medical.....	.....			$2,092.62	$0.00	$2,092.62
				$4,588.68	$0.00	$4,588.68
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$121.41	$0.00	$121.41
Medical.....	.....			$6,224.42	$0.00	$6,224.42
				$6,345.83	$0.00	$6,345.83
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$3,245.93	$75.28	$3,321.21
Indemnity.....	.....			$6,020.47	$0.00	$6,020.47
Medical.....	.....			$31,115.74	$70,441.21	$101,556.95
				$40,382.14	$70,516.49	$110,898.63
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$329.54	$0.00	$329.54
				$329.54	$0.00	$329.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$484.97	$0.00	$484.97
Indemnity.....	.....			$18,082.94	$0.00	$18,082.94
Medical.....	.....			$44,615.00	$0.00	$44,615.00
				$63,182.91	$0.00	$63,182.91
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$295.51	$0.00	$295.51
Medical.....	.....			$4,439.49	$0.00	$4,439.49
				$4,735.00	$0.00	$4,735.00
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$41,859.72	$0.00	$41,859.72
				$41,867.72	$0.00	$41,867.72
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,156.53	$0.00	$5,156.53
				$5,164.53	$0.00	$5,164.53
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$29.30	$0.00	$29.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,061.06	$0.00	$1,061.06
				$1,090.36	$0.00	$1,090.36
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,628.68	$0.00	$3,628.68
				$3,636.68	$0.00	$3,636.68
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,533.68	$0.00	$8,533.68
Indemnity.....	.....			$190,187.85	$0.00	$190,187.85
Medical.....	.....			$111,242.09	$0.00	$111,242.09
				$309,963.62	$0.00	$309,963.62
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$18.95	$0.00	$18.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,998.08	$0.00	$2,998.08
				$3,017.03	$0.00	$3,017.03
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$34.40	$0.00	$34.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,940.81	$0.00	$1,940.81
				$1,975.21	$0.00	$1,975.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$1,574.68	$1,090.75	$2,665.43
Indemnity.....	.....			$0.00	$8,066.60	$8,066.60
Medical.....	.....			$92.32	$9,971.87	$10,064.19
				$1,667.00	$19,129.22	$20,796.22
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$75.40	$0.00	$75.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,373.15	$0.00	$1,373.15
				$1,448.55	$0.00	$1,448.55
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,831.35	$0.00	$2,831.35
				$2,839.35	$0.00	$2,839.35
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

158 -VADOC-BASKERVILLE CORRECTIONAL CTR

Grand Totals

Expense			**$14,047.81**	**$1,166.03**	**$15,213.84**
Indemnity			**$234,713.61**	**$8,066.60**	**$242,780.21**
Medical			**$316,847.47**	**$80,413.08**	**$397,260.55**
			$565,608.89	**$89,645.71**	**$655,254.60**
# of Claims	**374**				
# Open	**2**	**Recovery Amount:**	**-$791.50**		

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$4,313.80**	**$0.00**	**$4,313.80**
Indemnity				**$57,742.45**	**$0.00**	**$57,742.45**
Medical				**$15,049.00**	**$0.00**	**$15,049.00**
				$77,105.25	**$0.00**	**$77,105.25**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$123.60**	**$0.00**	**$123.60**
Medical				**$443.25**	**$0.00**	**$443.25**
				$566.85	**$0.00**	**$566.85**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$400.25	$0.00	$400.25
				$400.25	$0.00	$400.25
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$540.52	$0.00	$540.52
Medical.....	.....			$548.73	$0.00	$548.73
				$1,089.25	$0.00	$1,089.25
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,006.02	$0.00	$1,006.02
				$1,006.02	$0.00	$1,006.02
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.28	$0.00	$182.28
				$182.28	$0.00	$182.28
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$675.29	$0.00	$675.29
				$675.29	$0.00	$675.29
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.25	$0.00	$132.25
				$132.25	$0.00	$132.25
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,637.87	$0.00	$1,637.87
				$1,637.87	$0.00	$1,637.87
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,627.02	$0.00	$2,627.02
Medical.....	.....			$4,201.08	$0.00	$4,201.08
				$6,828.10	$0.00	$6,828.10
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,576.27	$0.00	$13,576.27
Medical.....	.....			$34,400.76	$0.00	$34,400.76
				$47,977.03	$0.00	$47,977.03
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.95	$0.00	$114.95
				$114.95	$0.00	$114.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$325.65	$0.00	$325.65
				$325.65	$0.00	$325.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$382.40	$0.00	$382.40
				$382.40	$0.00	$382.40
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$265.00	$0.00	$265.00
				$265.00	$0.00	$265.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$34.90	$0.00	$34.90
Medical.....	.....			$1,563.07	$0.00	$1,563.07
				$1,597.97	$0.00	$1,597.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,073.42	$0.00	$2,073.42
				$2,073.42	$0.00	$2,073.42
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,200.12	$0.00	$1,200.12
				$1,200.12	$0.00	$1,200.12
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,439.84	$0.00	$30,439.84
Medical.....	.....			$142,556.84	$0.00	$142,556.84
				$172,996.68	$0.00	$172,996.68
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,537.50	$0.00	$3,537.50
Medical.....	.....			$11,270.89	$0.00	$11,270.89
				$14,808.39	$0.00	$14,808.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,452.87	$0.00	$1,452.87
Indemnity.....	.....			$2,772.22	$0.00	$2,772.22
Medical.....	.....			$24,600.43	$0.00	$24,600.43
				$28,825.52	$0.00	$28,825.52
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,164.03	$0.00	$4,164.03
				$4,164.03	$0.00	$4,164.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$825.13	$0.00	$825.13
				$833.13	$0.00	$833.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$49.63	$0.00	$49.63
Indemnity.....	.....			$3,247.49	$0.00	$3,247.49
Medical.....	.....			$12,009.55	$0.00	$12,009.55
				$15,306.67	$0.00	$15,306.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

159 -VADOC-CAROLINE CORRECTIONAL UNIT #2

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$6,936.62	$0.00	$6,936.62
Indemnity.....	.....			$4,875.89	$0.00	$4,875.89
Medical.....	.....			$22,773.59	$0.00	$22,773.59
				$34,586.10	$0.00	$34,586.10
# of Claims	3					
# Open	0	Recovery Amount:	-$471.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$987.19	$0.00	$987.19
				$987.19	$0.00	$987.19
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12,760.92	$0.00	$12,760.92
Indemnity.....	.....			$119,517.70	$0.00	$119,517.70
Medical.....	.....			$283,789.04	$0.00	$283,789.04
				$416,067.66	$0.00	$416,067.66
# of Claims	138					
# Open	0	Recovery Amount:	-$471.52			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$0.00**	**$0.00**	**$0.00**
Medical	.....			**$168.00**	**$0.00**	**$168.00**
				$168.00	**$0.00**	**$168.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$514.09**	**$0.00**	**$514.09**
Medical	.....			**$3,313.24**	**$0.00**	**$3,313.24**
				$3,827.33	**$0.00**	**$3,827.33**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$1,367.95**	**$0.00**	**$1,367.95**
Medical	.....			**$1,089.25**	**$0.00**	**$1,089.25**
				$2,457.20	**$0.00**	**$2,457.20**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity	.....			**$4,484.40**	**$0.00**	**$4,484.40**
Medical	.....			**$7,043.57**	**$0.00**	**$7,043.57**
				$11,527.97	**$0.00**	**$11,527.97**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$148,656.35	$0.00	$148,656.35
Medical.....	.....			$10,131.38	$0.00	$10,131.38
				$158,787.73	$0.00	$158,787.73
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$835.95	$0.00	$835.95
				$835.95	$0.00	$835.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,563.22	$0.00	$1,563.22
Indemnity.....	.....			$1,980.96	$0.00	$1,980.96
Medical.....	.....			$9,916.11	$0.00	$9,916.11
				$13,460.29	$0.00	$13,460.29
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,503.13	$0.00	$1,503.13
				$1,503.13	$0.00	$1,503.13
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$298.59	$0.00	$298.59
Indemnity.....	.....			$1,434.67	$0.00	$1,434.67
Medical.....	.....			$9,013.01	$0.00	$9,013.01
				$10,746.27	$0.00	$10,746.27
# of Claims	16					
# Open	0	Recovery Amount:	-$1,229.39			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$80.18	$0.00	$80.18
Medical.....	.....			$1,942.51	$0.00	$1,942.51
				$2,050.69	$0.00	$2,050.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,928.23	$0.00	$1,928.23
Medical.....	.....			$3,379.70	$0.00	$3,379.70
				$5,307.93	$0.00	$5,307.93
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,499.52	$0.00	$1,499.52
Medical.....	.....			$1,257.35	$0.00	$1,257.35
				$2,756.87	$0.00	$2,756.87
# of Claims	4					
# Open	0	Recovery Amount:	-$69.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,528.36	$0.00	$5,528.36
Medical.....	.....			$13,230.73	$0.00	$13,230.73
				$18,759.09	$0.00	$18,759.09
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$837.85	$0.00	$837.85
				$837.85	$0.00	$837.85
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,500.44	$0.00	$1,500.44
				$1,500.44	$0.00	$1,500.44
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,240.00	$0.00	$1,240.00
Indemnity.....	.....			$32,334.48	$0.00	$32,334.48
Medical.....	.....			$13,682.38	$0.00	$13,682.38
				$47,256.86	$0.00	$47,256.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$503.51	$0.00	$503.51
				$503.51	$0.00	$503.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$645.27	$0.00	$645.27
				$645.27	$0.00	$645.27
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,666.09	$0.00	$1,666.09
				$1,666.09	$0.00	$1,666.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,440.20	$0.00	$3,440.20
				$3,440.20	$0.00	$3,440.20
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$911.20	$0.00	$911.20
				$911.20	$0.00	$911.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,296.82	$0.00	$5,296.82
				$5,296.82	$0.00	$5,296.82
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,125.79	$272.00	$2,397.79
Indemnity.....	.....			$35,303.37	$0.00	$35,303.37
Medical.....	.....			$243,126.90	$268,079.43	$511,206.33
				$280,556.06	$268,351.43	$548,907.49
# of Claims	5					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$201.90	$0.00	$201.90
Medical.....	.....			$3,155.77	$0.00	$3,155.77
				$3,357.67	$0.00	$3,357.67
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$938.00	$0.00	$938.00
Indemnity.....	.....			$11,259.46	$0.00	$11,259.46
Medical.....	.....			$15,344.74	$0.00	$15,344.74
				$27,542.20	$0.00	$27,542.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$29.74	$0.00	$29.74
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,722.03	$0.00	$1,722.03
				$1,751.77	$0.00	$1,751.77
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$161.82	$0.00	$161.82
				$161.82	$0.00	$161.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,913.59	$0.00	$1,913.59
				$1,913.59	$0.00	$1,913.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,949.10	$0.00	$1,949.10
				$1,957.10	$0.00	$1,957.10
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$366.90	$0.00	$366.90
				$366.90	$0.00	$366.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$321.33	$0.00	$321.33
				$321.33	$0.00	$321.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$45.10	$0.00	$45.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,154.48	$0.00	$1,154.48
				$1,199.58	$0.00	$1,199.58
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$750.63	$0.00	$750.63
				$758.63	$0.00	$758.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

160 -VADOC-Central VA Corr. Unit #13

Grand Totals

Expense.....			**$6,284.44**	**$322.00**	**$6,606.44**
Indemnity.....			**$246,573.92**	**$0.00**	**$246,573.92**
Medical.....			**$361,274.98**	**$269,279.43**	**$630,554.41**
			$614,133.34	**$269,601.43**	**$883,734.77**
# of Claims	**215**				
# Open	**2**	**Recovery Amount:**	**-$1,298.95**		

251 -VADOC-Patrick Henry Corr. Unit #28

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....				**$0.00**	**$0.00**	**$0.00**
Indemnity.....				**$0.00**	**$0.00**	**$0.00**
Medical.....				**$49.80**	**$0.00**	**$49.80**
				$49.80	**$0.00**	**$49.80**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....				**$0.00**	**$0.00**	**$0.00**
Indemnity.....				**$0.00**	**$0.00**	**$0.00**
Medical.....				**$691.24**	**$0.00**	**$691.24**
				$691.24	**$0.00**	**$691.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....				**$0.00**	**$0.00**	**$0.00**
Indemnity.....				**$0.00**	**$0.00**	**$0.00**
Medical.....				**$435.65**	**$0.00**	**$435.65**
				$435.65	**$0.00**	**$435.65**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

251 -VADOC-Patrick Henry Corr. Unit #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,844.65	$0.00	$5,844.65
				$5,844.65	$0.00	$5,844.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,757.26	$0.00	$8,757.26
				$8,757.26	$0.00	$8,757.26
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.40	$0.00	$186.40
				$186.40	$0.00	$186.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$814.74	$0.00	$814.74
Medical.....	.....			$2,174.49	$0.00	$2,174.49
				$2,989.23	$0.00	$2,989.23
# of Claims	5					
# Open	0	Recovery Amount:	-$1,773.80			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

251 -VADOC-Patrick Henry Corr. Unit #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.87	$0.00	$433.87
				$433.87	$0.00	$433.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$555.68	$0.00	$555.68
				$555.68	$0.00	$555.68
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$814.74	$0.00	$814.74
Medical.....	.....			$19,129.04	$0.00	$19,129.04
				$19,943.78	$0.00	$19,943.78
# of Claims	19					
# Open	0	Recovery Amount:	-$1,773.80			

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$113.00**	**$0.00**	**$113.00**
				$113.00	**$0.00**	**$113.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$5,474.45**	**$0.00**	**$5,474.45**
Medical		**$6,302.59**	**$0.00**	**$6,302.59**
		$12,160.54	**$0.00**	**$12,160.54**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$135.45**	**$0.00**	**$135.45**
		$135.45	**$0.00**	**$135.45**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$486.74**	**$0.00**	**$486.74**
Medical		**$1,388.10**	**$0.00**	**$1,388.10**
		$1,874.84	**$0.00**	**$1,874.84**
# of Claims	**6**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$292.25**	**$0.00**	**$292.25**
		$292.25	**$0.00**	**$292.25**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.34	$0.00	$212.34
				$212.34	$0.00	$212.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$608.07	$0.00	$608.07
				$608.07	$0.00	$608.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$369.51	$0.00	$369.51
				$369.51	$0.00	$369.51
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$89.50	$0.00	$89.50
				$89.50	$0.00	$89.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.00	$0.00	$84.00
				$84.00	$0.00	$84.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$207.36	$0.00	$207.36
Indemnity.....	.....			$552.05	$0.00	$552.05
Medical.....	.....			$8,555.70	$0.00	$8,555.70
				$9,315.11	$0.00	$9,315.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.67	$0.00	$461.67
				$461.67	$0.00	$461.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.62	$0.00	$120.62
				$120.62	$0.00	$120.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,744.82	$0.00	$3,744.82
				$3,744.82	$0.00	$3,744.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$189.28	$0.00	$189.28
Indemnity.....	.....			$3,569.46	$0.00	$3,569.46
Medical.....	.....			$45,038.82	$0.00	$45,038.82
				$48,797.56	$0.00	$48,797.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$267.50	$0.00	$267.50
				$267.50	$0.00	$267.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

257 -VADOC-RUSTBURG CORRECTIONAL UNIT #9

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				$0.00	$0.00	$0.00
Indemnity				$0.00	$0.00	$0.00
Medical				$157.00	$0.00	$157.00
				$157.00	$0.00	$157.00
# of Claims	3					
# Open	0	**Recovery Amount:**	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				$0.00	$0.00	$0.00
Indemnity				$0.00	$0.00	$0.00
Medical				$109.24	$0.00	$109.24
				$109.24	$0.00	$109.24
# of Claims	1					
# Open	0	**Recovery Amount:**	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				$56.45	$0.00	$56.45
Indemnity				$0.00	$0.00	$0.00
Medical				$2,134.56	$0.00	$2,134.56
				$2,191.01	$0.00	$2,191.01
# of Claims	3					
# Open	0	**Recovery Amount:**	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				$33.30	$0.00	$33.30
Indemnity				$0.00	$0.00	$0.00
Medical				$0.00	$0.00	$0.00
				$33.30	$0.00	$33.30
# of Claims	3					
# Open	0	**Recovery Amount:**	$0.00			

Grand Totals						
Expense				$869.89	$0.00	$869.89
Indemnity				$10,082.70	$0.00	$10,082.70
Medical				$70,249.74	$0.00	$70,249.74
				$81,202.33	$0.00	$81,202.33
# of Claims	67					
# Open	0	**Recovery Amount:**	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$3,619.76	$0.00	$3,619.76
Medical.....	.....			$5,210.96	$0.00	$5,210.96
				$9,214.22	$0.00	$9,214.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$627.18	$0.00	$627.18
Medical.....	.....			$4,820.41	$0.00	$4,820.41
				$5,447.59	$0.00	$5,447.59
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,657.96	$0.00	$1,657.96
Medical.....	.....			$2,550.71	$0.00	$2,550.71
				$4,208.67	$0.00	$4,208.67
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,237.22	$0.00	$1,237.22
Medical.....	.....			$3,563.90	$0.00	$3,563.90
				$4,801.12	$0.00	$4,801.12
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$485.17	$0.00	$485.17
				$485.17	$0.00	$485.17
# of Claims	5					
# Open	0	Recovery Amount:	-$51.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,247.80	$0.00	$1,247.80
Indemnity.....	.....			$27,408.84	$0.00	$27,408.84
Medical.....	.....			$54,953.10	$0.00	$54,953.10
				$83,609.74	$0.00	$83,609.74
# of Claims	8					
# Open	0	Recovery Amount:	-$789.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$876.10	$0.00	$876.10
Indemnity.....	.....			$91,340.64	$0.00	$91,340.64
Medical.....	.....			$247,277.80	$0.00	$247,277.80
				$339,494.54	$0.00	$339,494.54
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,241.04	$0.00	$4,241.04
Medical.....	.....			$7,008.97	$0.00	$7,008.97
				$11,250.01	$0.00	$11,250.01
# of Claims	18					
# Open	0	Recovery Amount:	-$4,693.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84.00	$0.00	$84.00
				$84.00	$0.00	$84.00
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$41.56	$0.00	$41.56
Medical.....	.....			$957.83	$0.00	$957.83
				$999.39	$0.00	$999.39
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$26,859.30	$8,528.25	$35,387.55
Indemnity.....	.....			$682,746.77	$657,092.15	$1,339,838.92
Medical.....	.....			$1,378,532.61	$2,425,086.96	$3,803,619.57
				$2,088,138.68	$3,090,707.36	$5,178,846.04
# of Claims	23					
# Open	1	Recovery Amount:	-$2,414.99			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,323.23	$0.00	$1,323.23
Medical.....	.....			$5,809.20	$0.00	$5,809.20
				$7,132.43	$0.00	$7,132.43
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$6,893.21	$0.00	$6,893.21
Indemnity.....	.....			$221,158.95	$0.00	$221,158.95
Medical.....	.....			$340,344.58	$200,523.13	$540,867.71
				$568,396.74	$200,523.13	$768,919.87
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,835.31	$0.00	$1,835.31
				$1,835.31	$0.00	$1,835.31
# of Claims	18					
# Open	0	Recovery Amount:	-$283.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.00	$0.00	$442.00
				$442.00	$0.00	$442.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,175.68	$0.00	$3,175.68
Medical.....	.....			$9,734.62	$0.00	$9,734.62
				$12,910.30	$0.00	$12,910.30
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,189.50	$0.00	$1,189.50
Medical.....	.....			$9,200.85	$0.00	$9,200.85
				$10,390.35	$0.00	$10,390.35
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,587.37	$0.00	$2,587.37
				$2,587.37	$0.00	$2,587.37
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,350.63	$0.00	$1,350.63
Medical.....	.....			$3,154.17	$0.00	$3,154.17
				$4,504.80	$0.00	$4,504.80
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$64.56	$0.00	$64.56
Indemnity.....	.....			$4,900.90	$0.00	$4,900.90
Medical.....	.....			$41,202.05	$0.00	$41,202.05
				$46,167.51	$0.00	$46,167.51
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$747.51	$0.00	$747.51
				$747.51	$0.00	$747.51
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,155.39	$0.00	$1,155.39
				$1,155.39	$0.00	$1,155.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$758.35	$0.00	$758.35
				$758.35	$0.00	$758.35
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

259 -VADOC-WHITE POST DETENTION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.41	$0.00	$116.41
				$116.41	$0.00	$116.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$38.25	$0.00	$38.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$38.25	$0.00	$38.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$36,362.72	$8,528.25	$44,890.97
Indemnity.....	.....			$1,046,019.86	$657,092.15	$1,703,112.01
Medical.....	.....			$2,122,533.27	$2,625,610.09	$4,748,143.36
				$3,204,915.85	$3,291,230.49	$6,496,146.34
# of Claims	242					
# Open	2	Recovery Amount:	-$8,231.98			

291 -VADOC-Appalachian Detention Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$8.00	$18.82	$26.82
Indemnity.....	.....			$200,192.50	$0.00	$200,192.50
Medical.....	.....			$132,233.33	$110,530.58	$242,763.91
				$332,433.83	$110,549.40	$442,983.23
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

291 -VADOC-Appalachian Detention Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$904.24**	**$0.00**	**$904.24**
				$922.74	**$0.00**	**$922.74**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$201.77**	**$0.00**	**$201.77**
				$238.77	**$0.00**	**$238.77**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$27.00**	**$0.00**	**$27.00**
				$45.50	**$0.00**	**$45.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

291 -VADOC-Appalachian Detention Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$160.00**	**$0.00**	**$160.00**
				$160.00	**$0.00**	**$160.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,627.26**	**$0.00**	**$1,627.26**
				$1,627.26	**$0.00**	**$1,627.26**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$8,916.60**	**$0.00**	**$8,916.60**
Medical				**$42,596.88**	**$0.00**	**$42,596.88**
				$51,549.48	**$0.00**	**$51,549.48**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

291 -VADOC-Appalachian Detention Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,644.97**	**$0.00**	**$1,644.97**
				$1,644.97	**$0.00**	**$1,644.97**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$20.78**	**$0.00**	**$20.78**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,233.84**	**$0.00**	**$3,233.84**
				$3,254.62	**$0.00**	**$3,254.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$22.00**	**$0.00**	**$22.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$435.19**	**$0.00**	**$435.19**
				$457.19	**$0.00**	**$457.19**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$179.54**	**$0.00**	**$179.54**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,152.97**	**$0.00**	**$5,152.97**
				$5,332.51	**$0.00**	**$5,332.51**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

291 -VADOC-Appalachian Detention Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$2,276.27	$0.00	$2,276.27
Indemnity.....	.....			$12,142.40	$0.00	$12,142.40
Medical.....	.....			$24,039.29	$0.00	$24,039.29
				$38,457.96	$0.00	$38,457.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$200.00	$200.00
Indemnity.....	.....			$0.00	$14,000.00	$14,000.00
Medical.....	.....			$6,099.83	$11,649.88	$17,749.71
				$6,099.83	$25,849.88	$31,949.71
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,616.59	$218.82	$2,835.41
Indemnity.....	.....			$221,251.50	$14,000.00	$235,251.50
Medical.....	.....			$218,356.57	$122,180.46	$340,537.03
				$442,224.66	$136,399.28	$578,623.94
# of Claims	29					
# Open	2	Recovery Amount:	$0.00			

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$282.77	$0.00	$282.77
				$282.77	$0.00	$282.77
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$920.93	$0.00	$920.93
				$920.93	$0.00	$920.93
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$21,987.24	$0.00	$21,987.24
Indemnity.....	.....			$107,281.91	$0.00	$107,281.91
Medical.....	.....			$16,243.97	$0.00	$16,243.97
				$145,513.12	$0.00	$145,513.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$172.00	$0.00	$172.00
				$172.00	$0.00	$172.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$16,401.12	$0.00	$16,401.12
Medical.....	.....			$40,307.57	$0.00	$40,307.57
				$56,716.69	$0.00	$56,716.69
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,708.11	$0.00	$5,708.11
				$5,708.11	$0.00	$5,708.11
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$705.43	$0.00	$705.43
				$705.43	$0.00	$705.43
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,852.54	$0.00	$13,852.54
Medical.....	.....			$21,853.68	$0.00	$21,853.68
				$35,706.22	$0.00	$35,706.22
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$231.50	$0.00	$231.50
				$231.50	$0.00	$231.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,827.88	$0.00	$3,827.88
				$3,827.88	$0.00	$3,827.88
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,701.25	$0.00	$3,701.25
Medical.....	.....			$12,918.69	$0.00	$12,918.69
				$16,619.94	$0.00	$16,619.94
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$151.20	$0.00	$151.20
				$151.20	$0.00	$151.20
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,682.26	$0.00	$1,682.26
				$1,682.26	$0.00	$1,682.26
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$484.72	$0.00	$484.72
				$484.72	$0.00	$484.72
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$177.63	$0.00	$177.63
Medical.....	.....			$1,049.96	$0.00	$1,049.96
				$1,227.59	$0.00	$1,227.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,567.88	$0.00	$1,567.88
Medical.....	.....			$785.09	$0.00	$785.09
				$2,352.97	$0.00	$2,352.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,254.83	$0.00	$5,254.83
				$5,254.83	$0.00	$5,254.83
# of Claims	8					
# Open	0	Recovery Amount:	-$236.65			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$445.56	$0.00	$445.56
				$477.56	$0.00	$477.56
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,183.86	$0.00	$1,183.86
				$1,183.86	$0.00	$1,183.86
# of Claims	6					
# Open	0	Recovery Amount:	-$412.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$544.70	$0.00	$544.70
				$592.70	$0.00	$592.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$583.12	$0.00	$583.12
				$583.12	$0.00	$583.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$150.41	$0.00	$150.41
				$150.41	$0.00	$150.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$347.32	$0.00	$347.32
				$347.32	$0.00	$347.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$353.31	$0.00	$353.31
				$353.31	$0.00	$353.31
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

334 -VADOC-Chesterfield Women's Div Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8,134.15	$15,140.20	$23,274.35
Indemnity.....	.....			$74,650.32	$177,682.97	$252,333.29
Medical.....	.....			$75,114.50	$141,264.38	$216,378.88
				$157,898.97	$334,087.55	$491,986.52
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$50.60	$0.00	$50.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$50.60	$0.00	$50.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.82	$0.00	$18.82
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$30,278.81	$15,140.20	$45,419.01
Indemnity.....	.....			$217,632.65	$177,682.97	$395,315.62
Medical.....	.....			$191,303.37	$141,264.38	$332,567.75
				$439,214.83	$334,087.55	$773,302.38
# of Claims	104					
# Open	1	Recovery Amount:	-$649.63			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$81.00	$0.00	$81.00
				$81.00	$0.00	$81.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$968.82	$0.00	$968.82
Medical.....	.....			$1,223.50	$0.00	$1,223.50
				$2,192.32	$0.00	$2,192.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$80.72	$0.00	$80.72
Medical.....	.....			$1,042.19	$0.00	$1,042.19
				$1,122.91	$0.00	$1,122.91
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,591.67	$0.00	$3,591.67
				$3,591.67	$0.00	$3,591.67
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.90	$0.00	$174.90
				$174.90	$0.00	$174.90
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,129.94	$0.00	$2,129.94
Medical.....	.....			$4,387.02	$0.00	$4,387.02
				$6,516.96	$0.00	$6,516.96
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$807.93	$0.00	$807.93
				$807.93	$0.00	$807.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$199.00	$0.00	$199.00
				$199.00	$0.00	$199.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$352.50	$0.00	$352.50
				$352.50	$0.00	$352.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$160.05	$0.00	$160.05
Medical.....	.....			$3,003.92	$0.00	$3,003.92
				$3,163.97	$0.00	$3,163.97
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$742.65	$0.00	$742.65
				$742.65	$0.00	$742.65
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$223.21	$0.00	$223.21
				$223.21	$0.00	$223.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,617.46	$0.00	$7,617.46
Medical.....	.....			$8,301.17	$0.00	$8,301.17
				$15,918.63	$0.00	$15,918.63
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$1,608.85	$0.00	$1,608.85
Indemnity.....	.....			$190,356.40	$0.00	$190,356.40
Medical.....	.....			$57,514.82	$0.00	$57,514.82
				$249,480.07	$0.00	$249,480.07
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$362.45	$0.00	$362.45
Indemnity.....	.....			$12,204.93	$0.00	$12,204.93
Medical.....	.....			$25,522.02	$0.00	$25,522.02
				$38,089.40	$0.00	$38,089.40
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$494.14	$0.00	$494.14
Indemnity.....	.....			$7,842.73	$0.00	$7,842.73
Medical.....	.....			$28,336.97	$0.00	$28,336.97
				$36,673.84	$0.00	$36,673.84
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$101.06	$0.00	$101.06
Indemnity.....	.....			$1,632.57	$0.00	$1,632.57
Medical.....	.....			$4,849.63	$0.00	$4,849.63
				$6,583.26	$0.00	$6,583.26
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$385.51	$0.00	$385.51
Indemnity.....	.....			$51,787.10	$0.00	$51,787.10
Medical.....	.....			$122,947.44	$0.00	$122,947.44
				$175,120.05	$0.00	$175,120.05
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$338.18**	**$0.00**	**$338.18**
Indemnity				**$24,992.51**	**$0.00**	**$24,992.51**
Medical				**$86,547.92**	**$0.00**	**$86,547.92**
				$111,878.61	**$0.00**	**$111,878.61**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,288.39**	**$0.00**	**$2,288.39**
				$2,288.39	**$0.00**	**$2,288.39**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$13,177.90**	**$0.00**	**$13,177.90**
Indemnity				**$233,878.15**	**$0.00**	**$233,878.15**
Medical				**$229,949.80**	**$17,118.52**	**$247,068.32**
				$477,005.85	**$17,118.52**	**$494,124.37**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$996.35**	**$0.00**	**$996.35**
				$996.35	**$0.00**	**$996.35**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,355.48**	**$0.00**	**$1,355.48**
				$1,355.48	**$0.00**	**$1,355.48**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.45**	**$0.00**	**$202.45**
				$202.45	**$0.00**	**$202.45**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$3,035.12**	**$0.00**	**$3,035.12**
Medical				**$37,503.98**	**$0.00**	**$37,503.98**
				$40,547.10	**$0.00**	**$40,547.10**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$22.18**	**$0.00**	**$22.18**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,047.20**	**$0.00**	**$1,047.20**
				$1,069.38	**$0.00**	**$1,069.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$888.60**	**$0.00**	**$888.60**
				$888.60	**$0.00**	**$888.60**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

357 -VADOC-COLD SPRINGS CORR. UNIT #10

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$23.70	$0.00	$23.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,134.64	$0.00	$2,134.64
				$2,158.34	$0.00	$2,158.34
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$16,521.97	$0.00	$16,521.97
Indemnity.....	.....			$536,686.50	$0.00	$536,686.50
Medical.....	.....			$626,216.35	$17,118.52	$643,334.87
				$1,179,424.82	$17,118.52	$1,196,543.34
# of Claims	219					
# Open	1	Recovery Amount:	$0.00			

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.93	$0.00	$464.93
Medical.....	.....			$436.74	$0.00	$436.74
				$901.67	$0.00	$901.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,229.25	$0.00	$1,229.25
Medical.....	.....			$358.70	$0.00	$358.70
				$1,587.95	$0.00	$1,587.95
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$556.00	$0.00	$556.00
				$556.00	$0.00	$556.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$44.13	$0.00	$44.13
Medical.....	.....			$263.40	$0.00	$263.40
				$307.53	$0.00	$307.53
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$908.48	$0.00	$908.48
				$908.48	$0.00	$908.48
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,144.01	$0.00	$1,144.01
Medical.....	.....			$11,034.25	$0.00	$11,034.25
				$12,178.26	$0.00	$12,178.26
# of Claims	4					
# Open	0	Recovery Amount:	-$8,124.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$125.60	$0.00	$125.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$486.79	$0.00	$486.79
				$612.39	$0.00	$612.39
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,927.98	$0.00	$3,927.98
				$3,927.98	$0.00	$3,927.98
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,722.18	$0.00	$5,722.18
Medical.....	.....			$11,891.44	$0.00	$11,891.44
				$17,613.62	$0.00	$17,613.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$240.50	$0.00	$240.50
				$240.50	$0.00	$240.50
# of Claims	2					
# Open	0	Recovery Amount:	-$20.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.05	$0.00	$138.05
				$138.05	$0.00	$138.05
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,104.32	$0.00	$1,104.32
				$1,104.32	$0.00	$1,104.32
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

358 -VADOC-CHATAM DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.29	$0.00	$187.29
				$187.29	$0.00	$187.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$125.60	$0.00	$125.60
Indemnity.....	.....			$8,604.50	$0.00	$8,604.50
Medical.....	.....			$31,533.94	$0.00	$31,533.94
				$40,264.04	$0.00	$40,264.04
# of Claims	50					
# Open	0	Recovery Amount:	-$8,144.08			

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$235.50	$0.00	$235.50
				$235.50	$0.00	$235.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$383.50	$0.00	$383.50
Indemnity.....	.....			$18,098.15	$0.00	$18,098.15
Medical.....	.....			$8,263.65	$0.00	$8,263.65
				$26,745.30	$0.00	$26,745.30
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$497.00	$0.00	$497.00
				$497.00	$0.00	$497.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,231.72	$0.00	$7,231.72
Medical.....	.....			$5,060.67	$0.00	$5,060.67
				$12,292.39	$0.00	$12,292.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,045.94	$0.00	$6,045.94
Medical.....	.....			$13,670.82	$0.00	$13,670.82
				$19,716.76	$0.00	$19,716.76
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$57,487.21	$0.00	$57,487.21
Medical.....	.....			$5,362.60	$0.00	$5,362.60
				$62,849.81	$0.00	$62,849.81
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,923.67	$0.00	$7,923.67
Medical.....	.....			$35,735.65	$0.00	$35,735.65
				$43,659.32	$0.00	$43,659.32
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$599.45	$0.00	$599.45
				$599.45	$0.00	$599.45
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,760.53	$0.00	$2,760.53
Medical.....	.....			$7,305.62	$0.00	$7,305.62
				$10,066.15	$0.00	$10,066.15
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$390.94**	**$0.00**	**$390.94**
				$390.94	**$0.00**	**$390.94**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$761.00**	**$0.00**	**$761.00**
				$761.00	**$0.00**	**$761.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,388.12**	**$0.00**	**$1,388.12**
Medical				**$3,965.17**	**$0.00**	**$3,965.17**
				$5,353.29	**$0.00**	**$5,353.29**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$446.60**	**$0.00**	**$446.60**
				$446.60	**$0.00**	**$446.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$6,793.50	$0.00	$6,793.50
Indemnity.....	.....			$211,372.60	$0.00	$211,372.60
Medical.....	.....			$32,898.09	$0.00	$32,898.09
				$251,064.19	$0.00	$251,064.19
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,596.49	$0.00	$4,596.49
Medical.....	.....			$7,795.39	$0.00	$7,795.39
				$12,391.88	$0.00	$12,391.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,317.91	$0.00	$1,317.91
				$1,317.91	$0.00	$1,317.91
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$460.97	$0.00	$460.97
				$460.97	$0.00	$460.97
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$111.64**	**$0.00**	**$111.64**
Indemnity				**$9,072.32**	**$0.00**	**$9,072.32**
Medical				**$45,861.28**	**$0.00**	**$45,861.28**
				$55,045.24	**$0.00**	**$55,045.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$33,333.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$303.58**	**$0.00**	**$303.58**
				$303.58	**$0.00**	**$303.58**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$160.44**	**$0.00**	**$160.44**
				$160.44	**$0.00**	**$160.44**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.78**	**$0.00**	**$295.78**
				$295.78	**$0.00**	**$295.78**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$618.53**	**$0.00**	**$618.53**
				$618.53	**$0.00**	**$618.53**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,358.76**	**$0.00**	**$5,358.76**
				$5,358.76	**$0.00**	**$5,358.76**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$639.60**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,579.11**	**$0.00**	**$2,579.11**
				$2,579.11	**$0.00**	**$2,579.11**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$753.58**	**$0.00**	**$753.58**
Medical				**$19,674.73**	**$0.00**	**$19,674.73**
				$20,436.31	**$0.00**	**$20,436.31**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23.39**	**$0.00**	**$23.39**
				$23.39	**$0.00**	**$23.39**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$663.98**	**$0.00**	**$663.98**
Indemnity				**$7,278.00**	**$0.00**	**$7,278.00**
Medical				**$13,529.70**	**$0.00**	**$13,529.70**
				$21,471.68	**$0.00**	**$21,471.68**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$311.00**	**$0.00**	**$311.00**
				$311.00	**$0.00**	**$311.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

359 -VADOC-HARRISONBURG DIVERSION CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$25.90	$0.00	$25.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$872.29	$0.00	$872.29
				$898.19	$0.00	$898.19
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$210.25	$0.00	$210.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$210.25	$0.00	$210.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,196.77	$50.00	$8,246.77
Indemnity.....	.....			$334,008.33	$0.00	$334,008.33
Medical.....	.....			$214,355.62	$1,200.00	$215,555.62
				$556,560.72	$1,250.00	$557,810.72
# of Claims	184					
# Open	1	Recovery Amount:	-$33,972.94			

360 -VADOC-DINWIDDIE CORR. UNIT #27

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

360 -VADOC-DINWIDDIE CORR. UNIT #27

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$450.40**	**$0.00**	**$450.40**
				$450.40	**$0.00**	**$450.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,980.61**	**$0.00**	**$1,980.61**
Medical		**$5,062.74**	**$0.00**	**$5,062.74**
		$7,043.35	**$0.00**	**$7,043.35**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,908.34**	**$0.00**	**$1,908.34**
Medical		**$846.86**	**$0.00**	**$846.86**
		$2,755.20	**$0.00**	**$2,755.20**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$391.36**	**$0.00**	**$391.36**
Medical		**$423.35**	**$0.00**	**$423.35**
		$814.71	**$0.00**	**$814.71**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$169,578.08**	**$0.00**	**$169,578.08**
Medical		**$47,633.93**	**$0.00**	**$47,633.93**
		$217,212.01	**$0.00**	**$217,212.01**
# of Claims	**5**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

360 -VADOC-DINWIDDIE CORR. UNIT #27

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$69.00	$0.00	$69.00
				$69.00	$0.00	$69.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,459.76	$0.00	$11,459.76
				$11,459.76	$0.00	$11,459.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$207.00	$0.00	$207.00
				$207.00	$0.00	$207.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,111.09	$0.00	$1,111.09
				$1,111.09	$0.00	$1,111.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

360 -VADOC-DINWIDDIE CORR. UNIT #27

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$711.60**	**$0.00**	**$711.60**
				$711.60	**$0.00**	**$711.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,235.94**	**$0.00**	**$2,235.94**
Medical				**$1,046.41**	**$0.00**	**$1,046.41**
				$3,282.35	**$0.00**	**$3,282.35**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$573.47**	**$0.00**	**$573.47**
				$573.47	**$0.00**	**$573.47**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,751.85**	**$0.00**	**$3,751.85**
				$3,751.85	**$0.00**	**$3,751.85**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

360 -VADOC-DINWIDDIE CORR. UNIT #27

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$176,094.33	$0.00	$176,094.33
Medical.....	.....			$73,347.46	$0.00	$73,347.46
				$249,441.79	$0.00	$249,441.79
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

361 -VADOC-TIDEWATER DET CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,309.00	$0.00	$1,309.00
				$1,309.00	$0.00	$1,309.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$629.61	$0.00	$629.61
				$629.61	$0.00	$629.61
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

361 -VADOC-TIDEWATER DET CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,730.77	$0.00	$1,730.77
				$1,730.77	$0.00	$1,730.77
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$77.20	$0.00	$77.20
Medical.....	.....			$1,285.20	$0.00	$1,285.20
				$1,362.40	$0.00	$1,362.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,345.26	$0.00	$2,345.26
Medical.....	.....			$28,019.78	$0.00	$28,019.78
				$30,365.04	$0.00	$30,365.04
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$951.82	$0.00	$951.82
				$951.82	$0.00	$951.82
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

361 -VADOC-TIDEWATER DET CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$468.89	$0.00	$468.89
				$468.89	$0.00	$468.89
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,069.92	$0.00	$1,069.92
Medical.....	.....			$8,154.93	$0.00	$8,154.93
				$9,224.85	$0.00	$9,224.85
# of Claims	12					
# Open	0	Recovery Amount:	-$2,353.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$532.02	$0.00	$532.02
Medical.....	.....			$33,051.80	$0.00	$33,051.80
				$33,583.82	$0.00	$33,583.82
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

361 -VADOC-TIDEWATER DET CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,377.50	$0.00	$1,377.50
				$1,377.50	$0.00	$1,377.50
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$611.57	$0.00	$611.57
Medical.....	.....			$11,676.63	$0.00	$11,676.63
				$12,288.20	$0.00	$12,288.20
# of Claims	7					
# Open	0	Recovery Amount:	-$147.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$251.05	$0.00	$251.05
				$251.05	$0.00	$251.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,635.97	$0.00	$4,635.97
Medical.....	.....			$88,981.98	$0.00	$88,981.98
				$93,617.95	$0.00	$93,617.95
# of Claims	105					
# Open	0	Recovery Amount:	-$2,500.36			

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$168.85**	**$0.00**	**$168.85**
				$168.85	**$0.00**	**$168.85**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$749.90**	**$0.00**	**$749.90**
		$749.90	**$0.00**	**$749.90**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$440.95**	**$0.00**	**$440.95**
		$440.95	**$0.00**	**$440.95**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$63.00**	**$0.00**	**$63.00**
		$63.00	**$0.00**	**$63.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$382.22**	**$0.00**	**$382.22**
		$382.22	**$0.00**	**$382.22**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$242.51	$0.00	$242.51
				$242.51	$0.00	$242.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,609.78	$0.00	$2,609.78
Medical.....	.....			$7,072.67	$0.00	$7,072.67
				$9,682.45	$0.00	$9,682.45
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$208,152.80	$0.00	$208,152.80
Medical.....	.....			$39,301.98	$0.00	$39,301.98
				$247,454.78	$0.00	$247,454.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$160.02	$0.00	$160.02
Medical.....	.....			$479.71	$0.00	$479.71
				$639.73	$0.00	$639.73
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,360.25**	**$0.00**	**$1,360.25**
Medical				**$2,305.00**	**$0.00**	**$2,305.00**
				$3,665.25	**$0.00**	**$3,665.25**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,952.00**	**$0.00**	**$2,952.00**
Medical				**$11,539.79**	**$0.00**	**$11,539.79**
				$14,491.79	**$0.00**	**$14,491.79**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$9,542.01**	**$0.00**	**$9,542.01**
Indemnity				**$194,809.50**	**$0.00**	**$194,809.50**
Medical				**$468,564.11**	**$255,782.22**	**$724,346.33**
				$672,915.62	**$255,782.22**	**$928,697.84**
# of Claims	**6**					
# Open	**1**	**Recovery Amount:**	**-$707.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$62.35**	**$0.00**	**$62.35**
				$62.35	**$0.00**	**$62.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$329.80**	**$0.00**	**$329.80**
Indemnity				**$7,792.81**	**$0.00**	**$7,792.81**
Medical				**$19,076.76**	**$0.00**	**$19,076.76**
				$27,199.37	**$0.00**	**$27,199.37**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$814.62**	**$0.00**	**$814.62**
				$814.62	**$0.00**	**$814.62**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$163.04**	**$0.00**	**$163.04**
Indemnity				**$9,411.35**	**$0.00**	**$9,411.35**
Medical				**$55,372.11**	**$0.00**	**$55,372.11**
				$64,946.50	**$0.00**	**$64,946.50**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,703.17**	**$0.00**	**$4,703.17**
				$4,703.17	**$0.00**	**$4,703.17**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$182.00**	**$0.00**	**$182.00**
				$182.00	**$0.00**	**$182.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,606.05**	**$0.00**	**$1,606.05**
				$1,606.05	**$0.00**	**$1,606.05**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$3,777.24**	**$0.00**	**$3,777.24**
Medical				**$7,932.65**	**$0.00**	**$7,932.65**
				$11,741.89	**$0.00**	**$11,741.89**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$7,611.43**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$600.00**	**$0.00**	**$600.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15,399.95**	**$0.00**	**$15,399.95**
				$15,999.95	**$0.00**	**$15,999.95**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,920.99**	**$0.00**	**$2,920.99**
				$2,920.99	**$0.00**	**$2,920.99**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$11,625.84**	**$0.00**	**$11,625.84**
Indemnity				**$45,472.68**	**$0.00**	**$45,472.68**
Medical				**$34,924.65**	**$0.00**	**$34,924.65**
				$92,023.17	**$0.00**	**$92,023.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$97.81**	**$0.00**	**$97.81**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,616.39**	**$0.00**	**$2,616.39**
				$2,714.20	**$0.00**	**$2,714.20**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$16.00	**$0.00**	**$16.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

457 -VADOC-WISE CORRECTIONAL UNIT #18

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$10.81	$0.00	$10.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$10.81	$0.00	$10.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$22,417.31	$0.00	$22,417.31
Indemnity.....	.....			$476,498.43	$0.00	$476,498.43
Medical.....	.....			$676,922.38	$255,782.22	$932,704.60
				$1,175,838.12	$255,782.22	$1,431,620.34
# of Claims	107					
# Open	2	Recovery Amount:	-$8,318.43			

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$197.30**	**$0.00**	**$197.30**
				$197.30	**$0.00**	**$197.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$2,914.42**	**$0.00**	**$2,914.42**
Indemnity		**$146,289.53**	**$0.00**	**$146,289.53**
Medical		**$36,717.09**	**$0.00**	**$36,717.09**
		$185,921.04	**$0.00**	**$185,921.04**
# of Claims	**18**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$3,309.97**	**$0.00**	**$3,309.97**
Indemnity		**$166,843.82**	**$0.00**	**$166,843.82**
Medical		**$226,909.86**	**$0.00**	**$226,909.86**
		$397,063.65	**$0.00**	**$397,063.65**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$1,188.05**	**$0.00**	**$1,188.05**
Indemnity		**$13,239.01**	**$0.00**	**$13,239.01**
Medical		**$8,204.40**	**$0.00**	**$8,204.40**
		$22,631.46	**$0.00**	**$22,631.46**
# of Claims	**20**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$337.12**	**$0.00**	**$337.12**
		$337.12	**$0.00**	**$337.12**
# of Claims	**8**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,989.63	$0.00	$2,989.63
Medical.....	.....			$9,395.54	$0.00	$9,395.54
				$12,385.17	$0.00	$12,385.17
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$263.85	$0.00	$263.85
Medical.....	.....			$391.64	$0.00	$391.64
				$655.49	$0.00	$655.49
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$209.90	$0.00	$209.90
Medical.....	.....			$1,074.34	$0.00	$1,074.34
				$1,284.24	$0.00	$1,284.24
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,665.76	$0.00	$1,665.76
Medical.....	.....			$1,038.30	$0.00	$1,038.30
				$2,704.06	$0.00	$2,704.06
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,515.39	$0.00	$11,515.39
Medical.....	.....			$16,601.09	$0.00	$16,601.09
				$28,116.48	$0.00	$28,116.48
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$433.78	$0.00	$433.78
Medical.....	.....			$517.00	$0.00	$517.00
				$950.78	$0.00	$950.78
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$119.79	$0.00	$119.79
				$119.79	$0.00	$119.79
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,228.52	$0.00	$1,228.52
Medical.....	.....			$8,029.47	$0.00	$8,029.47
				$9,257.99	$0.00	$9,257.99
# of Claims	11					
# Open	0	Recovery Amount:	-$3,942.60			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,102.60	$0.00	$3,102.60
Medical.....	.....			$12,507.92	$0.00	$12,507.92
				$15,610.52	$0.00	$15,610.52
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$828.88	$0.00	$828.88
				$828.88	$0.00	$828.88
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,732.84	$0.00	$4,732.84
Medical.....	.....			$3,449.45	$0.00	$3,449.45
				$8,182.29	$0.00	$8,182.29
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$532.94	$0.00	$532.94
				$532.94	$0.00	$532.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

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7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,086.25	$0.00	$3,086.25
				$3,086.25	$0.00	$3,086.25
# of Claims	10					
# Open	0	Recovery Amount:	-$1,376.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$194.76	$0.00	$194.76
Indemnity.....	.....			$9,649.96	$0.00	$9,649.96
Medical.....	.....			$22,776.55	$0.00	$22,776.55
				$32,621.27	$0.00	$32,621.27
# of Claims	8					
# Open	0	Recovery Amount:	-$23,746.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,055.05	$0.00	$2,055.05
				$2,055.05	$0.00	$2,055.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

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7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$84.00	$0.00	$84.00
Indemnity.....	.....			$2,848.88	$0.00	$2,848.88
Medical.....	.....			$3,764.07	$0.00	$3,764.07
				$6,696.95	$0.00	$6,696.95
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.22	$0.00	$124.22
				$124.22	$0.00	$124.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$4,886.01	$0.00	$4,886.01
Indemnity.....	.....			$427.09	$0.00	$427.09
Medical.....	.....			$16,602.81	$0.00	$16,602.81
				$21,915.91	$0.00	$21,915.91
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.12	$0.00	$378.12
				$378.12	$0.00	$378.12
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$730.20	$0.00	$730.20
Medical.....	.....			$2,085.66	$0.00	$2,085.66
				$2,847.86	$0.00	$2,847.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$74.43	$0.00	$74.43
Indemnity.....	.....			$660.95	$0.00	$660.95
Medical.....	.....			$11,914.19	$0.00	$11,914.19
				$12,649.57	$0.00	$12,649.57
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,688.86	$0.00	$2,688.86
Medical.....	.....			$2,201.74	$0.00	$2,201.74
				$4,898.60	$0.00	$4,898.60
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,726.68	$0.00	$3,726.68
				$3,726.68	$0.00	$3,726.68
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$49.50	$0.00	$49.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$49.50	$0.00	$49.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

458 -VADOC-HALIFAX CORRECTIONAL UNIT #23

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,280.18	$0.00	$1,280.18
				$1,280.18	$0.00	$1,280.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$12,749.14	$0.00	$12,749.14
Indemnity.....	.....			$369,520.57	$0.00	$369,520.57
Medical.....	.....			$396,847.65	$0.00	$396,847.65
				$779,117.36	$0.00	$779,117.36
# of Claims	270					
# Open	0	Recovery Amount:	-$29,066.28			

557 -VADOC-SMITH MOUNTAIN LAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$400.00	$0.00	$400.00
Indemnity.....	.....			$171,676.35	$0.00	$171,676.35
Medical.....	.....			$90,981.13	$0.00	$90,981.13
				$263,057.48	$0.00	$263,057.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,727.45	$0.00	$6,727.45
Indemnity.....	.....			$113,759.51	$0.00	$113,759.51
Medical.....	.....			$561,347.53	$246,122.08	$807,469.61
				$681,834.49	$246,122.08	$927,956.57
# of Claims	1					
# Open	1	Recovery Amount:	-$156.70			
Grand Totals						
Expense.....	.....			$7,127.45	$0.00	$7,127.45
Indemnity.....	.....			$285,435.86	$0.00	$285,435.86
Medical.....	.....			$652,328.66	$246,122.08	$898,450.74
				$944,891.97	$246,122.08	$1,191,014.05

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

557 -VADOC-SMITH MOUNTAIN LAKE

# of Claims 2

 # Open 1 **Recovery Amount:** -$156.70

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$14,818.20	$0.00	$14,818.20
Indemnity.....	.....			$763,842.14	$0.00	$763,842.14
Medical.....	.....			$65,679.98	$0.00	$65,679.98
				$844,340.32	$0.00	$844,340.32
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,960.98	$0.00	$2,960.98
Medical.....	.....			$5,811.72	$0.00	$5,811.72
				$8,772.70	$0.00	$8,772.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,836.86	$0.00	$4,836.86
Medical.....	.....			$1,392.93	$0.00	$1,392.93
				$6,229.79	$0.00	$6,229.79
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,156.18	$0.00	$22,156.18
Medical.....	.....			$11,557.89	$0.00	$11,557.89
				$33,714.07	$0.00	$33,714.07
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3.82	$0.00	$3.82
Indemnity.....	.....			$1,356.06	$0.00	$1,356.06
Medical.....	.....			$7,149.59	$0.00	$7,149.59
				$8,509.47	$0.00	$8,509.47
# of Claims	15					
# Open	0	Recovery Amount:	-$147.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$192.22	$0.00	$192.22
				$192.22	$0.00	$192.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$139.00	$0.00	$139.00
				$139.00	$0.00	$139.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,210.23	$0.00	$2,210.23
Medical.....	.....			$53,743.84	$0.00	$53,743.84
				$55,954.07	$0.00	$55,954.07
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,936.63	$0.00	$3,936.63
Medical.....	.....			$7,145.94	$0.00	$7,145.94
				$11,082.57	$0.00	$11,082.57
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,934.50	$0.00	$2,934.50
Medical.....	.....			$11,634.02	$0.00	$11,634.02
				$14,568.52	$0.00	$14,568.52
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,066.10	$0.00	$7,066.10
Medical.....	.....			$20,734.56	$0.00	$20,734.56
				$27,800.66	$0.00	$27,800.66
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22.65	$0.00	$22.65
				$22.65	$0.00	$22.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.00	$0.00	$312.00
				$312.00	$0.00	$312.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$6,621.76	$0.00	$6,621.76
Medical.....	.....			$24,774.65	$0.00	$24,774.65
				$31,412.41	$0.00	$31,412.41
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$442.92	$0.00	$442.92
				$442.92	$0.00	$442.92
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

559 -VADOC-HAYNESVILLE CRCTNL UNIT #17

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$936.62	$0.00	$936.62
				$936.62	$0.00	$936.62
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$310.15	$0.00	$310.15
				$310.15	$0.00	$310.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$14,838.02	$0.00	$14,838.02
Indemnity.....	.....			$817,921.44	$0.00	$817,921.44
Medical.....	.....			$211,980.68	$0.00	$211,980.68
				$1,044,740.14	$0.00	$1,044,740.14
# of Claims	92					
# Open	0	Recovery Amount:	-$147.27			

647 -VADOC-Western Regional Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

647 -VADOC-Western Regional Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,401.14	$0.00	$3,401.14
				$3,401.14	$0.00	$3,401.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.00	$0.00	$187.00
				$187.00	$0.00	$187.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,588.14	$0.00	$3,588.14
				$3,588.14	$0.00	$3,588.14
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

649 -VADOC-Eastern Regional Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

649 -VADOC-Eastern Regional Office

WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

650 -VADOC-Central Regional Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$367.07**	**$0.00**	**$367.07**
				$367.07	**$0.00**	**$367.07**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

650 -VADOC-Central Regional Office

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.00	$0.00	$138.00
				$138.00	$0.00	$138.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$505.07	$0.00	$505.07
				$505.07	$0.00	$505.07
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$125.00	$0.00	$125.00
Indemnity.....	.....			$199.99	$0.00	$199.99
Medical.....	.....			$1,839.23	$0.00	$1,839.23
				$2,164.22	$0.00	$2,164.22
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,347.35	$0.00	$1,347.35
				$1,347.35	$0.00	$1,347.35
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$768.00	$0.00	$768.00
Indemnity.....	.....			$40.37	$0.00	$40.37
Medical.....	.....			$3,883.53	$0.00	$3,883.53
				$4,691.90	$0.00	$4,691.90
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,301.48	$0.00	$2,301.48
				$2,301.48	$0.00	$2,301.48
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,812.39	$0.00	$1,812.39
Medical.....	.....			$4,765.29	$0.00	$4,765.29
				$6,577.68	$0.00	$6,577.68
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,100.15	$0.00	$2,100.15
Medical.....	.....			$20,204.35	$0.00	$20,204.35
				$22,304.50	$0.00	$22,304.50
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$962.99	$0.00	$962.99
				$962.99	$0.00	$962.99
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,498.38	$0.00	$1,498.38
Medical.....	.....			$1,287.59	$0.00	$1,287.59
				$2,785.97	$0.00	$2,785.97
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,895.78	$0.00	$6,895.78
Medical.....	.....			$73,930.58	$0.00	$73,930.58
				$80,826.36	$0.00	$80,826.36
# of Claims	9					
# Open	0	Recovery Amount:	-$80.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$899.99	$2,100.01	$3,000.00
Indemnity.....	.....			$19,095.64	$0.00	$19,095.64
Medical.....	.....			$167,096.43	$86,277.56	$253,373.99
				$187,092.06	$88,377.57	$275,469.63
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,150.16	$0.00	$5,150.16
Medical.....	.....			$9,147.36	$0.00	$9,147.36
				$14,297.52	$0.00	$14,297.52
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,153.59	$0.00	$1,153.59
Medical.....	.....			$3,120.58	$0.00	$3,120.58
				$4,274.17	$0.00	$4,274.17
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,145.43	$0.00	$1,145.43
				$1,145.43	$0.00	$1,145.43
# of Claims	9					
# Open	0	Recovery Amount:	-$96.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,191.21	$0.00	$8,191.21
Medical.....	.....			$15,762.81	$0.00	$15,762.81
				$23,954.02	$0.00	$23,954.02
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,774.53	$0.00	$2,774.53
				$2,774.53	$0.00	$2,774.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,463.92	$0.00	$1,463.92
Medical.....	.....			$3,028.59	$0.00	$3,028.59
				$4,492.51	$0.00	$4,492.51
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,847.59	$0.00	$4,847.59
Medical.....	.....			$6,746.68	$0.00	$6,746.68
				$11,594.27	$0.00	$11,594.27
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$23,705.13	$651.12	$24,356.25
Indemnity.....	.....			$453,963.63	$0.00	$453,963.63
Medical.....	.....			$212,311.62	$147,486.60	$359,798.22
				$689,980.38	$148,137.72	$838,118.10
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

657 -VADOC-BOTETOURT CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$9,311.36	$40.00	$9,351.36
Indemnity.....	.....			$192,299.67	$0.00	$192,299.67
Medical.....	.....			$55,562.31	$108,913.45	$164,475.76
				$257,173.34	$108,953.45	$366,126.79
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,557.80	$0.00	$5,557.80
				$5,577.80	$0.00	$5,577.80
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$328.80	$0.00	$328.80
				$328.80	$0.00	$328.80
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$34,829.48	$2,791.13	$37,620.61
Indemnity.....	.....			$698,712.47	$0.00	$698,712.47
Medical.....	.....			$593,105.33	$342,677.61	$935,782.94
				$1,326,647.28	$345,468.74	$1,672,116.02
# of Claims	285					
# Open	3	Recovery Amount:	-$176.79			

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$205.74**	**$0.00**	**$205.74**
Medical				**$1,117.50**	**$0.00**	**$1,117.50**
				$1,323.24	**$0.00**	**$1,323.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$102.11**	**$0.00**	**$102.11**
		$102.11	**$0.00**	**$102.11**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$47.91**	**$0.00**	**$47.91**
		$47.91	**$0.00**	**$47.91**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$156.26**	**$0.00**	**$156.26**
		$156.26	**$0.00**	**$156.26**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$2,318.50**	**$60.00**	**$2,378.50**
Indemnity		**$180,241.08**	**$0.00**	**$180,241.08**
Medical		**$128,443.94**	**$101,776.83**	**$230,220.77**
		$311,003.52	**$101,836.83**	**$412,840.35**
# of Claims	**4**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,555.73	$0.00	$1,555.73
Medical.....	.....			$829.00	$0.00	$829.00
				$2,384.73	$0.00	$2,384.73
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$53.00	$0.00	$53.00
				$53.00	$0.00	$53.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$264.18	$0.00	$264.18
				$264.18	$0.00	$264.18
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$458.19	$0.00	$458.19
Medical.....	.....			$3,470.10	$0.00	$3,470.10
				$3,928.29	$0.00	$3,928.29
# of Claims	5					
# Open	0	Recovery Amount:	-$166.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$68.76	$0.00	$68.76
				$68.76	$0.00	$68.76
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$367.00	$0.00	$367.00
				$367.00	$0.00	$367.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,256.21	$0.00	$2,256.21
Medical.....	.....			$8,646.08	$0.00	$8,646.08
				$10,902.29	$0.00	$10,902.29
# of Claims	2					
# Open	0	Recovery Amount:	-$7,166.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$532.55	$0.00	$532.55
				$532.55	$0.00	$532.55
# of Claims	3					
# Open	0	Recovery Amount:	-$532.55			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$14,609.00**	**$18.82**	**$14,627.82**
Indemnity				**$191,167.78**	**$0.00**	**$191,167.78**
Medical				**$203,744.71**	**$346,333.53**	**$550,078.24**
				$409,521.49	**$346,352.35**	**$755,873.84**
# of Claims	**5**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$3,271.47**	**$52.00**	**$3,323.47**
Indemnity				**$6,920.20**	**$0.00**	**$6,920.20**
Medical				**$264,259.43**	**$260,640.71**	**$524,900.14**
				$274,451.10	**$260,692.71**	**$535,143.81**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,755.23**	**$0.00**	**$4,755.23**
Medical				**$9,887.76**	**$0.00**	**$9,887.76**
				$14,642.99	**$0.00**	**$14,642.99**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$17,625.26**	**$0.00**	**$17,625.26**
Indemnity				**$327,519.79**	**$0.00**	**$327,519.79**
Medical				**$286,433.56**	**$0.00**	**$286,433.56**
				$631,578.61	**$0.00**	**$631,578.61**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**-$18,318.66**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$146.41**	**$0.00**	**$146.41**
				$146.41	**$0.00**	**$146.41**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$228.00**	**$0.00**	**$228.00**
				$228.00	**$0.00**	**$228.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,758.68**	**$0.00**	**$7,758.68**
				$7,758.68	**$0.00**	**$7,758.68**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$4,900.82**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$153.28**	**$0.00**	**$153.28**
Medical				**$16,951.97**	**$0.00**	**$16,951.97**
				$17,121.25	**$0.00**	**$17,121.25**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$207.75	$8.00	$215.75
Indemnity.....	.....			$2,146.20	$0.00	$2,146.20
Medical.....	.....			$17,507.80	$30,689.32	$48,197.12
				$19,861.75	$30,697.32	$50,559.07
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$5,834.64	$0.00	$5,834.64
Indemnity.....	.....			$104,516.28	$16,358.72	$120,875.00
Medical.....	.....			$45,051.71	$0.00	$45,051.71
				$155,402.63	$16,358.72	$171,761.35
# of Claims	4					
# Open	1	Recovery Amount:	-$2,591.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$31.52	$0.00	$31.52
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,512.18	$0.00	$5,512.18
				$5,543.70	$0.00	$5,543.70
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,412.20	$0.00	$2,412.20
Indemnity.....	.....			$10,514.90	$0.00	$10,514.90
Medical.....	.....			$7,943.32	$0.00	$7,943.32
				$20,870.42	$0.00	$20,870.42
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

659 -VADOC-STAFFORD DIVERSION CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$39.70	$0.00	$39.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$669.41	$0.00	$669.41
				$709.11	$0.00	$709.11
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$42.40	$0.00	$42.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$739.81	$0.00	$739.81
				$782.21	$0.00	$782.21
# of Claims	1					
# Open	0	Recovery Amount:	-$739.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$48.86	$0.00	$48.86
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,853.30	$0.00	$2,853.30
				$2,902.16	$0.00	$2,902.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$46,457.30	$138.82	$46,596.12
Indemnity.....	.....			$832,410.61	$16,358.72	$848,769.33
Medical.....	.....			$1,013,786.44	$739,440.39	$1,753,226.83
				$1,892,654.35	$755,937.93	$2,648,592.28
# of Claims	86					
# Open	5	Recovery Amount:	-$34,416.29			

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,549.06**	**$0.00**	**$1,549.06**
				$1,549.06	**$0.00**	**$1,549.06**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$62.50**	**$0.00**	**$62.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,848.13**	**$0.00**	**$3,848.13**
		$3,910.63	**$0.00**	**$3,910.63**
# of Claims	**17**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$458.14**	**$0.00**	**$458.14**
Medical		**$4,154.66**	**$0.00**	**$4,154.66**
		$4,612.80	**$0.00**	**$4,612.80**
# of Claims	**14**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$4,597.33**	**$0.00**	**$4,597.33**
Medical		**$10,151.01**	**$0.00**	**$10,151.01**
		$14,748.34	**$0.00**	**$14,748.34**
# of Claims	**26**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$74,998.21**	**$0.00**	**$74,998.21**
Medical		**$38,967.38**	**$0.00**	**$38,967.38**
		$113,965.59	**$0.00**	**$113,965.59**
# of Claims	**10**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$738.64	$0.00	$738.64
Medical.....	.....			$1,780.46	$0.00	$1,780.46
				$2,519.10	$0.00	$2,519.10
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,332.77	$0.00	$2,332.77
				$2,332.77	$0.00	$2,332.77
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$115.89	$0.00	$115.89
Indemnity.....	.....			$3,704.38	$0.00	$3,704.38
Medical.....	.....			$51,702.96	$0.00	$51,702.96
				$55,523.23	$0.00	$55,523.23
# of Claims	15					
# Open	0	Recovery Amount:	-$7,702.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,560.76	$0.00	$21,560.76
Medical.....	.....			$17,088.43	$0.00	$17,088.43
				$38,649.19	$0.00	$38,649.19
# of Claims	12					
# Open	0	Recovery Amount:	-$8,750.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$261,923.29	$0.00	$261,923.29
Medical.....	.....			$8,771.97	$0.00	$8,771.97
				$270,695.26	$0.00	$270,695.26
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,210.20	$0.00	$10,210.20
Medical.....	.....			$234,382.58	$0.00	$234,382.58
				$244,592.78	$0.00	$244,592.78
# of Claims	8					
# Open	0	Recovery Amount:	-$51.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,574.46	$0.00	$12,574.46
				$12,574.46	$0.00	$12,574.46
# of Claims	9					
# Open	0	Recovery Amount:	-$5,738.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$450.55	$0.00	$450.55
				$450.55	$0.00	$450.55
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,517.13	$0.00	$2,517.13
Medical.....	.....			$4,440.87	$0.00	$4,440.87
				$6,958.00	$0.00	$6,958.00
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,745.09	$0.00	$1,745.09
Medical.....	.....			$28,819.72	$0.00	$28,819.72
				$30,564.81	$0.00	$30,564.81
# of Claims	10					
# Open	0	Recovery Amount:	-$463.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$10,438.52	$0.00	$10,438.52
Indemnity.....	.....			$243,980.91	$0.00	$243,980.91
Medical.....	.....			$684,148.48	$193,181.70	$877,330.18
				$938,567.91	$193,181.70	$1,131,749.61
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,530.17	$0.00	$1,530.17
Medical.....	.....			$10,180.57	$0.00	$10,180.57
				$11,710.74	$0.00	$11,710.74
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,942.43	$0.00	$2,942.43
				$2,942.43	$0.00	$2,942.43
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,986.69	$0.00	$1,986.69
				$1,986.69	$0.00	$1,986.69
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$57.50	$0.00	$57.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,304.01	$0.00	$7,304.01
				$7,361.51	$0.00	$7,361.51
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,567.34	$0.00	$1,567.34
				$1,567.34	$0.00	$1,567.34
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$108.00	$0.00	$108.00
Indemnity.....	.....			$3,841.07	$0.00	$3,841.07
Medical.....	.....			$29,322.49	$0.00	$29,322.49
				$33,271.56	$0.00	$33,271.56
# of Claims	11					
# Open	0	Recovery Amount:	-$1,326.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,742.00	$0.00	$1,742.00
				$1,798.00	$0.00	$1,798.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$33.75	$0.00	$33.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,912.06	$0.00	$9,912.06
				$9,945.81	$0.00	$9,945.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$667.85	$0.00	$667.85
Medical.....	.....			$10,831.27	$0.00	$10,831.27
				$11,499.12	$0.00	$11,499.12
# of Claims	16					
# Open	0	Recovery Amount:	-$959.76			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$39.50	$0.00	$39.50
Indemnity.....	.....			$268.28	$0.00	$268.28
Medical.....	.....			$15,615.33	$0.00	$15,615.33
				$15,923.11	$0.00	$15,923.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$7,576.76	$0.00	$7,576.76
Indemnity.....	.....			$184,697.00	$0.00	$184,697.00
Medical.....	.....			$510,547.31	$0.00	$510,547.31
				$702,821.07	$0.00	$702,821.07
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$1,092.01	$0.00	$1,092.01
Indemnity.....	.....			$37,756.14	$0.00	$37,756.14
Medical.....	.....			$66,521.20	$0.00	$66,521.20
				$105,369.35	$0.00	$105,369.35
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$3,487.44	$1,000.00	$4,487.44
Indemnity.....	.....			$1,293.19	$0.00	$1,293.19
Medical.....	.....			$42,931.88	$0.00	$42,931.88
				$47,712.51	$1,000.00	$48,712.51
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$29.61	$0.00	$29.61
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,326.82	$0.00	$4,326.82
				$4,356.43	$0.00	$4,356.43
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$115.26	$0.00	$115.26
Indemnity.....	.....			$8,190.71	$0.00	$8,190.71
Medical.....	.....			$141,895.38	$0.00	$141,895.38
				$150,201.35	$0.00	$150,201.35
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,892.11	$0.00	$1,892.11
				$1,892.11	$0.00	$1,892.11
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,991.38	$0.00	$4,991.38
				$4,999.38	$0.00	$4,999.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

701 -VADOC-CORRECTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$30.58	$27.42	$58.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,392.56	$1,607.44	$13,000.00
				$11,423.14	$1,634.86	$13,058.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$24.34	$25.66	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,022.89	$0.00	$3,022.89
				$3,047.23	$25.66	$3,072.89
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$23,275.66	$1,053.08	$24,328.74
Indemnity.....	.....			$864,678.49	$0.00	$864,678.49
Medical.....	.....			$1,984,089.21	$194,789.14	$2,178,878.35
				$2,872,043.36	$195,842.22	$3,067,885.58
# of Claims	334					
# Open	4	Recovery Amount:	-$24,991.69			

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,403.77	$0.00	$6,403.77
Medical.....	.....			$9,287.45	$0.00	$9,287.45
				$15,691.22	$0.00	$15,691.22
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$25,854.47	$64.00	$25,918.47
Indemnity.....	.....			$426,132.66	$0.00	$426,132.66
Medical.....	.....			$900,137.21	$115,075.96	$1,015,213.17
				$1,352,124.34	$115,139.96	$1,467,264.30
# of Claims	142					
# Open	2	Recovery Amount:	-$701.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$11,916.72	$0.00	$11,916.72
Indemnity.....	.....			$245,591.31	$0.00	$245,591.31
Medical.....	.....			$475,880.13	$0.00	$475,880.13
				$733,388.16	$0.00	$733,388.16
# of Claims	130					
# Open	0	Recovery Amount:	-$8.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,366.01	$0.00	$1,366.01
Indemnity.....	.....			$219,704.95	$0.00	$219,704.95
Medical.....	.....			$130,981.75	$0.00	$130,981.75
				$352,052.71	$0.00	$352,052.71
# of Claims	178					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$156.75	$0.00	$156.75
Indemnity.....	.....			$94,425.30	$0.00	$94,425.30
Medical.....	.....			$161,676.47	$0.00	$161,676.47
				$256,258.52	$0.00	$256,258.52
# of Claims	253					
# Open	0	Recovery Amount:	-$147.77			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$2,808.51**	**$0.00**	**$2,808.51**
Indemnity				**$326,110.35**	**$0.00**	**$326,110.35**
Medical				**$588,880.59**	**$0.00**	**$588,880.59**
				$917,799.45	**$0.00**	**$917,799.45**
# of Claims	**243**					
# Open	**0**	**Recovery Amount:**	**-$384.73**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$4,604.82**	**$2,700.00**	**$7,304.82**
Indemnity				**$864,549.62**	**$506,670.98**	**$1,371,220.60**
Medical				**$734,022.73**	**$84,062.72**	**$818,085.45**
				$1,603,177.17	**$593,433.70**	**$2,196,610.87**
# of Claims	**149**					
# Open	**1**	**Recovery Amount:**	**-$117.90**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$3,147.00**	**$102.25**	**$3,249.25**
Indemnity				**$200,837.27**	**$0.00**	**$200,837.27**
Medical				**$418,182.40**	**$244,069.60**	**$662,252.00**
				$622,166.67	**$244,171.85**	**$866,338.52**
# of Claims	**154**					
# Open	**1**	**Recovery Amount:**	**-$90,190.71**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$881.30**	**$0.00**	**$881.30**
Indemnity				**$292,801.87**	**$0.00**	**$292,801.87**
Medical				**$897,128.66**	**$0.00**	**$897,128.66**
				$1,190,811.83	**$0.00**	**$1,190,811.83**
# of Claims	**159**					
# Open	**0**	**Recovery Amount:**	**-$433.50**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$273.54	$0.00	$273.54
Indemnity.....	.....			$212,493.87	$0.00	$212,493.87
Medical.....	.....			$102,825.75	$0.00	$102,825.75
				$315,593.16	$0.00	$315,593.16
# of Claims	80					
# Open	0	Recovery Amount:	-$258.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$14,458.04	$0.00	$14,458.04
Indemnity.....	.....			$146,108.52	$0.00	$146,108.52
Medical.....	.....			$918,265.34	$979,383.57	$1,897,648.91
				$1,078,831.90	$979,383.57	$2,058,215.47
# of Claims	82					
# Open	1	Recovery Amount:	-$2,197.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$47.00	$0.00	$47.00
Indemnity.....	.....			$50,617.70	$0.00	$50,617.70
Medical.....	.....			$65,021.79	$0.00	$65,021.79
				$115,686.49	$0.00	$115,686.49
# of Claims	79					
# Open	0	Recovery Amount:	-$14,097.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,376.46	$0.00	$1,376.46
Medical.....	.....			$14,804.44	$0.00	$14,804.44
				$16,180.90	$0.00	$16,180.90
# of Claims	63					
# Open	0	Recovery Amount:	-$71.18			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$9,016.00**	**$0.00**	**$9,016.00**
Indemnity				**$144,551.60**	**$0.00**	**$144,551.60**
Medical				**$43,756.09**	**$0.00**	**$43,756.09**
				$197,323.69	**$0.00**	**$197,323.69**
# of Claims	**45**					
# Open	**0**	**Recovery Amount:**	**-$6,230.89**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$10,991.13**	**$0.00**	**$10,991.13**
Medical				**$84,046.17**	**$0.00**	**$84,046.17**
				$95,045.30	**$0.00**	**$95,045.30**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$4,558.05**	**$0.00**	**$4,558.05**
Medical				**$20,312.72**	**$0.00**	**$20,312.72**
				$24,878.77	**$0.00**	**$24,878.77**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,930.95**	**$0.00**	**$6,930.95**
Medical				**$15,362.01**	**$0.00**	**$15,362.01**
				$22,292.96	**$0.00**	**$22,292.96**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$8,647.95**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,392.46	$0.00	$5,392.46
				$5,392.46	$0.00	$5,392.46
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$4,136.95	$0.00	$4,136.95
Medical.....	.....			$23,824.08	$0.00	$23,824.08
				$27,989.03	$0.00	$27,989.03
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,199.20	$0.00	$5,199.20
Medical.....	.....			$23,236.37	$0.00	$23,236.37
				$28,435.57	$0.00	$28,435.57
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,419.34	$0.00	$10,419.34
				$10,419.34	$0.00	$10,419.34
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,287.52	$0.00	$17,287.52
Medical.....	.....			$23,151.77	$0.00	$23,151.77
				$40,439.29	$0.00	$40,439.29
# of Claims	29					
# Open	0	Recovery Amount:	-$11,203.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,418.53	$0.00	$5,418.53
Medical.....	.....			$85,719.04	$0.00	$85,719.04
				$91,137.57	$0.00	$91,137.57
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$17,579.97	$0.00	$17,579.97
Indemnity.....	.....			$330,818.39	$0.00	$330,818.39
Medical.....	.....			$378,066.81	$433,427.39	$811,494.20
				$726,465.17	$433,427.39	$1,159,892.56
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$4,385.25	$0.00	$4,385.25
Indemnity.....	.....			$5,936.67	$0.00	$5,936.67
Medical.....	.....			$47,918.17	$0.00	$47,918.17
				$58,240.09	$0.00	$58,240.09
# of Claims	29					
# Open	0	Recovery Amount:	-$13,322.55			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

709 -VADOC-State Farm Infirmary

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$54.25	$0.00	$54.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,478.84	$0.00	$11,478.84
				$11,533.09	$0.00	$11,533.09
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,638.55	$0.00	$9,638.55
				$9,638.55	$0.00	$9,638.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$96,593.63	$2,866.25	$99,459.88
Indemnity.....	.....			$3,622,982.64	$506,670.98	$4,129,653.62
Medical.....	.....			$6,199,417.13	$1,856,019.24	$8,055,436.37
				$9,918,993.40	$2,365,556.47	$12,284,549.87
# of Claims	2,154					
# Open	6	Recovery Amount:	-$148,013.18			

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$508.50	$0.00	$508.50
Indemnity.....	.....			$8,968.92	$0.00	$8,968.92
Medical.....	.....			$11,960.80	$0.00	$11,960.80
				$21,438.22	$0.00	$21,438.22
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,242.24	$0.00	$11,242.24
Medical.....	.....			$11,633.93	$0.00	$11,633.93
				$22,876.17	$0.00	$22,876.17
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,834.44	$0.00	$4,834.44
Medical.....	.....			$8,435.00	$0.00	$8,435.00
				$13,269.44	$0.00	$13,269.44
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,070.27	$0.00	$3,070.27
Medical.....	.....			$6,650.00	$0.00	$6,650.00
				$9,720.27	$0.00	$9,720.27
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,254.39	$0.00	$16,254.39
Medical.....	.....			$22,313.94	$0.00	$22,313.94
				$38,568.33	$0.00	$38,568.33
# of Claims	28					
# Open	0	Recovery Amount:	-$6,098.76			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,000.00	$0.00	$1,000.00
Indemnity.....	.....			$4,608.98	$0.00	$4,608.98
Medical.....	.....			$16,851.95	$0.00	$16,851.95
				$22,460.93	$0.00	$22,460.93
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,413.54	$0.00	$11,413.54
Medical.....	.....			$35,628.41	$0.00	$35,628.41
				$47,041.95	$0.00	$47,041.95
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$114,606.85	$0.00	$114,606.85
Medical.....	.....			$22,714.11	$0.00	$22,714.11
				$137,320.96	$0.00	$137,320.96
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$777.55	$0.00	$777.55
Indemnity.....	.....			$204,665.49	$0.00	$204,665.49
Medical.....	.....			$418,718.18	$0.00	$418,718.18
				$624,161.22	$0.00	$624,161.22
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$300.00	$0.00	$300.00
Indemnity.....	.....			$1,279.64	$0.00	$1,279.64
Medical.....	.....			$13,607.02	$0.00	$13,607.02
				$15,186.66	$0.00	$15,186.66
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,461.78	$0.00	$3,461.78
				$3,461.78	$0.00	$3,461.78
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$538.35	$0.00	$538.35
Medical.....	.....			$225.39	$0.00	$225.39
				$763.74	$0.00	$763.74
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$441.15	$0.00	$441.15
Medical.....	.....			$1,480.62	$0.00	$1,480.62
				$1,921.77	$0.00	$1,921.77
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,707.90	$0.00	$15,707.90
Medical.....	.....			$35,922.19	$0.00	$35,922.19
				$51,630.09	$0.00	$51,630.09
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,768.26	$0.00	$2,768.26
Medical.....	.....			$19,357.94	$0.00	$19,357.94
				$22,126.20	$0.00	$22,126.20
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,409.94	$0.00	$13,409.94
Medical.....	.....			$10,929.81	$0.00	$10,929.81
				$24,339.75	$0.00	$24,339.75
# of Claims	13					
# Open	0	Recovery Amount:	-$417.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,773.91	$0.00	$2,773.91
Medical.....	.....			$10,254.32	$0.00	$10,254.32
				$13,028.23	$0.00	$13,028.23
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,581.97	$0.00	$2,581.97
				$2,581.97	$0.00	$2,581.97
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,453.00	$0.00	$3,453.00
Indemnity.....	.....			$24,128.08	$0.00	$24,128.08
Medical.....	.....			$5,136.50	$0.00	$5,136.50
				$32,717.58	$0.00	$32,717.58
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,979.62	$0.00	$5,979.62
Medical.....	.....			$24,862.88	$0.00	$24,862.88
				$30,842.50	$0.00	$30,842.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,037.76	$0.00	$3,037.76
				$3,037.76	$0.00	$3,037.76
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$90.23	$0.00	$90.23
Indemnity.....	.....			$1,541.74	$0.00	$1,541.74
Medical.....	.....			$2,042.49	$0.00	$2,042.49
				$3,674.46	$0.00	$3,674.46
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$30,754.34	$0.00	$30,754.34
Indemnity.....	.....			$253,588.83	$0.00	$253,588.83
Medical.....	.....			$115,529.00	$0.00	$115,529.00
				$399,872.17	$0.00	$399,872.17
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,573.08	$0.00	$1,573.08
Medical.....	.....			$1,330.28	$0.00	$1,330.28
				$2,903.36	$0.00	$2,903.36
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$6,436.64	$0.00	$6,436.64
Medical.....	.....			$6,354.86	$0.00	$6,354.86
				$12,839.50	$0.00	$12,839.50
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$26.00	$0.00	$26.00
Indemnity.....	.....			$7,388.95	$0.00	$7,388.95
Medical.....	.....			$4,345.46	$0.00	$4,345.46
				$11,760.41	$0.00	$11,760.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$38.92	$0.00	$38.92
Indemnity.....	.....			$7,112.55	$0.00	$7,112.55
Medical.....	.....			$158,424.47	$0.00	$158,424.47
				$165,575.94	$0.00	$165,575.94
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$17,961.18	$0.00	$17,961.18
Medical.....	.....			$29,792.18	$0.00	$29,792.18
				$47,785.36	$0.00	$47,785.36
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$9,000.21	$0.00	$9,000.21
Indemnity.....	.....			$21,782.53	$0.00	$21,782.53
Medical.....	.....			$12,167.85	$0.00	$12,167.85
				$42,950.59	$0.00	$42,950.59
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$176.54	$0.00	$176.54
Indemnity.....	.....			$8,875.84	$0.00	$8,875.84
Medical.....	.....			$52,206.79	$0.00	$52,206.79
				$61,259.17	$0.00	$61,259.17
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,241.44	$0.00	$3,241.44
Indemnity.....	.....			$6,447.70	$0.00	$6,447.70
Medical.....	.....			$24,379.68	$0.00	$24,379.68
				$34,068.82	$0.00	$34,068.82
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$129.93	$0.00	$129.93
Indemnity.....	.....			$5,384.43	$0.00	$5,384.43
Medical.....	.....			$5,550.93	$0.00	$5,550.93
				$11,065.29	$0.00	$11,065.29
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$2,540.27	$0.00	$2,540.27
Indemnity.....	.....			$4,704.82	$0.00	$4,704.82
Medical.....	.....			$3,796.34	$0.00	$3,796.34
				$11,041.43	$0.00	$11,041.43
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

711 -VADOC-VIRGINIA CORR. ENTERPRISES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$2,425.34	$3,812.31	$6,237.65
Indemnity.....	.....			$14,387.58	$32,250.00	$46,637.58
Medical.....	.....			$9,030.50	$12,503.34	$21,533.84
				$25,843.42	$48,565.65	$74,409.07
# of Claims	8					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$54,542.27	$3,812.31	$58,354.58
Indemnity.....	.....			$803,877.84	$32,250.00	$836,127.84
Medical.....	.....			$1,110,715.33	$12,503.34	$1,123,218.67
				$1,969,135.44	$48,565.65	$2,017,701.09
# of Claims	375					
# Open	2	Recovery Amount:	-$6,516.36			

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$138.50	$0.00	$138.50
				$138.50	$0.00	$138.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$954.50	$0.00	$954.50
Indemnity.....	.....			$10,351.99	$0.00	$10,351.99
Medical.....	.....			$43,560.25	$0.00	$43,560.25
				$54,866.74	$0.00	$54,866.74
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$7,046.34	$8,677.09	$15,723.43
Indemnity.....	.....			$127,577.36	$0.00	$127,577.36
Medical.....	.....			$222,180.01	$23,538.83	$245,718.84
				$356,803.71	$32,215.92	$389,019.63
# of Claims	69					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$6,122.36	$0.00	$6,122.36
Indemnity.....	.....			$250,239.41	$0.00	$250,239.41
Medical.....	.....			$159,173.68	$0.00	$159,173.68
				$415,535.45	$0.00	$415,535.45
# of Claims	58					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,012.89	$0.00	$23,012.89
Medical.....	.....			$23,947.43	$0.00	$23,947.43
				$46,960.32	$0.00	$46,960.32
# of Claims	79					
# Open	0	Recovery Amount:	-$60.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$946.02	$0.00	$946.02
Medical.....	.....			$14,159.09	$0.00	$14,159.09
				$15,105.11	$0.00	$15,105.11
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$489.40	$16.00	$505.40
Indemnity.....	.....			$41,844.08	$0.00	$41,844.08
Medical.....	.....			$538,206.91	$602,407.34	$1,140,614.25
				$580,540.39	$602,423.34	$1,182,963.73
# of Claims	52					
# Open	1	Recovery Amount:	-$19.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$4,316.37	$3,697.93	$8,014.30
Indemnity.....	.....			$262,319.06	$0.00	$262,319.06
Medical.....	.....			$517,045.34	$264,953.53	$781,998.87
				$783,680.77	$268,651.46	$1,052,332.23
# of Claims	69					
# Open	1	Recovery Amount:	-$8,038.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,179.24	$160.00	$3,339.24
Indemnity.....	.....			$366,171.78	$0.00	$366,171.78
Medical.....	.....			$1,357,650.16	$244,686.97	$1,602,337.13
				$1,727,001.18	$244,846.97	$1,971,848.15
# of Claims	55					
# Open	1	Recovery Amount:	-$1,229.47			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2.00	$0.00	$2.00
Indemnity.....	.....			$35,341.42	$0.00	$35,341.42
Medical.....	.....			$73,617.42	$0.00	$73,617.42
				$108,960.84	$0.00	$108,960.84
# of Claims	42					
# Open	0	Recovery Amount:	-$229.84			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$1,260.00	$0.00	$1,260.00
Indemnity.....	.....			$4,538.46	$0.00	$4,538.46
Medical.....	.....			$26,110.22	$0.00	$26,110.22
				$31,908.68	$0.00	$31,908.68
# of Claims	24					
# Open	0	Recovery Amount:	-$180.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,172.63	$0.00	$24,172.63
Medical.....	.....			$245,574.17	$175,395.18	$420,969.35
				$269,746.80	$175,395.18	$445,141.98
# of Claims	56					
# Open	1	Recovery Amount:	-$212.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$1,904.00	$0.00	$1,904.00
Indemnity.....	.....			$115,478.65	$0.00	$115,478.65
Medical.....	.....			$39,420.16	$0.00	$39,420.16
				$156,802.81	$0.00	$156,802.81
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$62.04	$0.00	$62.04
Medical.....	.....			$3,532.57	$0.00	$3,532.57
				$3,594.61	$0.00	$3,594.61
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,520.53	$0.00	$2,520.53
Medical.....	.....			$8,457.08	$0.00	$8,457.08
				$10,977.61	$0.00	$10,977.61
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$493.26	$0.00	$493.26
Medical.....	.....			$10,872.84	$0.00	$10,872.84
				$11,366.10	$0.00	$11,366.10
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,537.73	$0.00	$5,537.73
Medical.....	.....			$84,505.09	$0.00	$84,505.09
				$90,042.82	$0.00	$90,042.82
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,528.69	$0.00	$18,528.69
Medical.....	.....			$91,646.49	$0.00	$91,646.49
				$110,175.18	$0.00	$110,175.18
# of Claims	16					
# Open	0	Recovery Amount:	-$21,028.13			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,047.21	$0.00	$7,047.21
				$7,047.21	$0.00	$7,047.21
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$400.00	$0.00	$400.00
Indemnity.....	.....			$44,801.73	$0.00	$44,801.73
Medical.....	.....			$129,195.95	$0.00	$129,195.95
				$174,397.68	$0.00	$174,397.68
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$821.18	$0.00	$821.18
Medical.....	.....			$21,917.41	$0.00	$21,917.41
				$22,738.59	$0.00	$22,738.59
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,280.23	$0.00	$18,280.23
Medical.....	.....			$75,750.14	$0.00	$75,750.14
				$94,030.37	$0.00	$94,030.37
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$5,252.16	$0.00	$5,252.16
Indemnity.....	.....			$43,016.87	$0.00	$43,016.87
Medical.....	.....			$48,406.64	$0.00	$48,406.64
				$96,675.67	$0.00	$96,675.67
# of Claims	28					
# Open	0	Recovery Amount:	-$3,476.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$4,451.26	$0.00	$4,451.26
Medical.....	.....			$16,236.98	$0.00	$16,236.98
				$20,712.24	$0.00	$20,712.24
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,835.00	$0.00	$4,835.00
				$4,835.00	$0.00	$4,835.00
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$30,712.34	$0.00	$30,712.34
Indemnity.....	.....			$596,492.58	$0.00	$596,492.58
Medical.....	.....			$242,076.76	$0.00	$242,076.76
				$869,281.68	$0.00	$869,281.68
# of Claims	32					
# Open	0	Recovery Amount:	-$1,094.11			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$9,910.48	$18.82	$9,929.30
Indemnity.....	.....			$11,940.89	$0.00	$11,940.89
Medical.....	.....			$384,159.03	$375,768.46	$759,927.49
				$406,010.40	$375,787.28	$781,797.68
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$134.91	$0.00	$134.91
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,808.63	$0.00	$6,808.63
				$6,943.54	$0.00	$6,943.54
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,131.60	$0.00	$2,131.60
Indemnity.....	.....			$22,725.57	$0.00	$22,725.57
Medical.....	.....			$49,617.54	$0.00	$49,617.54
				$74,474.71	$0.00	$74,474.71
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$14,016.70	$0.00	$14,016.70
Indemnity.....	.....			$61,207.70	$0.00	$61,207.70
Medical.....	.....			$143,516.73	$0.00	$143,516.73
				$218,741.13	$0.00	$218,741.13
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$212.59	$0.00	$212.59
Indemnity.....	.....			$7,160.95	$0.00	$7,160.95
Medical.....	.....			$16,844.85	$0.00	$16,844.85
				$24,218.39	$0.00	$24,218.39
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$128.40	$0.00	$128.40
Indemnity.....	.....			$1,852.20	$0.00	$1,852.20
Medical.....	.....			$19,279.15	$0.00	$19,279.15
				$21,259.75	$0.00	$21,259.75
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$69.60	$0.00	$69.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,327.32	$0.00	$4,327.32
				$4,396.92	$0.00	$4,396.92
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$7,037.27	$4,182.23	$11,219.50
Indemnity.....	.....			$22,464.36	$41,364.24	$63,828.60
Medical.....	.....			$48,086.19	$41,907.89	$89,994.08
				$77,587.82	$87,454.36	$165,042.18
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

716 -VADOC-VIRGINIA CORR. CTR FOR WOMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$32.63	$136.19	$168.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,388.86	$4,249.60	$8,638.46
				$4,421.49	$4,385.79	$8,807.28
# of Claims	6					
# Open	3	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$95,336.89	$16,888.26	$112,225.15
Indemnity.....	.....			$2,124,351.52	$41,364.24	$2,165,715.76
Medical.....	.....			$4,682,291.80	$1,732,907.80	$6,415,199.60
				$6,901,980.21	$1,791,160.30	$8,693,140.51
# of Claims	1,185					
# Open	10	Recovery Amount:	-$35,570.43			

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,089.08	$0.00	$2,089.08
Medical.....	.....			$6,093.38	$0.00	$6,093.38
				$8,182.46	$0.00	$8,182.46
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$53,345.83	$1,026.84	$54,372.67
Indemnity.....	.....			$791,207.98	$275,996.04	$1,067,204.02
Medical.....	.....			$796,447.29	$268,333.69	$1,064,780.98
				$1,641,001.10	$545,356.57	$2,186,357.67
# of Claims	88					
# Open	1	Recovery Amount:	-$64.59			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$5,754.29	$0.00	$5,754.29
Indemnity.....	.....			$214,065.58	$0.00	$214,065.58
Medical.....	.....			$187,835.90	$0.00	$187,835.90
				$407,655.77	$0.00	$407,655.77
# of Claims	127					
# Open	0	Recovery Amount:	-$41.79			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$24,012.97	$0.00	$24,012.97
Indemnity.....	.....			$118,396.91	$0.00	$118,396.91
Medical.....	.....			$97,873.86	$0.00	$97,873.86
				$240,283.74	$0.00	$240,283.74
# of Claims	160					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$185,089.44	$0.00	$185,089.44
Medical.....	.....			$124,451.34	$0.00	$124,451.34
				$309,540.78	$0.00	$309,540.78
# of Claims	204					
# Open	0	Recovery Amount:	-$204.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$900.00	$0.00	$900.00
Indemnity.....	.....			$191,635.06	$0.00	$191,635.06
Medical.....	.....			$96,383.32	$0.00	$96,383.32
				$288,918.38	$0.00	$288,918.38
# of Claims	179					
# Open	0	Recovery Amount:	-$410.33			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$225,265.12	$0.00	$225,265.12
Medical.....	.....			$85,115.95	$0.00	$85,115.95
				$310,381.07	$0.00	$310,381.07
# of Claims	108					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,792.46	$0.00	$1,792.46
Indemnity.....	.....			$239,096.92	$0.00	$239,096.92
Medical.....	.....			$86,141.99	$0.00	$86,141.99
				$327,031.37	$0.00	$327,031.37
# of Claims	57					
# Open	0	Recovery Amount:	-$4,232.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$835.00	$0.00	$835.00
Indemnity.....	.....			$78,856.24	$0.00	$78,856.24
Medical.....	.....			$108,417.54	$0.00	$108,417.54
				$188,108.78	$0.00	$188,108.78
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,120.00	$0.00	$3,120.00
Indemnity.....	.....			$109,123.43	$0.00	$109,123.43
Medical.....	.....			$107,649.91	$0.00	$107,649.91
				$219,893.34	$0.00	$219,893.34
# of Claims	59					
# Open	0	Recovery Amount:	-$643.60			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,997.40	$0.00	$4,997.40
Medical.....	.....			$20,137.41	$0.00	$20,137.41
				$25,134.81	$0.00	$25,134.81
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,602.06	$0.00	$3,602.06
Medical.....	.....			$26,069.15	$0.00	$26,069.15
				$29,671.21	$0.00	$29,671.21
# of Claims	37					
# Open	0	Recovery Amount:	-$85.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,896.30	$0.00	$2,896.30
Medical.....	.....			$44,528.32	$0.00	$44,528.32
				$47,424.62	$0.00	$47,424.62
# of Claims	26					
# Open	0	Recovery Amount:	-$578.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$44,452.08	$0.00	$44,452.08
Medical.....	.....			$14,394.16	$0.00	$14,394.16
				$58,846.24	$0.00	$58,846.24
# of Claims	27					
# Open	0	Recovery Amount:	-$231.15			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,888.00	$152.00	$6,040.00
Indemnity.....	.....			$286,482.93	$0.00	$286,482.93
Medical.....	.....			$76,385.71	$20,587.32	$96,973.03
				$368,756.64	$20,739.32	$389,495.96
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$75.67	$0.00	$75.67
Medical.....	.....			$17,833.54	$0.00	$17,833.54
				$17,909.21	$0.00	$17,909.21
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,244.51	$0.00	$2,244.51
Medical.....	.....			$15,935.06	$0.00	$15,935.06
				$18,179.57	$0.00	$18,179.57
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$380.24	$0.00	$380.24
Indemnity.....	.....			$5,208.21	$0.00	$5,208.21
Medical.....	.....			$31,936.99	$0.00	$31,936.99
				$37,525.44	$0.00	$37,525.44
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

717 -VADOC-SOUTHAMPTON CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$30.00	$0.00	$30.00
Indemnity.....	.....			$1,556.25	$0.00	$1,556.25
Medical.....	.....			$27,387.18	$0.00	$27,387.18
				$28,973.43	$0.00	$28,973.43
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$13,742.00	$0.00	$13,742.00
Indemnity.....	.....			$117,576.81	$0.00	$117,576.81
Medical.....	.....			$49,149.12	$0.00	$49,149.12
				$180,467.93	$0.00	$180,467.93
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$846.00	$8.00	$854.00
Indemnity.....	.....			$9,959.86	$0.00	$9,959.86
Medical.....	.....			$50,277.91	$58,727.29	$109,005.20
				$61,083.77	$58,735.29	$119,819.06
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$110,646.79	$1,186.84	$111,833.63
Indemnity.....	.....			$2,633,877.84	$275,996.04	$2,909,873.88
Medical.....	.....			$2,070,445.03	$347,648.30	$2,418,093.33
				$4,814,969.66	$624,831.18	$5,439,800.84
# of Claims	1,377					
# Open	3	Recovery Amount:	-$6,492.17			

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$15.00**	**$0.00**	**$15.00**
				$15.00	**$0.00**	**$15.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$2,090.19**	**$0.00**	**$2,090.19**
Indemnity		**$159,872.66**	**$0.00**	**$159,872.66**
Medical		**$92,790.92**	**$0.00**	**$92,790.92**
		$254,753.77	**$0.00**	**$254,753.77**
# of Claims	**71**			
# Open	**0**	**Recovery Amount:**	**-$2,501.15**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$282.54**	**$0.00**	**$282.54**
Medical		**$15,955.59**	**$0.00**	**$15,955.59**
		$16,238.13	**$0.00**	**$16,238.13**
# of Claims	**40**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$16.00**	**$32.00**	**$48.00**
Indemnity		**$136,012.11**	**$0.00**	**$136,012.11**
Medical		**$153,826.91**	**$54,814.84**	**$208,641.75**
		$289,855.02	**$54,846.84**	**$344,701.86**
# of Claims	**40**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$78,795.72**	**$0.00**	**$78,795.72**
Medical		**$70,831.93**	**$0.00**	**$70,831.93**
		$149,627.65	**$0.00**	**$149,627.65**
# of Claims	**55**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$88.57**	**$0.00**	**$88.57**
Indemnity				**$35,312.11**	**$0.00**	**$35,312.11**
Medical				**$222,007.32**	**$0.00**	**$222,007.32**
				$257,408.00	**$0.00**	**$257,408.00**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$1,459.28**	**$0.00**	**$1,459.28**
Indemnity				**$8,110.49**	**$0.00**	**$8,110.49**
Medical				**$11,460.61**	**$0.00**	**$11,460.61**
				$21,030.38	**$0.00**	**$21,030.38**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,786.97**	**$0.00**	**$14,786.97**
Medical				**$28,939.19**	**$0.00**	**$28,939.19**
				$43,726.16	**$0.00**	**$43,726.16**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$527.51**	**$0.00**	**$527.51**
Medical				**$12,682.04**	**$0.00**	**$12,682.04**
				$13,209.55	**$0.00**	**$13,209.55**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$70.47	$0.00	$70.47
Indemnity.....	.....			$28,346.06	$0.00	$28,346.06
Medical.....	.....			$125,520.82	$0.00	$125,520.82
				$153,937.35	$0.00	$153,937.35
# of Claims	43					
# Open	0	Recovery Amount:	-$2,687.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$246.24	$0.00	$246.24
Indemnity.....	.....			$25,784.62	$0.00	$25,784.62
Medical.....	.....			$56,144.19	$0.00	$56,144.19
				$82,175.05	$0.00	$82,175.05
# of Claims	27					
# Open	0	Recovery Amount:	-$83.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,711.21	$140.32	$1,851.53
Indemnity.....	.....			$13,233.28	$0.00	$13,233.28
Medical.....	.....			$170,648.58	$26,449.28	$197,097.86
				$185,593.07	$26,589.60	$212,182.67
# of Claims	52					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,899.79	$0.00	$15,899.79
Medical.....	.....			$45,345.63	$0.00	$45,345.63
				$61,245.42	$0.00	$61,245.42
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$136.33**	**$0.00**	**$136.33**
Indemnity				**$2,330.30**	**$0.00**	**$2,330.30**
Medical				**$31,495.37**	**$0.00**	**$31,495.37**
				$33,962.00	**$0.00**	**$33,962.00**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$84.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,401.59**	**$91.41**	**$6,493.00**
Indemnity				**$215,837.06**	**$0.00**	**$215,837.06**
Medical				**$263,631.19**	**$103,115.09**	**$366,746.28**
				$485,869.84	**$103,206.50**	**$589,076.34**
# of Claims	**32**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,644.61**	**$0.00**	**$6,644.61**
Medical				**$31,775.41**	**$0.00**	**$31,775.41**
				$38,420.02	**$0.00**	**$38,420.02**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,723.14**	**$0.00**	**$4,723.14**
				$4,723.14	**$0.00**	**$4,723.14**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,472.33	$0.00	$2,472.33
Medical.....	.....			$13,090.96	$0.00	$13,090.96
				$15,563.29	$0.00	$15,563.29
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$139.49	$0.00	$139.49
Indemnity.....	.....			$1,793.97	$0.00	$1,793.97
Medical.....	.....			$15,098.08	$0.00	$15,098.08
				$17,031.54	$0.00	$17,031.54
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,626.08	$0.00	$4,626.08
				$4,626.08	$0.00	$4,626.08
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,528.46	$0.00	$1,528.46
Medical.....	.....			$28,366.75	$0.00	$28,366.75
				$29,895.21	$0.00	$29,895.21
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$170.80**	**$0.00**	**$170.80**
Indemnity				**$2,312.12**	**$0.00**	**$2,312.12**
Medical				**$33,922.55**	**$0.00**	**$33,922.55**
				$36,405.47	**$0.00**	**$36,405.47**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$567.00**	**$0.00**	**$567.00**
Indemnity				**$82,372.78**	**$0.00**	**$82,372.78**
Medical				**$77,470.15**	**$0.00**	**$77,470.15**
				$160,409.93	**$0.00**	**$160,409.93**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$207.20**	**$0.00**	**$207.20**
Indemnity				**$19,597.91**	**$0.00**	**$19,597.91**
Medical				**$57,964.53**	**$0.00**	**$57,964.53**
				$77,769.64	**$0.00**	**$77,769.64**
# of Claims	**17**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$28.00**	**$0.00**	**$28.00**
Indemnity				**$6,435.47**	**$0.00**	**$6,435.47**
Medical				**$16,252.83**	**$0.00**	**$16,252.83**
				$22,716.30	**$0.00**	**$22,716.30**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,830.15	$0.00	$3,830.15
Indemnity.....	.....			$10,827.66	$0.00	$10,827.66
Medical.....	.....			$119,090.00	$0.00	$119,090.00
				$133,747.81	$0.00	$133,747.81
# of Claims	21					
# Open	0	Recovery Amount:	-$1,309.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$82.36	$16.00	$98.36
Indemnity.....	.....			$10,151.51	$0.00	$10,151.51
Medical.....	.....			$114,313.23	$88,815.30	$203,128.53
				$124,547.10	$88,831.30	$213,378.40
# of Claims	16					
# Open	1	Recovery Amount:	-$4,167.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$28.07	$0.00	$28.07
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,583.70	$0.00	$12,583.70
				$12,611.77	$0.00	$12,611.77
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$17,969.00	$0.00	$17,969.00
Indemnity.....	.....			$179,758.07	$0.00	$179,758.07
Medical.....	.....			$94,169.51	$0.00	$94,169.51
				$291,896.58	$0.00	$291,896.58
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$574.57**	**$0.00**	**$574.57**
Medical				**$40,750.54**	**$0.00**	**$40,750.54**
				$41,341.11	**$0.00**	**$41,341.11**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$216.02**	**$0.00**	**$216.02**
Indemnity				**$757.44**	**$0.00**	**$757.44**
Medical				**$22,782.62**	**$0.00**	**$22,782.62**
				$23,756.08	**$0.00**	**$23,756.08**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$175.35**	**$0.00**	**$175.35**
Indemnity				**$2,715.50**	**$0.00**	**$2,715.50**
Medical				**$7,913.68**	**$0.00**	**$7,913.68**
				$10,804.53	**$0.00**	**$10,804.53**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$109.78**	**$0.00**	**$109.78**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$7,774.16**	**$0.00**	**$7,774.16**
				$7,883.94	**$0.00**	**$7,883.94**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

718 -VADOC-BLAND CORRECTIONAL UNIT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$164.06	$0.00	$164.06
Indemnity.....	.....			$50,221.74	$0.00	$50,221.74
Medical.....	.....			$90,512.80	$0.00	$90,512.80
				$140,898.60	$0.00	$140,898.60
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$2,787.21	$3,779.13	$6,566.34
Indemnity.....	.....			$30,821.59	$24,539.65	$55,361.24
Medical.....	.....			$87,088.39	$105,473.07	$192,561.46
				$120,697.19	$133,791.85	$254,489.04
# of Claims	17					
# Open	8	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$38,710.37	$4,058.86	$42,769.23
Indemnity.....	.....			$1,144,116.95	$24,539.65	$1,168,656.60
Medical.....	.....			$2,181,564.40	$378,667.58	$2,560,231.98
				$3,364,391.72	$407,266.09	$3,771,657.81
# of Claims	960					
# Open	12	Recovery Amount:	-$10,834.43			

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$375.37	$0.00	$375.37
Medical.....	.....			$750.84	$0.00	$750.84
				$1,126.21	$0.00	$1,126.21
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,398.11	$0.00	$2,398.11
Indemnity.....	.....			$111,426.22	$0.00	$111,426.22
Medical.....	.....			$199,166.38	$0.00	$199,166.38
				$312,990.71	$0.00	$312,990.71
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$809.15	$0.00	$809.15
Indemnity.....	.....			$18,743.15	$0.00	$18,743.15
Medical.....	.....			$36,381.87	$0.00	$36,381.87
				$55,934.17	$0.00	$55,934.17
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$16,226.05	$0.00	$16,226.05
Indemnity.....	.....			$175,630.11	$0.00	$175,630.11
Medical.....	.....			$181,917.10	$0.00	$181,917.10
				$373,773.26	$0.00	$373,773.26
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,440.80	$0.00	$2,440.80
Indemnity.....	.....			$35,422.70	$0.00	$35,422.70
Medical.....	.....			$63,849.06	$0.00	$63,849.06
				$101,712.56	$0.00	$101,712.56
# of Claims	53					
# Open	0	Recovery Amount:	-$155.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,019.92	$0.00	$6,019.92
Medical.....	.....			$17,075.81	$0.00	$17,075.81
				$23,095.73	$0.00	$23,095.73
# of Claims	41					
# Open	0	Recovery Amount:	-$41.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,776.03	$0.00	$3,776.03
Medical.....	.....			$33,074.62	$0.00	$33,074.62
				$36,850.65	$0.00	$36,850.65
# of Claims	40					
# Open	0	Recovery Amount:	-$119.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$241.77	$0.00	$241.77
Indemnity.....	.....			$7,266.33	$0.00	$7,266.33
Medical.....	.....			$16,790.08	$0.00	$16,790.08
				$24,298.18	$0.00	$24,298.18
# of Claims	67					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,758.33	$0.00	$2,758.33
Medical.....	.....			$23,292.41	$0.00	$23,292.41
				$26,050.74	$0.00	$26,050.74
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$19.80	$0.00	$19.80
Indemnity.....	.....			$9,291.94	$0.00	$9,291.94
Medical.....	.....			$55,538.98	$0.00	$55,538.98
				$64,850.72	$0.00	$64,850.72
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$280.00	$0.00	$280.00
Indemnity.....	.....			$30,916.08	$0.00	$30,916.08
Medical.....	.....			$218,848.78	$0.00	$218,848.78
				$250,044.86	$0.00	$250,044.86
# of Claims	37					
# Open	0	Recovery Amount:	-$445.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,865.00	$56.00	$2,921.00
Indemnity.....	.....			$7,380.79	$0.00	$7,380.79
Medical.....	.....			$268,863.25	$304,698.93	$573,562.18
				$279,109.04	$304,754.93	$583,863.97
# of Claims	35					
# Open	1	Recovery Amount:	-$1,464.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,562.37	$0.00	$2,562.37
Medical.....	.....			$33,884.17	$0.00	$33,884.17
				$36,446.54	$0.00	$36,446.54
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,449.67	$0.00	$2,449.67
Medical.....	.....			$18,541.32	$0.00	$18,541.32
				$20,990.99	$0.00	$20,990.99
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,788.26	$0.00	$1,788.26
Medical.....	.....			$33,698.74	$0.00	$33,698.74
				$35,487.00	$0.00	$35,487.00
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$240.35	$0.00	$240.35
Medical.....	.....			$9,317.60	$0.00	$9,317.60
				$9,557.95	$0.00	$9,557.95
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,060.23	$0.00	$2,060.23
Medical.....	.....			$15,710.93	$0.00	$15,710.93
				$17,771.16	$0.00	$17,771.16
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.45	$0.00	$93.45
Medical.....	.....			$3,649.60	$0.00	$3,649.60
				$3,743.05	$0.00	$3,743.05
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,300.04	$0.00	$14,300.04
Medical.....	.....			$34,449.41	$0.00	$34,449.41
				$48,749.45	$0.00	$48,749.45
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,975.12	$0.00	$2,975.12
Medical.....	.....			$25,642.53	$0.00	$25,642.53
				$28,617.65	$0.00	$28,617.65
# of Claims	35					
# Open	0	Recovery Amount:	-$10,293.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$3,843.75	$0.00	$3,843.75
Indemnity.....	.....			$35,147.82	$0.00	$35,147.82
Medical.....	.....			$74,679.28	$0.00	$74,679.28
				$113,670.85	$0.00	$113,670.85
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

719 -VADOC-JAMES RIVER CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$38.00	$0.00	$38.00
Indemnity.....	.....			$5,410.41	$0.00	$5,410.41
Medical.....	.....			$33,601.91	$0.00	$33,601.91
				$39,050.32	$0.00	$39,050.32
# of Claims	42					
# Open	0	Recovery Amount:	-$16,378.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,281.82	$0.00	$5,281.82
				$5,281.82	$0.00	$5,281.82
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$29,162.43	$56.00	$29,218.43
Indemnity.....	.....			$476,034.69	$0.00	$476,034.69
Medical.....	.....			$1,404,006.49	$304,698.93	$1,708,705.42
				$1,909,203.61	$304,754.93	$2,213,958.54
# of Claims	822					
# Open	1	Recovery Amount:	-$28,897.64			

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$40.15	$0.00	$40.15
Medical.....	.....			$70.35	$0.00	$70.35
				$110.50	$0.00	$110.50
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$533.50	$0.00	$533.50
Indemnity.....	.....			$3,510.69	$0.00	$3,510.69
Medical.....	.....			$38,628.57	$0.00	$38,628.57
				$42,672.76	$0.00	$42,672.76
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,856.61	$0.00	$10,856.61
Medical.....	.....			$15,512.34	$0.00	$15,512.34
				$26,368.95	$0.00	$26,368.95
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,751.00	$0.00	$2,751.00
Indemnity.....	.....			$117,742.37	$0.00	$117,742.37
Medical.....	.....			$45,857.93	$0.00	$45,857.93
				$166,351.30	$0.00	$166,351.30
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,781.58	$0.00	$4,781.58
Medical.....	.....			$32,079.11	$0.00	$32,079.11
				$36,860.69	$0.00	$36,860.69
# of Claims	51					
# Open	0	Recovery Amount:	-$290.75			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,582.55**	**$0.00**	**$19,582.55**
Medical				**$50,250.79**	**$0.00**	**$50,250.79**
				$69,833.34	**$0.00**	**$69,833.34**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**-$30.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,907.49**	**$0.00**	**$5,907.49**
Medical				**$25,506.73**	**$0.00**	**$25,506.73**
				$31,414.22	**$0.00**	**$31,414.22**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$163.75**	**$0.00**	**$163.75**
Indemnity				**$3,717.44**	**$0.00**	**$3,717.44**
Medical				**$10,476.27**	**$0.00**	**$10,476.27**
				$14,357.46	**$0.00**	**$14,357.46**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,475.41**	**$0.00**	**$1,475.41**
Medical				**$3,243.43**	**$0.00**	**$3,243.43**
				$4,718.84	**$0.00**	**$4,718.84**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,433.78	$0.00	$4,433.78
Medical.....	.....			$8,952.86	$0.00	$8,952.86
				$13,386.64	$0.00	$13,386.64
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,427.05	$0.00	$1,427.05
Medical.....	.....			$5,942.59	$0.00	$5,942.59
				$7,369.64	$0.00	$7,369.64
# of Claims	11					
# Open	0	Recovery Amount:	-$155.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$587.67	$0.00	$587.67
Medical.....	.....			$8,147.79	$0.00	$8,147.79
				$8,735.46	$0.00	$8,735.46
# of Claims	13					
# Open	0	Recovery Amount:	-$900.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,216.97	$0.00	$4,216.97
				$4,216.97	$0.00	$4,216.97
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,912.89**	**$0.00**	**$2,912.89**
				$2,912.89	**$0.00**	**$2,912.89**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$692.12**	**$0.00**	**$692.12**
Medical				**$54,225.28**	**$0.00**	**$54,225.28**
				$54,917.40	**$0.00**	**$54,917.40**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$10,236.38**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,141.19**	**$0.00**	**$10,141.19**
				$10,141.19	**$0.00**	**$10,141.19**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$19,070.52**	**$0.00**	**$19,070.52**
Medical				**$40,883.35**	**$0.00**	**$40,883.35**
				$59,953.87	**$0.00**	**$59,953.87**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$3,041.14**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$750.35**	**$0.00**	**$750.35**
				$750.35	**$0.00**	**$750.35**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$18,445.77**	**$0.00**	**$18,445.77**
Medical				**$13,713.11**	**$0.00**	**$13,713.11**
				$32,158.88	**$0.00**	**$32,158.88**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,071.91**	**$0.00**	**$4,071.91**
				$4,071.91	**$0.00**	**$4,071.91**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,650.62**	**$0.00**	**$2,650.62**
				$2,650.62	**$0.00**	**$2,650.62**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$981.13	$0.00	$981.13
Medical.....	.....			$17,739.91	$0.00	$17,739.91
				$18,721.04	$0.00	$18,721.04
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$17,978.91	$0.00	$17,978.91
Medical.....	.....			$147,960.76	$0.00	$147,960.76
				$165,947.67	$0.00	$165,947.67
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,421.69	$0.00	$4,421.69
				$4,445.69	$0.00	$4,445.69
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,092.12	$0.00	$14,092.12
Medical.....	.....			$51,646.03	$0.00	$51,646.03
				$65,738.15	$0.00	$65,738.15
# of Claims	10					
# Open	0	Recovery Amount:	-$15,857.03			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,072.00**	**$0.00**	**$1,072.00**
Indemnity				**$188.70**	**$0.00**	**$188.70**
Medical				**$2,371.83**	**$0.00**	**$2,371.83**
				$3,632.53	**$0.00**	**$3,632.53**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$30,230.57**	**$9,220.55**	**$39,451.12**
Indemnity				**$202,070.42**	**$25,334.53**	**$227,404.95**
Medical				**$638,622.43**	**$3,066,219.09**	**$3,704,841.52**
				$870,923.42	**$3,100,774.17**	**$3,971,697.59**
# of Claims	**8**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,130.41**	**$0.00**	**$4,130.41**
				$4,130.41	**$0.00**	**$4,130.41**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$269.41**	**$0.00**	**$269.41**
				$269.41	**$0.00**	**$269.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

721 -VADOC-State Farm Enterprise Unit

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$31.82**	**$0.00**	**$31.82**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,482.26**	**$0.00**	**$1,482.26**
				$1,514.08	**$0.00**	**$1,514.08**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,015.03**	**$0.00**	**$1,015.03**
				$1,015.03	**$0.00**	**$1,015.03**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$40.75**	**$0.00**	**$40.75**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,740.66**	**$0.00**	**$4,740.66**
				$4,781.41	**$0.00**	**$4,781.41**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$34,855.39**	**$9,220.55**	**$44,075.94**
Indemnity				**$447,582.48**	**$25,334.53**	**$472,917.01**
Medical				**$1,252,634.85**	**$3,066,219.09**	**$4,318,853.94**
				$1,735,072.72	**$3,100,774.17**	**$4,835,846.89**
# of Claims	**475**					
# Open	**1**	**Recovery Amount:**	**-$30,510.30**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

730 -VADOC-BRUNSWICK CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$509.75	$0.00	$509.75
Indemnity.....	.....			$13,384.94	$0.00	$13,384.94
Medical.....	.....			$31,397.53	$0.00	$31,397.53
				$45,292.22	$0.00	$45,292.22
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36,956.53	$0.00	$36,956.53
Medical.....	.....			$46,685.03	$0.00	$46,685.03
				$83,641.56	$0.00	$83,641.56
# of Claims	97					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$4,355.80	$0.00	$4,355.80
Indemnity.....	.....			$157,591.79	$0.00	$157,591.79
Medical.....	.....			$63,486.56	$0.00	$63,486.56
				$225,434.15	$0.00	$225,434.15
# of Claims	110					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,913.89	$0.00	$7,913.89
Medical.....	.....			$23,632.36	$0.00	$23,632.36
				$31,546.25	$0.00	$31,546.25
# of Claims	129					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

730 -VADOC-BRUNSWICK CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$536.97	$0.00	$536.97
Indemnity.....	.....			$287,476.02	$0.00	$287,476.02
Medical.....	.....			$209,665.21	$0.00	$209,665.21
				$497,678.20	$0.00	$497,678.20
# of Claims	117					
# Open	0	Recovery Amount:	-$25.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,440.48	$0.00	$12,440.48
Medical.....	.....			$64,150.34	$0.00	$64,150.34
				$76,590.82	$0.00	$76,590.82
# of Claims	108					
# Open	0	Recovery Amount:	-$9,742.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,758.43	$0.00	$7,758.43
Medical.....	.....			$23,839.77	$0.00	$23,839.77
				$31,598.20	$0.00	$31,598.20
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,327.33	$0.00	$1,327.33
Indemnity.....	.....			$49,487.62	$0.00	$49,487.62
Medical.....	.....			$176,543.94	$0.00	$176,543.94
				$227,358.89	$0.00	$227,358.89
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$159.30	$0.00	$159.30
Indemnity.....	.....			$60,482.95	$0.00	$60,482.95
Medical.....	.....			$14,176.91	$0.00	$14,176.91
				$74,819.16	$0.00	$74,819.16
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

730 -VADOC-BRUNSWICK CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,751.96	$0.00	$11,751.96
Medical.....	.....			$28,227.54	$0.00	$28,227.54
				$39,979.50	$0.00	$39,979.50
# of Claims	47					
# Open	0	Recovery Amount:	-$49.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,461.57	$0.00	$12,461.57
Medical.....	.....			$24,489.20	$0.00	$24,489.20
				$36,950.77	$0.00	$36,950.77
# of Claims	42					
# Open	0	Recovery Amount:	-$2,044.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,716.14	$0.00	$3,716.14
Medical.....	.....			$16,660.37	$0.00	$16,660.37
				$20,376.51	$0.00	$20,376.51
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense.....	.....			$2,785.68	$64.00	$2,849.68
Indemnity.....	.....			$36,942.86	$0.00	$36,942.86
Medical.....	.....			$257,267.57	$209,374.84	$466,642.41
				$296,996.11	$209,438.84	$506,434.95
# of Claims	43					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$38,641.86	$0.00	$38,641.86
Medical.....	.....			$53,784.66	$0.00	$53,784.66
				$92,426.52	$0.00	$92,426.52
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

730 -VADOC-BRUNSWICK CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$22,891.56	$0.00	$22,891.56
Indemnity.....	.....			$253,444.64	$0.00	$253,444.64
Medical.....	.....			$95,597.80	$0.00	$95,597.80
				$371,934.00	$0.00	$371,934.00
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,797.86	$0.00	$18,797.86
Medical.....	.....			$68,752.00	$0.00	$68,752.00
				$87,549.86	$0.00	$87,549.86
# of Claims	23					
# Open	0	Recovery Amount:	-$35,794.89			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$43.00	$0.00	$43.00
Indemnity.....	.....			$30,755.08	$0.00	$30,755.08
Medical.....	.....			$162,426.68	$0.00	$162,426.68
				$193,224.76	$0.00	$193,224.76
# of Claims	32					
# Open	0	Recovery Amount:	-$487.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$14,428.40	$0.00	$14,428.40
Indemnity.....	.....			$292,685.17	$0.00	$292,685.17
Medical.....	.....			$188,892.44	$0.00	$188,892.44
				$496,006.01	$0.00	$496,006.01
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$11,716.96	$0.00	$11,716.96
Indemnity.....	.....			$211,069.04	$0.00	$211,069.04
Medical.....	.....			$459,183.37	$0.00	$459,183.37
				$681,969.37	$0.00	$681,969.37
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

730 -VADOC-BRUNSWICK CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$295.66	$0.00	$295.66
Indemnity.....	.....			$9,258.96	$0.00	$9,258.96
Medical.....	.....			$37,084.88	$0.00	$37,084.88
				$46,639.50	$0.00	$46,639.50
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$2,888.53	$0.00	$2,888.53
Medical.....	.....			$14,319.90	$0.00	$14,319.90
				$17,228.43	$0.00	$17,228.43
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$59,070.41	$64.00	$59,134.41
Indemnity.....	.....			$1,555,906.32	$0.00	$1,555,906.32
Medical.....	.....			$2,060,264.06	$209,374.84	$2,269,638.90
				$3,675,240.79	$209,438.84	$3,884,679.63
# of Claims	1,265					
# Open	1	Recovery Amount:	-$48,143.78			

731 -VADOC-STAUNTON CORRECTIONAL CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$236.50	$0.00	$236.50
				$236.50	$0.00	$236.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

731 -VADOC-STAUNTON CORRECTIONAL CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$26,301.99	$260.00	$26,561.99
Indemnity.....	.....			$193,087.01	$0.00	$193,087.01
Medical.....	.....			$128,602.57	$11,830.75	$140,433.32
				$347,991.57	$12,090.75	$360,082.32
# of Claims	100					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$88.90	$0.00	$88.90
Indemnity.....	.....			$158,953.15	$0.00	$158,953.15
Medical.....	.....			$267,799.21	$0.00	$267,799.21
				$426,841.26	$0.00	$426,841.26
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$19,172.23	$0.00	$19,172.23
Indemnity.....	.....			$197,194.74	$0.00	$197,194.74
Medical.....	.....			$465,594.61	$0.00	$465,594.61
				$681,961.58	$0.00	$681,961.58
# of Claims	67					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$32,469.09	$87,332.93	$119,802.02
Indemnity.....	.....			$395,682.20	$0.00	$395,682.20
Medical.....	.....			$1,669,864.19	$719,579.88	$2,389,444.07
				$2,098,015.48	$806,912.81	$2,904,928.29
# of Claims	86					
# Open	1	Recovery Amount:	-$40.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

731 -VADOC-STAUNTON CORRECTIONAL CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,454.23	$0.00	$8,454.23
Medical.....	.....			$10,244.62	$0.00	$10,244.62
				$18,698.85	$0.00	$18,698.85
# of Claims	76					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,249.49	$0.00	$9,249.49
Medical.....	.....			$45,079.98	$0.00	$45,079.98
				$54,329.47	$0.00	$54,329.47
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,136.64	$0.00	$1,136.64
Indemnity.....	.....			$231,310.94	$0.00	$231,310.94
Medical.....	.....			$59,460.80	$0.00	$59,460.80
				$291,908.38	$0.00	$291,908.38
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,319.42	$0.00	$3,319.42
Medical.....	.....			$16,558.39	$0.00	$16,558.39
				$19,877.81	$0.00	$19,877.81
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

731 -VADOC-STAUNTON CORRECTIONAL CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$335.38	$0.00	$335.38
Medical.....	.....			$19,966.21	$0.00	$19,966.21
				$20,301.59	$0.00	$20,301.59
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,159.23	$0.00	$15,159.23
Medical.....	.....			$28,992.53	$0.00	$28,992.53
				$44,151.76	$0.00	$44,151.76
# of Claims	53					
# Open	0	Recovery Amount:	-$4,769.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$3,976.45	$2,622.32	$6,598.77
Indemnity.....	.....			$205,235.18	$0.00	$205,235.18
Medical.....	.....			$493,194.45	$352,273.25	$845,467.70
				$702,406.08	$354,895.57	$1,057,301.65
# of Claims	44					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$2,546.03	$0.00	$2,546.03
Medical.....	.....			$19,525.36	$0.00	$19,525.36
				$22,421.39	$0.00	$22,421.39
# of Claims	57					
# Open	0	Recovery Amount:	-$211.21			

701 - DEPARTMENT OF CORRECTIONS

731 -VADOC-STAUNTON CORRECTIONAL CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,211.81	$0.00	$27,211.81
Medical.....	.....			$20,833.76	$0.00	$20,833.76
				$48,045.57	$0.00	$48,045.57
# of Claims	49					
# Open	0	Recovery Amount:	-$16.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$440.00	$0.00	$440.00
Indemnity.....	.....			$7,302.45	$0.00	$7,302.45
Medical.....	.....			$5,345.79	$0.00	$5,345.79
				$13,088.24	$0.00	$13,088.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$83,935.30	$90,215.25	$174,150.55
Indemnity.....	.....			$1,455,041.26	$0.00	$1,455,041.26
Medical.....	.....			$3,251,298.97	$1,083,683.88	$4,334,982.85
				$4,790,275.53	$1,173,899.13	$5,964,174.66
# of Claims	831					
# Open	4	Recovery Amount:	-$5,037.23			

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$12.05	$0.00	$12.05
Indemnity.....	.....			$23,835.89	$0.00	$23,835.89
Medical.....	.....			$19,707.32	$0.00	$19,707.32
				$43,555.26	$0.00	$43,555.26
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,980.61	$0.00	$6,980.61
Medical.....	.....			$43,903.61	$0.00	$43,903.61
				$50,884.22	$0.00	$50,884.22
# of Claims	89					
# Open	0	Recovery Amount:	-$203.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$7,740.00	$300.00	$8,040.00
Indemnity.....	.....			$225,693.85	$0.00	$225,693.85
Medical.....	.....			$191,736.36	$33,386.40	$225,122.76
				$425,170.21	$33,686.40	$458,856.61
# of Claims	57					
# Open	1	Recovery Amount:	-$33.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$5,957.10	$172.25	$6,129.35
Indemnity.....	.....			$162,353.71	$0.00	$162,353.71
Medical.....	.....			$1,334,614.20	$576,313.38	$1,910,927.58
				$1,502,925.01	$576,485.63	$2,079,410.64
# of Claims	37					
# Open	1	Recovery Amount:	-$341.86			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$23,664.21	$0.00	$23,664.21
Medical.....	.....			$192,178.01	$0.00	$192,178.01
				$215,842.22	$0.00	$215,842.22
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$11,294.62	$0.00	$11,294.62
Medical.....	.....			$36,996.64	$0.00	$36,996.64
				$48,327.26	$0.00	$48,327.26
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$3,371.72	$0.00	$3,371.72
Medical.....	.....			$24,979.38	$0.00	$24,979.38
				$28,367.10	$0.00	$28,367.10
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$139.33	$176.10	$315.43
Indemnity.....	.....			$1,252.26	$0.00	$1,252.26
Medical.....	.....			$61,584.89	$199,805.88	$261,390.77
				$62,976.48	$199,981.98	$262,958.46
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$3,654.00	$0.00	$3,654.00
Indemnity.....	.....			$94,803.97	$0.00	$94,803.97
Medical.....	.....			$105,784.37	$0.00	$105,784.37
				$204,242.34	$0.00	$204,242.34
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$186.11	$0.00	$186.11
Medical.....	.....			$21,104.36	$0.00	$21,104.36
				$21,290.47	$0.00	$21,290.47
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,930.05	$0.00	$2,930.05
Medical.....	.....			$41,858.47	$0.00	$41,858.47
				$44,788.52	$0.00	$44,788.52
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$47,380.04	$0.00	$47,380.04
				$47,422.04	$0.00	$47,422.04
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$16,514.22**	**$0.00**	**$16,514.22**
Indemnity				**$279,018.34**	**$0.00**	**$279,018.34**
Medical				**$128,563.86**	**$0.00**	**$128,563.86**
				$424,096.42	**$0.00**	**$424,096.42**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$3,696.16**	**$0.00**	**$3,696.16**
Indemnity				**$37,652.53**	**$0.00**	**$37,652.53**
Medical				**$343,235.63**	**$0.00**	**$343,235.63**
				$384,584.32	**$0.00**	**$384,584.32**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$10,269.64**	**$0.00**	**$10,269.64**
Indemnity				**$66,274.12**	**$0.00**	**$66,274.12**
Medical				**$95,675.75**	**$0.00**	**$95,675.75**
				$172,219.51	**$0.00**	**$172,219.51**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$4,566.65**	**$0.00**	**$4,566.65**
Indemnity				**$143,532.64**	**$0.00**	**$143,532.64**
Medical				**$156,148.59**	**$0.00**	**$156,148.59**
				$304,247.88	**$0.00**	**$304,247.88**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$625.50	$0.00	$625.50
Indemnity.....	.....			$15,627.08	$0.00	$15,627.08
Medical.....	.....			$100,411.29	$0.00	$100,411.29
				$116,663.87	$0.00	$116,663.87
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$1,070.15	$89.62	$1,159.77
Indemnity.....	.....			$7,519.07	$0.00	$7,519.07
Medical.....	.....			$344,009.67	$31,774.92	$375,784.59
				$352,598.89	$31,864.54	$384,463.43
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$213.66	$0.00	$213.66
Indemnity.....	.....			$332.13	$0.00	$332.13
Medical.....	.....			$61,465.79	$0.00	$61,465.79
				$62,011.58	$0.00	$62,011.58
# of Claims	29					
# Open	0	Recovery Amount:	-$1,343.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$42.49	$0.00	$42.49
Indemnity.....	.....			$6,744.26	$0.00	$6,744.26
Medical.....	.....			$74,995.64	$0.00	$74,995.64
				$81,782.39	$0.00	$81,782.39
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$19,266.90	$0.00	$19,266.90
Indemnity.....	.....			$93,040.82	$0.00	$93,040.82
Medical.....	.....			$93,389.07	$0.00	$93,389.07
				$205,696.79	$0.00	$205,696.79
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$34,330.40	$4,516.13	$38,846.53
Indemnity.....	.....			$324,008.06	$179,241.30	$503,249.36
Medical.....	.....			$157,467.54	$6,141.07	$163,608.61
				$515,806.00	$189,898.50	$705,704.50
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$12,289.53	$66.04	$12,355.57
Indemnity.....	.....			$80,196.42	$0.00	$80,196.42
Medical.....	.....			$167,766.26	$12,562.79	$180,329.05
				$260,252.21	$12,628.83	$272,881.04
# of Claims	43					
# Open	3	Recovery Amount:	-$13.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,142.69	$0.00	$3,142.69
Indemnity.....	.....			$19,952.14	$0.00	$19,952.14
Medical.....	.....			$63,321.06	$0.00	$63,321.06
				$86,415.89	$0.00	$86,415.89
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

733 -VADOC-SUSSEX I STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$13,127.55	$8,500.00	$21,627.55
Indemnity.....	.....			$35,497.04	$10,154.63	$45,651.67
Medical.....	.....			$51,023.04	$19,500.00	$70,523.04
				$99,647.63	$38,154.63	$137,802.26
# of Claims	35					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$396.46	$3,744.38	$4,140.84
Indemnity.....	.....			$28,011.43	$46,868.57	$74,880.00
Medical.....	.....			$27,322.27	$48,837.06	$76,159.33
				$55,730.16	$99,450.01	$155,180.17
# of Claims	26					
# Open	3	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$137,148.48	$17,564.52	$154,713.00
Indemnity.....	.....			$1,693,773.08	$236,264.50	$1,930,037.58
Medical.....	.....			$3,986,623.11	$928,321.50	$4,914,944.61
				$5,817,544.67	$1,182,150.52	$6,999,695.19
# of Claims	992					
# Open	12	Recovery Amount:	-$1,934.94			

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,126.83	$0.00	$3,126.83
Medical.....	.....			$18,257.78	$0.00	$18,257.78
				$21,384.61	$0.00	$21,384.61
# of Claims	30					
# Open	0	Recovery Amount:	-$61.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,202.94	$0.00	$4,202.94
Medical.....	.....			$13,926.89	$0.00	$13,926.89
				$18,129.83	$0.00	$18,129.83
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,267.85	$0.00	$3,267.85
Medical.....	.....			$37,395.76	$0.00	$37,395.76
				$40,663.61	$0.00	$40,663.61
# of Claims	50					
# Open	0	Recovery Amount:	-$776.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,996.44	$0.00	$13,996.44
Medical.....	.....			$27,207.07	$0.00	$27,207.07
				$41,203.51	$0.00	$41,203.51
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,181.55	$0.00	$17,181.55
Medical.....	.....			$33,943.04	$0.00	$33,943.04
				$51,124.59	$0.00	$51,124.59
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,846.17	$0.00	$17,846.17
Medical.....	.....			$69,227.85	$0.00	$69,227.85
				$87,074.02	$0.00	$87,074.02
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,959.19	$0.00	$8,959.19
Medical.....	.....			$65,219.52	$0.00	$65,219.52
				$74,178.71	$0.00	$74,178.71
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8,464.80	$0.00	$8,464.80
Indemnity.....	.....			$176,951.91	$0.00	$176,951.91
Medical.....	.....			$415,776.57	$0.00	$415,776.57
				$601,193.28	$0.00	$601,193.28
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$19,835.51	$0.00	$19,835.51
Indemnity.....	.....			$182,463.61	$0.00	$182,463.61
Medical.....	.....			$251,204.78	$82,946.18	$334,150.96
				$453,503.90	$82,946.18	$536,450.08
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$53,223.03	$381.50	$53,604.53
Indemnity.....	.....			$1,047,685.25	$0.00	$1,047,685.25
Medical.....	.....			$1,565,646.35	$417,114.41	$1,982,760.76
				$2,666,554.63	$417,495.91	$3,084,050.54
# of Claims	58					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$2,384.00	$0.00	$2,384.00
Indemnity.....	.....			$17,356.44	$0.00	$17,356.44
Medical.....	.....			$101,889.28	$0.00	$101,889.28
				$121,629.72	$0.00	$121,629.72
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$80.00	$0.00	$80.00
Indemnity.....	.....			$8,624.64	$0.00	$8,624.64
Medical.....	.....			$61,587.27	$0.00	$61,587.27
				$70,291.91	$0.00	$70,291.91
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$34,367.06	$0.00	$34,367.06
Indemnity.....	.....			$274,916.27	$0.00	$274,916.27
Medical.....	.....			$286,053.14	$0.00	$286,053.14
				$595,336.47	$0.00	$595,336.47
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$12,977.27	$917.84	$13,895.11
Indemnity.....	.....			$265,962.50	$0.00	$265,962.50
Medical.....	.....			$264,154.72	$19,108.68	$283,263.40
				$543,094.49	$20,026.52	$563,121.01
# of Claims	40					
# Open	1	Recovery Amount:	-$5,256.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$436.02	$0.00	$436.02
Indemnity.....	.....			$1,707.18	$0.00	$1,707.18
Medical.....	.....			$35,099.16	$0.00	$35,099.16
				$37,242.36	$0.00	$37,242.36
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$5,588.70	$0.00	$5,588.70
Medical.....	.....			$53,095.32	$0.00	$53,095.32
				$58,700.02	$0.00	$58,700.02
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$30.41	$0.00	$30.41
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$37,936.13	$0.00	$37,936.13
				$37,966.54	$0.00	$37,966.54
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$231.98	$0.00	$231.98
Indemnity.....	.....			$9,647.15	$0.00	$9,647.15
Medical.....	.....			$73,667.35	$0.00	$73,667.35
				$83,546.48	$0.00	$83,546.48
# of Claims	34					
# Open	0	Recovery Amount:	-$3,776.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$14,923.34	$5,156.98	$20,080.32
Indemnity.....	.....			$113,923.12	$177,339.28	$291,262.40
Medical.....	.....			$67,402.36	$62,829.79	$130,232.15
				$196,248.82	$245,326.05	$441,574.87
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$113.64	$0.00	$113.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,754.12	$0.00	$20,754.12
				$20,867.76	$0.00	$20,867.76
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$159.20	$0.00	$159.20
Indemnity.....	.....			$1,683.95	$0.00	$1,683.95
Medical.....	.....			$22,838.14	$0.00	$22,838.14
				$24,681.29	$0.00	$24,681.29
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

734 -VADOC-SUSSEX II STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$7,324.00	$3,689.68	$11,013.68
Indemnity.....	.....			$60,627.62	$89,754.36	$150,381.98
Medical.....	.....			$90,542.91	$98,121.26	$188,664.17
				$158,494.53	$191,565.30	$350,059.83
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$4,726.43	$0.00	$4,726.43
Indemnity.....	.....			$23,264.85	$0.00	$23,264.85
Medical.....	.....			$103,156.90	$0.00	$103,156.90
				$131,148.18	$0.00	$131,148.18
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$480.99	$0.00	$480.99
Indemnity.....	.....			$5,799.27	$0.00	$5,799.27
Medical.....	.....			$8,256.19	$0.00	$8,256.19
				$14,536.45	$0.00	$14,536.45
# of Claims	27					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,342.28	$4,208.96	$7,551.24
Indemnity.....	.....			$21,929.61	$30,098.88	$52,028.49
Medical.....	.....			$51,409.77	$84,522.64	$135,932.41
				$76,681.66	$118,830.48	$195,512.14
# of Claims	17					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$163,115.96	$14,354.96	$177,470.92
Indemnity.....	.....			$2,286,713.04	$297,192.52	$2,583,905.56
Medical.....	.....			$3,775,648.37	$764,642.96	$4,540,291.33
				$6,225,477.37	$1,076,190.44	$7,301,667.81
# of Claims	921					
# Open	15	Recovery Amount:	-$9,870.90			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,547.91**	**$0.00**	**$5,547.91**
				$5,547.91	**$0.00**	**$5,547.91**
# of Claims	**19**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$2,313.00**	**$0.00**	**$2,313.00**
Indemnity				**$455,779.77**	**$0.00**	**$455,779.77**
Medical				**$259,262.66**	**$0.00**	**$259,262.66**
				$717,355.43	**$0.00**	**$717,355.43**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**-$3,772.11**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$3,194.48**	**$0.00**	**$3,194.48**
Indemnity				**$139,522.63**	**$0.00**	**$139,522.63**
Medical				**$157,902.31**	**$0.00**	**$157,902.31**
				$300,619.42	**$0.00**	**$300,619.42**
# of Claims	**75**					
# Open	**0**	**Recovery Amount:**	**-$470.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$3,931.08**	**$0.00**	**$3,931.08**
Medical				**$37,618.16**	**$0.00**	**$37,618.16**
				$41,549.24	**$0.00**	**$41,549.24**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**-$69.65**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$9,786.82	$5,883.47	$15,670.29
Indemnity.....	.....			$325,422.43	$0.00	$325,422.43
Medical.....	.....			$1,342,810.87	$402,403.76	$1,745,214.63
				$1,678,020.12	$408,287.23	$2,086,307.35
# of Claims	61					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$15,817.20	$152.00	$15,969.20
Indemnity.....	.....			$181,482.45	$0.00	$181,482.45
Medical.....	.....			$169,177.01	$95,969.00	$265,146.01
				$366,476.66	$96,121.00	$462,597.66
# of Claims	45					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,426.06	$0.00	$7,426.06
Medical.....	.....			$24,540.89	$0.00	$24,540.89
				$31,966.95	$0.00	$31,966.95
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$6,655.04	$0.00	$6,655.04
Indemnity.....	.....			$55,072.15	$0.00	$55,072.15
Medical.....	.....			$62,921.12	$0.00	$62,921.12
				$124,648.31	$0.00	$124,648.31
# of Claims	61					
# Open	0	Recovery Amount:	-$225.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,128.86	$0.00	$14,128.86
				$14,128.86	$0.00	$14,128.86
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$73.19	$0.00	$73.19
Indemnity.....	.....			$52,439.56	$0.00	$52,439.56
Medical.....	.....			$61,515.99	$0.00	$61,515.99
				$114,028.74	$0.00	$114,028.74
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$215.26	$0.00	$215.26
Indemnity.....	.....			$30,971.27	$0.00	$30,971.27
Medical.....	.....			$70,270.12	$0.00	$70,270.12
				$101,456.65	$0.00	$101,456.65
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$4,620.52	$0.00	$4,620.52
Indemnity.....	.....			$38,332.24	$0.00	$38,332.24
Medical.....	.....			$152,346.36	$0.00	$152,346.36
				$195,299.12	$0.00	$195,299.12
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$58.00	$0.00	$58.00
Indemnity.....	.....			$6,739.99	$0.00	$6,739.99
Medical.....	.....			$31,916.97	$0.00	$31,916.97
				$38,714.96	$0.00	$38,714.96
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$15,067.50	$90.73	$15,158.23
Indemnity.....	.....			$237,001.43	$0.00	$237,001.43
Medical.....	.....			$112,535.07	$229,796.23	$342,331.30
				$364,604.00	$229,886.96	$594,490.96
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$13,131.08	$0.00	$13,131.08
Indemnity.....	.....			$133,895.89	$0.00	$133,895.89
Medical.....	.....			$143,201.89	$173,847.71	$317,049.60
				$290,228.86	$173,847.71	$464,076.57
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$752.81	$0.00	$752.81
Indemnity.....	.....			$18,434.85	$0.00	$18,434.85
Medical.....	.....			$118,890.97	$0.00	$118,890.97
				$138,078.63	$0.00	$138,078.63
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$85.64	$0.00	$85.64
Indemnity.....	.....			$16,689.29	$0.00	$16,689.29
Medical.....	.....			$78,826.44	$0.00	$78,826.44
				$95,601.37	$0.00	$95,601.37
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$35,918.66	$3,250.00	$39,168.66
Indemnity.....	.....			$292,761.64	$0.00	$292,761.64
Medical.....	.....			$196,506.36	$173,426.70	$369,933.06
				$525,186.66	$176,676.70	$701,863.36
# of Claims	52					
# Open	1	Recovery Amount:	-$2,278.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$7,807.15	$0.00	$7,807.15
Indemnity.....	.....			$135,898.49	$0.00	$135,898.49
Medical.....	.....			$90,606.67	$0.00	$90,606.67
				$234,312.31	$0.00	$234,312.31
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$288.56	$0.00	$288.56
Indemnity.....	.....			$47,376.69	$0.00	$47,376.69
Medical.....	.....			$101,855.45	$0.00	$101,855.45
				$149,520.70	$0.00	$149,520.70
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,075.60	$0.00	$2,075.60
Indemnity.....	.....			$38,002.44	$0.00	$38,002.44
Medical.....	.....			$134,395.05	$0.00	$134,395.05
				$174,473.09	$0.00	$174,473.09
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$357.62	$0.00	$357.62
Indemnity.....	.....			$410.60	$0.00	$410.60
Medical.....	.....			$21,430.08	$0.00	$21,430.08
				$22,198.30	$0.00	$22,198.30
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$7,237.24	$0.00	$7,237.24
Indemnity.....	.....			$108,202.20	$0.00	$108,202.20
Medical.....	.....			$69,522.59	$0.00	$69,522.59
				$184,962.03	$0.00	$184,962.03
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,507.56	$0.00	$3,507.56
Indemnity.....	.....			$15,542.01	$0.00	$15,542.01
Medical.....	.....			$72,325.73	$218.36	$72,544.09
				$91,375.30	$218.36	$91,593.66
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

735 -VADOC-WALLENS RIDGE STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$332.39**	**$4,295.11**	**$4,627.50**
Indemnity				**$3,295.35**	**$7,249.77**	**$10,545.12**
Medical				**$34,692.45**	**$101,933.11**	**$136,625.56**
				$38,320.19	**$113,477.99**	**$151,798.18**
# of Claims	**72**					
# Open	**10**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$129,295.32**	**$13,671.31**	**$142,966.63**
Indemnity				**$2,344,630.51**	**$7,249.77**	**$2,351,880.28**
Medical				**$3,564,747.98**	**$1,177,594.87**	**$4,742,342.85**
				$6,038,673.81	**$1,198,515.95**	**$7,237,189.76**
# of Claims	**1,226**					
# Open	**16**	**Recovery Amount:**	**-$6,816.37**			

736 -VADOC-SOUTHAMPTON INTENSIVE TX CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,258.95**	**$0.00**	**$1,258.95**
				$1,258.95	**$0.00**	**$1,258.95**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,194.22**	**$0.00**	**$1,194.22**
				$1,194.22	**$0.00**	**$1,194.22**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

736 -VADOC-SOUTHAMPTON INTENSIVE TX CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,649.07	$0.00	$2,649.07
Medical.....	.....			$4,416.91	$0.00	$4,416.91
				$7,065.98	$0.00	$7,065.98
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,958.01	$0.00	$3,958.01
Medical.....	.....			$12,261.86	$0.00	$12,261.86
				$16,219.87	$0.00	$16,219.87
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,109.53	$0.00	$2,109.53
Medical.....	.....			$3,021.29	$0.00	$3,021.29
				$5,130.82	$0.00	$5,130.82
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,868.92	$0.00	$19,868.92
Medical.....	.....			$48,060.02	$0.00	$48,060.02
				$67,928.94	$0.00	$67,928.94
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

736 -VADOC-SOUTHAMPTON INTENSIVE TX CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$12.55	$0.00	$12.55
Indemnity.....	.....			$2,437.21	$0.00	$2,437.21
Medical.....	.....			$5,057.31	$0.00	$5,057.31
				$7,507.07	$0.00	$7,507.07
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$305.95	$0.00	$305.95
Medical.....	.....			$848.33	$0.00	$848.33
				$1,154.28	$0.00	$1,154.28
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$411.48	$0.00	$411.48
Medical.....	.....			$3,005.80	$0.00	$3,005.80
				$3,417.28	$0.00	$3,417.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.46	$0.00	$244.46
				$244.46	$0.00	$244.46
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

736 -VADOC-SOUTHAMPTON INTENSIVE TX CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,401.27	$0.00	$2,401.27
				$2,401.27	$0.00	$2,401.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.00	$0.00	$263.00
				$263.00	$0.00	$263.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$12.55	$0.00	$12.55
Indemnity.....	.....			$31,740.17	$0.00	$31,740.17
Medical.....	.....			$82,033.42	$0.00	$82,033.42
				$113,786.14	$0.00	$113,786.14
# of Claims	138					
# Open	0	Recovery Amount:	$0.00			

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$1,476.27	$0.00	$1,476.27
Medical.....	.....			$2,087.88	$0.00	$2,087.88
				$3,626.65	$0.00	$3,626.65
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$2,358.95	$0.00	$2,358.95
Indemnity.....	.....			$19,809.55	$0.00	$19,809.55
Medical.....	.....			$45,536.09	$0.00	$45,536.09
				$67,704.59	$0.00	$67,704.59
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,445.80	$0.00	$6,445.80
Indemnity.....	.....			$72,556.02	$0.00	$72,556.02
Medical.....	.....			$59,815.48	$0.00	$59,815.48
				$138,817.30	$0.00	$138,817.30
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,902.97	$0.00	$14,902.97
Medical.....	.....			$89,213.19	$0.00	$89,213.19
				$104,116.16	$0.00	$104,116.16
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$630.13	$0.00	$630.13
Indemnity.....	.....			$313,974.94	$0.00	$313,974.94
Medical.....	.....			$147,556.47	$0.00	$147,556.47
				$462,161.54	$0.00	$462,161.54
# of Claims	44					
# Open	0	Recovery Amount:	-$408.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$539.80**	**$0.00**	**$539.80**
Indemnity				**$146,937.19**	**$0.00**	**$146,937.19**
Medical				**$188,908.19**	**$0.00**	**$188,908.19**
				$336,385.18	**$0.00**	**$336,385.18**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$4,750.00**	**$0.00**	**$4,750.00**
Indemnity				**$195,346.03**	**$0.00**	**$195,346.03**
Medical				**$93,079.30**	**$0.00**	**$93,079.30**
				$293,175.33	**$0.00**	**$293,175.33**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1,699.25**	**$0.00**	**$1,699.25**
Indemnity				**$178,686.37**	**$0.00**	**$178,686.37**
Medical				**$426,847.28**	**$159,157.52**	**$586,004.80**
				$607,232.90	**$159,157.52**	**$766,390.42**
# of Claims	**48**					
# Open	**1**	**Recovery Amount:**	**-$50.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$177.38**	**$0.00**	**$177.38**
Indemnity				**$228,951.94**	**$0.00**	**$228,951.94**
Medical				**$236,177.39**	**$0.00**	**$236,177.39**
				$465,306.71	**$0.00**	**$465,306.71**
# of Claims	**34**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$44,664.71**	**$0.00**	**$44,664.71**
Medical				**$221,002.00**	**$0.00**	**$221,002.00**
				$265,666.71	**$0.00**	**$265,666.71**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**-$304.72**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$2,239.00**	**$0.00**	**$2,239.00**
Indemnity				**$12,977.82**	**$0.00**	**$12,977.82**
Medical				**$139,302.05**	**$0.00**	**$139,302.05**
				$154,518.87	**$0.00**	**$154,518.87**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$2,518.00**	**$42.00**	**$2,560.00**
Indemnity				**$208,420.25**	**$0.00**	**$208,420.25**
Medical				**$120,982.54**	**$39,006.53**	**$159,989.07**
				$331,920.79	**$39,048.53**	**$370,969.32**
# of Claims	**30**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$15,728.40**	**$0.00**	**$15,728.40**
Medical				**$33,614.66**	**$0.00**	**$33,614.66**
				$49,693.06	**$0.00**	**$49,693.06**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,441.76	$0.00	$2,441.76
				$2,441.76	$0.00	$2,441.76
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$867.23	$0.00	$867.23
Medical.....	.....			$7,739.38	$0.00	$7,739.38
				$8,606.61	$0.00	$8,606.61
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$478.62	$0.00	$478.62
Indemnity.....	.....			$853.76	$0.00	$853.76
Medical.....	.....			$121,452.10	$0.00	$121,452.10
				$122,784.48	$0.00	$122,784.48
# of Claims	18					
# Open	0	Recovery Amount:	-$521.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$5,862.00	$0.00	$5,862.00
Indemnity.....	.....			$237,545.93	$0.00	$237,545.93
Medical.....	.....			$162,476.92	$0.00	$162,476.92
				$405,884.85	$0.00	$405,884.85
# of Claims	17					
# Open	0	Recovery Amount:	-$179,578.01			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$1,147.43**	**$423.50**	**$1,570.93**
Indemnity				**$20,431.95**	**$0.09**	**$20,432.04**
Medical				**$114,732.29**	**$130,882.77**	**$245,615.06**
				$136,311.67	**$131,306.36**	**$267,618.03**
# of Claims	**20**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$70.50**	**$0.00**	**$70.50**
Indemnity				**$5,206.78**	**$0.00**	**$5,206.78**
Medical				**$25,832.17**	**$0.00**	**$25,832.17**
				$31,109.45	**$0.00**	**$31,109.45**
# of Claims	**26**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18,574.72**	**$0.00**	**$18,574.72**
Indemnity				**$309,512.17**	**$0.00**	**$309,512.17**
Medical				**$94,249.50**	**$0.00**	**$94,249.50**
				$422,336.39	**$0.00**	**$422,336.39**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,393.34**	**$0.00**	**$6,393.34**
Medical				**$42,560.57**	**$0.00**	**$42,560.57**
				$48,953.91	**$0.00**	**$48,953.91**
# of Claims	**21**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$600.63**	**$0.00**	**$600.63**
Indemnity				**$7,295.25**	**$0.00**	**$7,295.25**
Medical				**$30,408.92**	**$0.00**	**$30,408.92**
				$38,304.80	**$0.00**	**$38,304.80**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$92.00**	**$0.00**	**$92.00**
Indemnity				**$197.72**	**$0.00**	**$197.72**
Medical				**$15,416.47**	**$0.00**	**$15,416.47**
				$15,706.19	**$0.00**	**$15,706.19**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$19,263.19**	**$4,000.00**	**$23,263.19**
Indemnity				**$266,670.01**	**$0.00**	**$266,670.01**
Medical				**$256,000.74**	**$156,287.56**	**$412,288.30**
				$541,933.94	**$160,287.56**	**$702,221.50**
# of Claims	**46**					
# Open	**1**	**Recovery Amount:**	**-$12,095.10**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$22,055.63**	**$2,691.31**	**$24,746.94**
Indemnity				**$244,942.61**	**$0.00**	**$244,942.61**
Medical				**$332,915.92**	**$61,689.82**	**$394,605.74**
				$599,914.16	**$64,381.13**	**$664,295.29**
# of Claims	**26**					
# Open	**1**	**Recovery Amount:**	**-$2,640.84**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,000.68	$0.00	$2,000.68
Indemnity.....	.....			$10,963.33	$0.00	$10,963.33
Medical.....	.....			$76,614.12	$0.00	$76,614.12
				$89,578.13	$0.00	$89,578.13
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$2,861.25	$0.00	$2,861.25
Medical.....	.....			$23,474.19	$0.00	$23,474.19
				$26,351.44	$0.00	$26,351.44
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$79.57	$0.00	$79.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,794.02	$0.00	$5,794.02
				$5,873.59	$0.00	$5,873.59
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$5,632.20	$0.00	$5,632.20
Indemnity.....	.....			$100,167.09	$0.00	$100,167.09
Medical.....	.....			$19,990.80	$0.00	$19,990.80
				$125,790.09	$0.00	$125,790.09
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$73.92	$0.00	$73.92
Indemnity.....	.....			$306.39	$0.00	$306.39
Medical.....	.....			$18,391.69	$0.00	$18,391.69
				$18,772.00	$0.00	$18,772.00
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$11,430.17	$7,720.75	$19,150.92
Indemnity.....	.....			$125,491.76	$141,283.36	$266,775.12
Medical.....	.....			$194,262.78	$65,247.31	$259,510.09
				$331,184.71	$214,251.42	$545,436.13
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$7,410.12	$0.00	$7,410.12
Medical.....	.....			$32,897.78	$0.00	$32,897.78
				$40,339.90	$0.00	$40,339.90
# of Claims	25					
# Open	0	Recovery Amount:	-$25.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$6,622.22	$0.00	$6,622.22
Medical.....	.....			$10,410.96	$0.00	$10,410.96
				$17,049.18	$0.00	$17,049.18
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

737 -VADOC-ST BRIDES CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$39.50	$0.00	$39.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,037.38	$0.00	$2,037.38
				$2,076.88	$0.00	$2,076.88
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$45.64	$7,350.18	$7,395.82
Indemnity.....	.....			$9,412.03	$28,003.64	$37,415.67
Medical.....	.....			$3,212.07	$50,779.19	$53,991.26
				$12,669.74	$86,133.01	$98,802.75
# of Claims	13					
# Open	5	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$109,281.21	$22,227.74	$131,508.95
Indemnity.....	.....			$2,817,583.40	$169,287.09	$2,986,870.49
Medical.....	.....			$3,397,435.05	$663,050.70	$4,060,485.75
				$6,324,299.66	$854,565.53	$7,178,865.19
# of Claims	1,008					
# Open	11	Recovery Amount:	-$195,623.39			

740 -VADOC-SOUTHAMPTON RECPT & CLASS CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,669.15	$0.00	$1,669.15
				$1,669.15	$0.00	$1,669.15
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

740 -VADOC-SOUTHAMPTON RECPT & CLASS CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,032.03	$0.00	$1,032.03
Medical.....	.....			$1,794.35	$0.00	$1,794.35
				$2,826.38	$0.00	$2,826.38
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$464.23	$0.00	$464.23
Medical.....	.....			$2,264.37	$0.00	$2,264.37
				$2,728.60	$0.00	$2,728.60
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,898.25	$0.00	$1,898.25
				$1,898.25	$0.00	$1,898.25
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,124.91	$0.00	$9,124.91
Medical.....	.....			$34,481.96	$0.00	$34,481.96
				$43,606.87	$0.00	$43,606.87
# of Claims	17					
# Open	0	Recovery Amount:	-$40.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

740 -VADOC-SOUTHAMPTON RECPT & CLASS CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,016.12	$0.00	$1,016.12
Medical.....	.....			$11,231.69	$0.00	$11,231.69
				$12,247.81	$0.00	$12,247.81
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,713.15	$0.00	$1,713.15
Medical.....	.....			$10,213.41	$0.00	$10,213.41
				$11,926.56	$0.00	$11,926.56
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$12.10	$0.00	$12.10
Indemnity.....	.....			$2,015.97	$0.00	$2,015.97
Medical.....	.....			$9,616.20	$0.00	$9,616.20
				$11,644.27	$0.00	$11,644.27
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,744.11	$0.00	$3,744.11
				$3,744.11	$0.00	$3,744.11
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

740 -VADOC-SOUTHAMPTON RECPT & CLASS CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,536.29	$0.00	$1,536.29
				$1,536.29	$0.00	$1,536.29
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,772.32	$0.00	$5,772.32
Medical.....	.....			$40,770.90	$0.00	$40,770.90
				$46,543.22	$0.00	$46,543.22
# of Claims	21					
# Open	0	Recovery Amount:	-$135.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$6,156.52	$2.00	$6,158.52
Indemnity.....	.....			$237,374.62	$0.00	$237,374.62
Medical.....	.....			$632,249.83	$1,015,389.91	$1,647,639.74
				$875,780.97	$1,015,391.91	$1,891,172.88
# of Claims	21					
# Open	1	Recovery Amount:	-$277.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$250.47	$0.00	$250.47
Medical.....	.....			$5,306.13	$0.00	$5,306.13
				$5,556.60	$0.00	$5,556.60
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

740 -VADOC-SOUTHAMPTON RECPT & CLASS CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$7,729.80	$0.00	$7,729.80
Indemnity.....	.....			$241,924.25	$0.00	$241,924.25
Medical.....	.....			$198,965.16	$44,924.14	$243,889.30
				$448,619.21	$44,924.14	$493,543.35
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,433.35	$0.00	$4,433.35
Medical.....	.....			$8,189.62	$0.00	$8,189.62
				$12,622.97	$0.00	$12,622.97
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,538.42	$0.00	$1,538.42
Medical.....	.....			$13,749.79	$0.00	$13,749.79
				$15,288.21	$0.00	$15,288.21
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$13,898.42	$2.00	$13,900.42
Indemnity.....	.....			$506,659.84	$0.00	$506,659.84
Medical.....	.....			$977,681.21	$1,060,314.05	$2,037,995.26
				$1,498,239.47	$1,060,316.05	$2,558,555.52
# of Claims	286					
# Open	2	Recovery Amount:	-$452.21			

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$308.30**	**$0.00**	**$308.30**
				$308.30	**$0.00**	**$308.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$995.39**	**$0.00**	**$995.39**
		$995.39	**$0.00**	**$995.39**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$670.18**	**$0.00**	**$670.18**
		$670.18	**$0.00**	**$670.18**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,706.70**	**$0.00**	**$1,706.70**
Medical		**$884.76**	**$0.00**	**$884.76**
		$2,591.46	**$0.00**	**$2,591.46**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,917.27	$0.00	$2,917.27
				$2,917.27	$0.00	$2,917.27
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,242.84	$0.00	$1,242.84
Medical.....	.....			$5,911.47	$0.00	$5,911.47
				$7,154.31	$0.00	$7,154.31
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,453.34	$0.00	$1,453.34
				$1,453.34	$0.00	$1,453.34
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$3,950.20	$8.00	$3,958.20
Indemnity.....	.....			$137,156.83	$0.00	$137,156.83
Medical.....	.....			$185,178.63	$41,928.07	$227,106.70
				$326,285.66	$41,936.07	$368,221.73
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$37,226.21	$0.00	$37,226.21
Medical.....	.....			$83,962.44	$0.00	$83,962.44
				$121,188.65	$0.00	$121,188.65
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$60.48	$0.00	$60.48
Indemnity.....	.....			$4,732.49	$0.00	$4,732.49
Medical.....	.....			$46,660.82	$0.00	$46,660.82
				$51,453.79	$0.00	$51,453.79
# of Claims	132					
# Open	0	Recovery Amount:	-$371.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$1,910.00	$0.00	$1,910.00
Indemnity.....	.....			$173,522.70	$0.00	$173,522.70
Medical.....	.....			$157,679.55	$0.00	$157,679.55
				$333,112.25	$0.00	$333,112.25
# of Claims	110					
# Open	0	Recovery Amount:	-$383.28			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,332.24	$0.00	$5,332.24
Indemnity.....	.....			$398,887.66	$0.00	$398,887.66
Medical.....	.....			$686,779.60	$0.00	$686,779.60
				$1,090,999.50	$0.00	$1,090,999.50
# of Claims	156					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$9,397.50	$0.00	$9,397.50
Indemnity.....	.....			$189,037.39	$0.00	$189,037.39
Medical.....	.....			$495,212.71	$1,331,625.69	$1,826,838.40
				$693,647.60	$1,331,625.69	$2,025,273.29
# of Claims	156					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$12,467.01	$2,422.80	$14,889.81
Indemnity.....	.....			$223,525.32	$0.00	$223,525.32
Medical.....	.....			$587,285.61	$258,189.67	$845,475.28
				$823,277.94	$260,612.47	$1,083,890.41
# of Claims	110					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$16,336.52	$0.00	$16,336.52
Indemnity.....	.....			$285,344.82	$0.00	$285,344.82
Medical.....	.....			$374,503.08	$100,687.68	$475,190.76
				$676,184.42	$100,687.68	$776,872.10
# of Claims	130					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,642.69	$0.00	$1,642.69
Indemnity.....	.....			$11,512.46	$0.00	$11,512.46
Medical.....	.....			$106,324.16	$0.00	$106,324.16
				$119,479.31	$0.00	$119,479.31
# of Claims	130					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,006.29	$0.00	$1,006.29
Indemnity.....	.....			$53,435.14	$0.00	$53,435.14
Medical.....	.....			$275,142.26	$305,881.39	$581,023.65
				$329,583.69	$305,881.39	$635,465.08
# of Claims	136					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$10,274.15	$0.00	$10,274.15
Indemnity.....	.....			$110,085.92	$0.00	$110,085.92
Medical.....	.....			$41,809.35	$0.00	$41,809.35
				$162,169.42	$0.00	$162,169.42
# of Claims	129					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$20,372.09	$5,445.97	$25,818.06
Indemnity.....	.....			$207,020.73	$0.00	$207,020.73
Medical.....	.....			$384,360.01	$208,148.70	$592,508.71
				$611,752.83	$213,594.67	$825,347.50
# of Claims	91					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$18,691.99	$0.00	$18,691.99
Indemnity.....	.....			$224,478.89	$0.00	$224,478.89
Medical.....	.....			$174,770.03	$66,969.73	$241,739.76
				$417,940.91	$66,969.73	$484,910.64
# of Claims	89					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$9,390.59	$1,471.53	$10,862.12
Indemnity.....	.....			$224,632.96	$0.00	$224,632.96
Medical.....	.....			$341,687.47	$255,401.02	$597,088.49
				$575,711.02	$256,872.55	$832,583.57
# of Claims	111					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$523.95	$0.00	$523.95
Indemnity.....	.....			$13,645.55	$0.00	$13,645.55
Medical.....	.....			$62,825.71	$0.00	$62,825.71
				$76,995.21	$0.00	$76,995.21
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$13,293.91	$11,872.64	$25,166.55
Indemnity.....	.....			$200,462.90	$13,870.64	$214,333.54
Medical.....	.....			$104,838.00	$53,489.47	$158,327.47
				$318,594.81	$79,232.75	$397,827.56
# of Claims	58					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8,314.07	$9,947.33	$18,261.40
Indemnity.....	.....			$196,480.72	$57,518.02	$253,998.74
Medical.....	.....			$146,540.39	$241,806.56	$388,346.95
				$351,335.18	$309,271.91	$660,607.09
# of Claims	55					
# Open	1	Recovery Amount:	-$990.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$32,176.39	$5,947.44	$38,123.83
Indemnity.....	.....			$507,969.50	$108,622.93	$616,592.43
Medical.....	.....			$326,364.67	$175,953.18	$502,317.85
				$866,510.56	$290,523.55	$1,157,034.11
# of Claims	78					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$44.61	$0.00	$44.61
Indemnity.....	.....			$1,720.97	$0.00	$1,720.97
Medical.....	.....			$40,838.68	$0.00	$40,838.68
				$42,604.26	$0.00	$42,604.26
# of Claims	55					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$91.30	$0.00	$91.30
Indemnity.....	.....			$4,468.21	$0.00	$4,468.21
Medical.....	.....			$21,130.27	$0.00	$21,130.27
				$25,689.78	$0.00	$25,689.78
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$52,736.83	$11,678.26	$64,415.09
Indemnity.....	.....			$396,338.25	$299,804.66	$696,142.91
Medical.....	.....			$229,175.11	$530,547.39	$759,722.50
				$678,250.19	$842,030.31	$1,520,280.50
# of Claims	49					
# Open	2	Recovery Amount:	-$414.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$44,909.92	$19,949.28	$64,859.20
Indemnity.....	.....			$274,505.52	$468,361.92	$742,867.44
Medical.....	.....			$163,250.36	$496,342.39	$659,592.75
				$482,665.80	$984,653.59	$1,467,319.39
# of Claims	42					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$2,780.24	$0.00	$2,780.24
Indemnity.....	.....			$17,624.40	$0.00	$17,624.40
Medical.....	.....			$36,146.51	$0.00	$36,146.51
				$56,551.15	$0.00	$56,551.15
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10,435.93	$11,669.61	$22,105.54
Indemnity.....	.....			$56,808.12	$35,286.31	$92,094.43
Medical.....	.....			$52,555.94	$48,158.55	$100,714.49
				$119,799.99	$95,114.47	$214,914.46
# of Claims	78					
# Open	5	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

741 -VADOC-RED ONION STATE PRISON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$9,485.03	$10,249.30	$19,734.33
Indemnity.....	.....			$31,272.99	$52,082.25	$83,355.24
Medical.....	.....			$41,339.57	$100,849.13	$142,188.70
				$82,097.59	$163,180.68	$245,278.27
# of Claims	67					
# Open	10	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$285,623.93	$90,662.16	$376,286.09
Indemnity.....	.....			$3,984,846.19	$1,035,546.73	$5,020,392.92
Medical.....	.....			$5,179,501.64	$4,215,978.62	$9,395,480.26
				$9,449,971.76	$5,342,187.51	$14,792,159.27
# of Claims	2,309					
# Open	32	Recovery Amount:	-$2,160.13			

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$15,220.18	$0.00	$15,220.18
Indemnity.....	.....			$98,710.51	$0.00	$98,710.51
Medical.....	.....			$780,245.38	$0.00	$780,245.38
				$894,176.07	$0.00	$894,176.07
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,218.97	$0.00	$2,218.97
				$2,281.47	$0.00	$2,281.47
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61.80	$0.00	$61.80
Medical.....	.....			$1,844.02	$0.00	$1,844.02
				$1,905.82	$0.00	$1,905.82
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,596.39	$0.00	$1,596.39
Medical.....	.....			$9,067.16	$0.00	$9,067.16
				$10,663.55	$0.00	$10,663.55
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,069.11	$0.00	$1,069.11
				$1,069.11	$0.00	$1,069.11
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$223.92	$0.00	$223.92
Medical.....	.....			$2,094.33	$0.00	$2,094.33
				$2,318.25	$0.00	$2,318.25
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.38	$0.00	$117.38
Medical.....	.....			$686.07	$0.00	$686.07
				$803.45	$0.00	$803.45
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,753.95	$0.00	$2,753.95
				$2,753.95	$0.00	$2,753.95
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61.41	$0.00	$61.41
Medical.....	.....			$3,653.35	$0.00	$3,653.35
				$3,714.76	$0.00	$3,714.76
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,220.72	$0.00	$2,220.72
				$2,220.72	$0.00	$2,220.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,141.23	$0.00	$3,141.23
				$3,141.23	$0.00	$3,141.23
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,085.48	$0.00	$6,085.48
				$6,085.48	$0.00	$6,085.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,135.18	$0.00	$1,135.18
				$1,135.18	$0.00	$1,135.18
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$679.40	$0.00	$679.40
				$679.40	$0.00	$679.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$60,383.08	$0.00	$60,383.08
Medical.....	.....			$109,254.94	$0.00	$109,254.94
				$169,638.02	$0.00	$169,638.02
# of Claims	8					
# Open	0	Recovery Amount:	-$10,891.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,844.80	$0.00	$2,844.80
Medical.....	.....			$39,769.52	$0.00	$39,769.52
				$42,614.32	$0.00	$42,614.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$609.22	$0.00	$609.22
				$609.22	$0.00	$609.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,830.78	$0.00	$2,830.78
				$2,830.78	$0.00	$2,830.78
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,799.82	$0.00	$1,799.82
				$1,799.82	$0.00	$1,799.82
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,478.62	$0.00	$6,478.62
				$6,478.62	$0.00	$6,478.62
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,504.22	$0.00	$2,504.22
				$2,504.22	$0.00	$2,504.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$273.51	$0.00	$273.51
				$333.51	$0.00	$333.51
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$630.50	$0.00	$630.50
Indemnity.....	.....			$120.22	$0.00	$120.22
Medical.....	.....			$17,662.52	$0.00	$17,662.52
				$18,413.24	$0.00	$18,413.24
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,261.44	$0.00	$2,261.44
				$2,261.44	$0.00	$2,261.44
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,633.61	$0.00	$11,633.61
				$11,633.61	$0.00	$11,633.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,999.52	$0.00	$1,999.52
Medical.....	.....			$16,598.46	$0.00	$16,598.46
				$18,605.98	$0.00	$18,605.98
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,264.62	$0.00	$4,264.62
				$4,264.62	$0.00	$4,264.62
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,102.91	$0.00	$1,102.91
				$1,102.91	$0.00	$1,102.91
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,411.31	$0.00	$17,411.31
				$17,419.31	$0.00	$17,419.31
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$15,046.51	$0.00	$15,046.51
Medical.....	.....			$96,709.05	$0.00	$96,709.05
				$111,771.56	$0.00	$111,771.56
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,111.00	$0.00	$2,111.00
Medical.....	.....			$6,902.08	$0.00	$6,902.08
				$9,021.08	$0.00	$9,021.08
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,049.20	$0.00	$5,049.20
				$5,049.20	$0.00	$5,049.20
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$66.20	$0.00	$66.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,820.95	$0.00	$6,820.95
				$6,887.15	$0.00	$6,887.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$416.05	$0.00	$416.05
				$416.05	$0.00	$416.05
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

742 -VADOC-ACADEMY FOR STAFF DEVELOPMEN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$68.82	$68.82
Indemnity.....	.....			$0.00	$20,800.00	$20,800.00
Medical.....	.....			$0.00	$84,700.00	$84,700.00
				$0.00	$105,568.82	$105,568.82
# of Claims	4					
# Open	2	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$16,079.38	$68.82	$16,148.20
Indemnity.....	.....			$183,276.54	$20,800.00	$204,076.54
Medical.....	.....			$1,167,247.18	$84,700.00	$1,251,947.18
				$1,366,603.10	$105,568.82	$1,472,171.92
# of Claims	276					
# Open	2	Recovery Amount:	-$10,891.62			

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$564.08	$0.00	$564.08
Medical.....	.....			$22,496.83	$0.00	$22,496.83
				$23,060.91	$0.00	$23,060.91
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$245.16	$0.00	$245.16
Indemnity.....	.....			$2,440.69	$0.00	$2,440.69
Medical.....	.....			$23,059.43	$0.00	$23,059.43
				$25,745.28	$0.00	$25,745.28
# of Claims	64					
# Open	0	Recovery Amount:	-$204.48			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$57,694.36	$0.00	$57,694.36
Medical.....	.....			$75,035.06	$0.00	$75,035.06
				$133,079.42	$0.00	$133,079.42
# of Claims	67					
# Open	0	Recovery Amount:	-$154.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,005.17	$0.00	$1,005.17
Medical.....	.....			$33,011.91	$0.00	$33,011.91
				$34,017.08	$0.00	$34,017.08
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$2,310.55	$3,189.45	$5,500.00
Indemnity.....	.....			$19,503.83	$0.00	$19,503.83
Medical.....	.....			$208,378.06	$34,677.91	$243,055.97
				$230,192.44	$37,867.36	$268,059.80
# of Claims	54					
# Open	1	Recovery Amount:	-$173.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$5,940.35	$0.00	$5,940.35
Indemnity.....	.....			$213,986.00	$0.00	$213,986.00
Medical.....	.....			$333,939.97	$0.00	$333,939.97
				$553,866.32	$0.00	$553,866.32
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$31,504.63	$0.00	$31,504.63
Indemnity.....	.....			$348,300.56	$0.00	$348,300.56
Medical.....	.....			$276,574.96	$0.00	$276,574.96
				$656,380.15	$0.00	$656,380.15
# of Claims	42					
# Open	0	Recovery Amount:	-$61,915.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$26,192.10	$57.88	$26,249.98
Indemnity.....	.....			$222,381.74	$0.00	$222,381.74
Medical.....	.....			$188,882.45	$29,115.67	$217,998.12
				$437,456.29	$29,173.55	$466,629.84
# of Claims	45					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,837.44	$0.00	$4,837.44
Medical.....	.....			$33,235.04	$0.00	$33,235.04
				$38,072.48	$0.00	$38,072.48
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$167.06	$0.00	$167.06
Indemnity.....	.....			$384.68	$0.00	$384.68
Medical.....	.....			$11,144.67	$0.00	$11,144.67
				$11,696.41	$0.00	$11,696.41
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$10,967.84	$0.00	$10,967.84
Indemnity.....	.....			$29,219.32	$0.00	$29,219.32
Medical.....	.....			$350,821.82	$0.00	$350,821.82
				$391,008.98	$0.00	$391,008.98
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$34,956.72	$0.00	$34,956.72
Indemnity.....	.....			$289,505.73	$0.00	$289,505.73
Medical.....	.....			$94,058.39	$0.00	$94,058.39
				$418,520.84	$0.00	$418,520.84
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$10,731.01	$44.74	$10,775.75
Indemnity.....	.....			$332,609.99	$0.00	$332,609.99
Medical.....	.....			$476,752.17	$215,946.72	$692,698.89
				$820,093.17	$215,991.46	$1,036,084.63
# of Claims	23					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8,716.32	$0.00	$8,716.32
Indemnity.....	.....			$134,673.29	$0.00	$134,673.29
Medical.....	.....			$33,983.21	$0.00	$33,983.21
				$177,372.82	$0.00	$177,372.82
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$22,289.78	$0.00	$22,289.78
Medical.....	.....			$164,759.42	$48,022.26	$212,781.68
				$187,057.20	$48,022.26	$235,079.46
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$392.24	$0.00	$392.24
Medical.....	.....			$9,255.98	$0.00	$9,255.98
				$9,684.22	$0.00	$9,684.22
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$21,658.28	$1,019.52	$22,677.80
Indemnity.....	.....			$231,604.47	$23,124.54	$254,729.01
Medical.....	.....			$119,655.21	$87,500.00	$207,155.21
				$372,917.96	$111,644.06	$484,562.02
# of Claims	24					
# Open	1	Recovery Amount:	-$411.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$3,602.82	$0.00	$3,602.82
Indemnity.....	.....			$5,735.48	$0.00	$5,735.48
Medical.....	.....			$30,159.66	$0.00	$30,159.66
				$39,497.96	$0.00	$39,497.96
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$92.21	$0.00	$92.21
Indemnity.....	.....			$353.24	$0.00	$353.24
Medical.....	.....			$10,037.03	$0.00	$10,037.03
				$10,482.48	$0.00	$10,482.48
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,235.16	$0.00	$2,235.16
Indemnity.....	.....			$9,826.83	$0.00	$9,826.83
Medical.....	.....			$18,064.72	$0.00	$18,064.72
				$30,126.71	$0.00	$30,126.71
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$6,413.36	$0.00	$6,413.36
Indemnity.....	.....			$130,927.35	$0.00	$130,927.35
Medical.....	.....			$46,714.57	$0.00	$46,714.57
				$184,055.28	$0.00	$184,055.28
# of Claims	45					
# Open	0	Recovery Amount:	-$630.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$105.31	$0.00	$105.31
Indemnity.....	.....			$665.91	$0.00	$665.91
Medical.....	.....			$12,640.99	$0.00	$12,640.99
				$13,412.21	$0.00	$13,412.21
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

743 -VADOC-FLUVANNA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$333.89	$0.00	$333.89
Indemnity.....	.....			$12,389.44	$0.00	$12,389.44
Medical.....	.....			$107,948.55	$0.00	$107,948.55
				$120,671.88	$0.00	$120,671.88
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$7,003.64	$0.00	$7,003.64
Indemnity.....	.....			$13,597.17	$0.00	$13,597.17
Medical.....	.....			$28,862.65	$0.00	$28,862.65
				$49,463.46	$0.00	$49,463.46
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,265.47	$0.00	$3,265.47
Indemnity.....	.....			$33,380.59	$0.00	$33,380.59
Medical.....	.....			$51,044.80	$0.00	$51,044.80
				$87,690.86	$0.00	$87,690.86
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$2,885.25	$826.66	$3,711.91
Indemnity.....	.....			$1,927.38	$3,272.62	$5,200.00
Medical.....	.....			$10,544.14	$10,048.12	$20,592.26
				$15,356.77	$14,147.40	$29,504.17
# of Claims	17					
# Open	3	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$179,721.13	$5,138.25	$184,859.38
Indemnity.....	.....			$2,120,196.76	$26,397.16	$2,146,593.92
Medical.....	.....			$2,771,061.69	$425,310.68	$3,196,372.37
				$5,070,979.58	$456,846.09	$5,527,825.67
# of Claims	929					
# Open	8	Recovery Amount:	-$63,489.92			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

744 -VADOC-MECKLENBURG CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$3,149.25**	**$0.00**	**$3,149.25**
Indemnity				**$173,119.69**	**$0.00**	**$173,119.69**
Medical				**$62,242.35**	**$0.00**	**$62,242.35**
				$238,511.29	**$0.00**	**$238,511.29**
# of Claims	**129**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$1,883.71**	**$0.00**	**$1,883.71**
Indemnity				**$301,453.52**	**$0.00**	**$301,453.52**
Medical				**$49,278.65**	**$0.00**	**$49,278.65**
				$352,615.88	**$0.00**	**$352,615.88**
# of Claims	**125**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$8,525.00**	**$0.00**	**$8,525.00**
Indemnity				**$55,385.86**	**$0.00**	**$55,385.86**
Medical				**$53,464.82**	**$0.00**	**$53,464.82**
				$117,375.68	**$0.00**	**$117,375.68**
# of Claims	**145**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$755.60**	**$266.50**	**$1,022.10**
Indemnity				**$67,648.36**	**$0.00**	**$67,648.36**
Medical				**$404,059.73**	**$47,056.88**	**$451,116.61**
				$472,463.69	**$47,323.38**	**$519,787.07**
# of Claims	**156**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

744 -VADOC-MECKLENBURG CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,501.22	$112.28	$3,613.50
Indemnity.....	.....			$251,229.50	$0.00	$251,229.50
Medical.....	.....			$296,309.45	$31,092.80	$327,402.25
				$551,040.17	$31,205.08	$582,245.25
# of Claims	183					
# Open	1	Recovery Amount:	-$23.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,581.93	$0.00	$11,581.93
Medical.....	.....			$34,834.06	$0.00	$34,834.06
				$46,415.99	$0.00	$46,415.99
# of Claims	103					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,294.80	$0.00	$1,294.80
Indemnity.....	.....			$485,343.27	$0.00	$485,343.27
Medical.....	.....			$477,531.24	$0.00	$477,531.24
				$964,169.31	$0.00	$964,169.31
# of Claims	175					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$375.00	$0.00	$375.00
Indemnity.....	.....			$7,974.26	$0.00	$7,974.26
Medical.....	.....			$27,521.59	$0.00	$27,521.59
				$35,870.85	$0.00	$35,870.85
# of Claims	130					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$4,454.50	$152.00	$4,606.50
Indemnity.....	.....			$6,658.82	$0.00	$6,658.82
Medical.....	.....			$531,197.72	$1,419,434.33	$1,950,632.05
				$542,311.04	$1,419,586.33	$1,961,897.37
# of Claims	81					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

744 -VADOC-MECKLENBURG CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,011.20	$0.00	$6,011.20
Medical.....	.....			$25,060.50	$0.00	$25,060.50
				$31,071.70	$0.00	$31,071.70
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,693.71	$0.00	$8,693.71
Medical.....	.....			$12,120.86	$0.00	$12,120.86
				$20,814.57	$0.00	$20,814.57
# of Claims	45					
# Open	0	Recovery Amount:	-$609.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,181.28	$0.00	$1,181.28
				$1,181.28	$0.00	$1,181.28
# of Claims	34					
# Open	0	Recovery Amount:	-$9.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,323.90	$0.00	$4,323.90
Medical.....	.....			$5,144.51	$0.00	$5,144.51
				$9,468.41	$0.00	$9,468.41
# of Claims	18					
# Open	0	Recovery Amount:	-$308.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$509.79	$0.00	$509.79
Medical.....	.....			$1,867.29	$0.00	$1,867.29
				$2,377.08	$0.00	$2,377.08
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

744 -VADOC-MECKLENBURG CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,733.56	$0.00	$3,733.56
				$3,733.56	$0.00	$3,733.56
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$702.42	$0.00	$702.42
Medical.....	.....			$2,361.92	$0.00	$2,361.92
				$3,064.34	$0.00	$3,064.34
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,657.50	$0.00	$6,657.50
Medical.....	.....			$10,337.52	$0.00	$10,337.52
				$16,995.02	$0.00	$16,995.02
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,584.60	$0.00	$4,584.60
				$4,584.60	$0.00	$4,584.60
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$222.39	$0.00	$222.39
Medical.....	.....			$1,345.99	$0.00	$1,345.99
				$1,568.38	$0.00	$1,568.38
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

744 -VADOC-MECKLENBURG CORRECTIONAL CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,088.51	$0.00	$2,088.51
				$2,088.51	$0.00	$2,088.51
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$709.00	$0.00	$709.00
Indemnity.....	.....			$10,311.04	$0.00	$10,311.04
Medical.....	.....			$7,784.09	$0.00	$7,784.09
				$18,804.13	$0.00	$18,804.13
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,051.10	$0.00	$4,051.10
Medical.....	.....			$5,015.20	$0.00	$5,015.20
				$9,066.30	$0.00	$9,066.30
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$450.87	$0.00	$450.87
				$494.87	$0.00	$494.87
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24,692.08	$530.78	$25,222.86
Indemnity.....	.....			$1,401,878.26	$0.00	$1,401,878.26
Medical.....	.....			$2,019,516.31	$1,497,584.01	$3,517,100.32
				$3,446,086.65	$1,498,114.79	$4,944,201.44
# of Claims	1,634					
# Open	4	Recovery Amount:	-$950.29			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS
745 -VADOC-NOTTOWAY CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.00	$0.00	$149.00
				$149.00	$0.00	$149.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$26,543.55	$0.00	$26,543.55
Indemnity.....	.....			$473,524.35	$0.00	$473,524.35
Medical.....	.....			$776,611.64	$0.00	$776,611.64
				$1,276,679.54	$0.00	$1,276,679.54
# of Claims	187					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,117.84	$0.00	$30,117.84
Medical.....	.....			$30,908.35	$0.00	$30,908.35
				$61,026.19	$0.00	$61,026.19
# of Claims	149					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,480.04	$0.00	$1,480.04
Indemnity.....	.....			$323,896.93	$0.00	$323,896.93
Medical.....	.....			$410,935.88	$0.00	$410,935.88
				$736,312.85	$0.00	$736,312.85
# of Claims	203					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179,859.40	$0.00	$179,859.40
Medical.....	.....			$211,674.61	$0.00	$211,674.61
				$391,534.01	$0.00	$391,534.01
# of Claims	204					
# Open	0	Recovery Amount:	-$603.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$201.19	$0.00	$201.19
Indemnity.....	.....			$180,593.59	$0.00	$180,593.59
Medical.....	.....			$133,827.85	$0.00	$133,827.85
				$314,622.63	$0.00	$314,622.63
# of Claims	202					
# Open	0	Recovery Amount:	-$1,117.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,761.59	$0.00	$1,761.59
Indemnity.....	.....			$90,025.44	$0.00	$90,025.44
Medical.....	.....			$227,013.19	$0.00	$227,013.19
				$318,800.22	$0.00	$318,800.22
# of Claims	195					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$34,371.11	$9,638.72	$44,009.83
Indemnity.....	.....			$378,053.27	$0.00	$378,053.27
Medical.....	.....			$1,359,504.97	$1,232,311.87	$2,591,816.84
				$1,771,929.35	$1,241,950.59	$3,013,879.94
# of Claims	124					
# Open	3	Recovery Amount:	-$198.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$3,928.22	$276.11	$4,204.33
Indemnity.....	.....			$330,793.98	$0.00	$330,793.98
Medical.....	.....			$1,250,559.85	$590,443.66	$1,841,003.51
				$1,585,282.05	$590,719.77	$2,176,001.82
# of Claims	174					
# Open	1	Recovery Amount:	-$17.49			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$3,398.42**	**$133.15**	**$3,531.57**
Indemnity				**$280,077.41**	**$0.00**	**$280,077.41**
Medical				**$414,882.49**	**$152,462.24**	**$567,344.73**
				$698,358.32	**$152,595.39**	**$850,953.71**
# of Claims	**89**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$4,831.45**	**$0.00**	**$4,831.45**
Indemnity				**$122,353.59**	**$0.00**	**$122,353.59**
Medical				**$139,710.28**	**$0.00**	**$139,710.28**
				$266,895.32	**$0.00**	**$266,895.32**
# of Claims	**86**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$6,936.96**	**$0.00**	**$6,936.96**
Indemnity				**$176,999.40**	**$0.00**	**$176,999.40**
Medical				**$75,544.09**	**$0.00**	**$75,544.09**
				$259,480.45	**$0.00**	**$259,480.45**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$3,209.43**	**$2,798.57**	**$6,008.00**
Indemnity				**$57,480.56**	**$0.00**	**$57,480.56**
Medical				**$106,312.66**	**$12,702.14**	**$119,014.80**
				$167,002.65	**$15,500.71**	**$182,503.36**
# of Claims	**60**					
# Open	**1**	**Recovery Amount:**	**-$7,320.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$21,126.35**	**$0.00**	**$21,126.35**
Medical				**$17,897.17**	**$0.00**	**$17,897.17**
				$39,023.52	**$0.00**	**$39,023.52**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,974.95	$0.00	$18,974.95
Medical.....	.....			$37,298.68	$0.00	$37,298.68
				$56,273.63	$0.00	$56,273.63
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,638.00	$0.00	$5,638.00
Indemnity.....	.....			$223,927.84	$0.00	$223,927.84
Medical.....	.....			$44,587.72	$0.00	$44,587.72
				$274,153.56	$0.00	$274,153.56
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$2,486.38	$0.00	$2,486.38
Indemnity.....	.....			$39,872.77	$0.00	$39,872.77
Medical.....	.....			$306,433.66	$0.00	$306,433.66
				$348,792.81	$0.00	$348,792.81
# of Claims	45					
# Open	0	Recovery Amount:	-$993.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$782.73	$0.00	$782.73
Indemnity.....	.....			$5,812.97	$0.00	$5,812.97
Medical.....	.....			$31,435.70	$0.00	$31,435.70
				$38,031.40	$0.00	$38,031.40
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,766.59	$0.00	$6,766.59
Medical.....	.....			$20,874.83	$0.00	$20,874.83
				$27,641.42	$0.00	$27,641.42
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,087.30**	**$0.00**	**$1,087.30**
Medical				**$16,765.85**	**$0.00**	**$16,765.85**
				$17,853.15	**$0.00**	**$17,853.15**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,993.10**	**$0.00**	**$15,993.10**
Medical				**$40,175.70**	**$0.00**	**$40,175.70**
				$56,168.80	**$0.00**	**$56,168.80**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$26,938.05**	**$0.00**	**$26,938.05**
Indemnity				**$267,072.98**	**$0.00**	**$267,072.98**
Medical				**$372,599.92**	**$0.00**	**$372,599.92**
				$666,610.95	**$0.00**	**$666,610.95**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$502.00**	**$0.00**	**$502.00**
Indemnity				**$15,696.79**	**$0.00**	**$15,696.79**
Medical				**$56,943.99**	**$0.00**	**$56,943.99**
				$73,142.78	**$0.00**	**$73,142.78**
# of Claims	**62**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,231.10**	**$0.00**	**$14,231.10**
				$14,231.10	**$0.00**	**$14,231.10**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$216.47	$0.00	$216.47
Indemnity.....	.....			$11,285.84	$0.00	$11,285.84
Medical.....	.....			$52,855.27	$0.00	$52,855.27
				$64,357.58	$0.00	$64,357.58
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$2,794.92	$0.00	$2,794.92
Medical.....	.....			$25,618.24	$0.00	$25,618.24
				$28,453.16	$0.00	$28,453.16
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$20,927.76	$341.38	$21,269.14
Indemnity.....	.....			$209,190.51	$21,100.42	$230,290.93
Medical.....	.....			$110,467.12	$56,269.40	$166,736.52
				$340,585.39	$77,711.20	$418,296.59
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$60.31	$0.00	$60.31
Indemnity.....	.....			$4,872.01	$0.00	$4,872.01
Medical.....	.....			$35,880.80	$0.00	$35,880.80
				$40,813.12	$0.00	$40,813.12
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$192.45	$0.00	$192.45
Indemnity.....	.....			$46,028.26	$0.00	$46,028.26
Medical.....	.....			$79,973.76	$0.00	$79,973.76
				$126,194.47	$0.00	$126,194.47
# of Claims	38					
# Open	2	Recovery Amount:	-$6,657.60			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$20,788.45	$0.00	$20,788.45
Indemnity.....	.....			$61,123.78	$0.00	$61,123.78
Medical.....	.....			$137,438.36	$0.00	$137,438.36
				$219,350.59	$0.00	$219,350.59
# of Claims	40					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$266.06	$0.00	$266.06
Indemnity.....	.....			$1,963.77	$0.00	$1,963.77
Medical.....	.....			$35,678.57	$0.00	$35,678.57
				$37,908.40	$0.00	$37,908.40
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$7,643.24	$0.00	$7,643.24
Indemnity.....	.....			$18,617.33	$0.00	$18,617.33
Medical.....	.....			$67,895.91	$0.00	$67,895.91
				$94,156.48	$0.00	$94,156.48
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,111.11	$9,566.42	$12,677.53
Indemnity.....	.....			$81,394.67	$54,517.81	$135,912.48
Medical.....	.....			$111,369.99	$130,785.12	$242,155.11
				$195,875.77	$194,869.35	$390,745.12
# of Claims	46					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,631.01	$150.00	$3,781.01
Indemnity.....	.....			$14,277.58	$0.00	$14,277.58
Medical.....	.....			$20,201.32	$4,700.00	$24,901.32
				$38,109.91	$4,850.00	$42,959.91
# of Claims	33					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$104.22**	**$100.00**	**$204.22**
Indemnity				**$233.65**	**$0.00**	**$233.65**
Medical				**$2,930.15**	**$7,509.45**	**$10,439.60**
				$3,268.02	**$7,609.45**	**$10,877.47**
# of Claims	**36**					
# Open	**3**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$179,990.20**	**$23,004.35**	**$202,994.55**
Indemnity				**$3,691,889.72**	**$75,618.23**	**$3,767,507.95**
Medical				**$6,777,188.67**	**$2,187,183.88**	**$8,964,372.55**
				$10,649,068.59	**$2,285,806.46**	**$12,934,875.05**
# of Claims	**2,622**					
# Open	**15**	**Recovery Amount:**	**-$16,908.88**			

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$18,250.49**	**$0.00**	**$18,250.49**
Indemnity				**$129,577.81**	**$0.00**	**$129,577.81**
Medical				**$68,283.85**	**$0.00**	**$68,283.85**
				$216,112.15	**$0.00**	**$216,112.15**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,249.71	$0.00	$27,249.71
Medical.....	.....			$47,747.20	$0.00	$47,747.20
				$74,996.91	$0.00	$74,996.91
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,884.52	$0.00	$1,884.52
Medical.....	.....			$15,820.65	$0.00	$15,820.65
				$17,705.17	$0.00	$17,705.17
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$56,755.64	$0.00	$56,755.64
Medical.....	.....			$100,859.59	$0.00	$100,859.59
				$157,615.23	$0.00	$157,615.23
# of Claims	94					
# Open	0	Recovery Amount:	-$753.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,115.21	$0.00	$30,115.21
Medical.....	.....			$57,833.80	$0.00	$57,833.80
				$87,949.01	$0.00	$87,949.01
# of Claims	70					
# Open	0	Recovery Amount:	-$118.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,905.31**	**$0.00**	**$10,905.31**
Medical				**$23,140.13**	**$0.00**	**$23,140.13**
				$34,045.44	**$0.00**	**$34,045.44**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,894.54**	**$0.00**	**$5,894.54**
Medical				**$15,078.07**	**$0.00**	**$15,078.07**
				$20,972.61	**$0.00**	**$20,972.61**
# of Claims	**40**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,563.94**	**$0.00**	**$11,563.94**
Medical				**$57,613.44**	**$0.00**	**$57,613.44**
				$69,177.38	**$0.00**	**$69,177.38**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,015.32**	**$0.00**	**$4,015.32**
Medical				**$11,001.26**	**$0.00**	**$11,001.26**
				$15,016.58	**$0.00**	**$15,016.58**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$596.42	$0.00	$596.42
Medical.....	.....			$9,941.69	$0.00	$9,941.69
				$10,538.11	$0.00	$10,538.11
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,116.00	$0.00	$1,116.00
Indemnity.....	.....			$187,628.62	$0.00	$187,628.62
Medical.....	.....			$22,854.18	$0.00	$22,854.18
				$211,598.80	$0.00	$211,598.80
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,190.02	$0.00	$7,190.02
Medical.....	.....			$16,422.01	$0.00	$16,422.01
				$23,612.03	$0.00	$23,612.03
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$262.00	$0.00	$262.00
Medical.....	.....			$4,430.15	$0.00	$4,430.15
				$4,692.15	$0.00	$4,692.15
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$16,893.15	$0.00	$16,893.15
Medical.....	.....			$127,089.70	$10,541.44	$137,631.14
				$143,990.85	$10,541.44	$154,532.29
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,204.27	$0.00	$2,204.27
				$2,204.27	$0.00	$2,204.27
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$926.71	$0.00	$926.71
Medical.....	.....			$14,740.60	$0.00	$14,740.60
				$15,667.31	$0.00	$15,667.31
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$922.07	$0.00	$922.07
Medical.....	.....			$21,003.95	$0.00	$21,003.95
				$21,926.02	$0.00	$21,926.02
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$883.70	$0.00	$883.70
Indemnity.....	.....			$11,647.80	$0.00	$11,647.80
Medical.....	.....			$51,838.81	$0.00	$51,838.81
				$64,370.31	$0.00	$64,370.31
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,608.07	$0.00	$4,608.07
Medical.....	.....			$24,733.82	$0.00	$24,733.82
				$29,341.89	$0.00	$29,341.89
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$546.27	$0.00	$546.27
Indemnity.....	.....			$6,044.57	$0.00	$6,044.57
Medical.....	.....			$65,343.04	$0.00	$65,343.04
				$71,933.88	$0.00	$71,933.88
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$60.00	$0.00	$60.00
Indemnity.....	.....			$557.34	$0.00	$557.34
Medical.....	.....			$7,593.57	$0.00	$7,593.57
				$8,210.91	$0.00	$8,210.91
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,849.86	$0.00	$2,849.86
				$2,865.86	$0.00	$2,865.86
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5,013.80	$0.00	$5,013.80
Indemnity.....	.....			$12,694.44	$0.00	$12,694.44
Medical.....	.....			$42,888.76	$0.00	$42,888.76
				$60,597.00	$0.00	$60,597.00
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$6,145.56	$0.00	$6,145.56
Indemnity.....	.....			$48,530.69	$0.00	$48,530.69
Medical.....	.....			$169,071.13	$0.00	$169,071.13
				$223,747.38	$0.00	$223,747.38
# of Claims	18					
# Open	0	Recovery Amount:	-$3,544.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$14,846.06	$0.00	$14,846.06
Medical.....	.....			$70,006.24	$0.00	$70,006.24
				$84,868.30	$0.00	$84,868.30
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,040.00	$0.00	$2,040.00
Indemnity.....	.....			$17,591.07	$0.00	$17,591.07
Medical.....	.....			$85,216.85	$0.00	$85,216.85
				$104,847.92	$0.00	$104,847.92
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$15.39	$0.00	$15.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,916.42	$0.00	$6,916.42
				$6,931.81	$0.00	$6,931.81
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$6,184.16	$0.00	$6,184.16
Indemnity.....	.....			$15,386.50	$0.00	$15,386.50
Medical.....	.....			$41,347.63	$0.00	$41,347.63
				$62,918.29	$0.00	$62,918.29
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5,532.50	$0.00	$5,532.50
Indemnity.....	.....			$46,753.59	$0.00	$46,753.59
Medical.....	.....			$61,452.70	$0.00	$61,452.70
				$113,738.79	$0.00	$113,738.79
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$34.76	$0.00	$34.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,161.37	$0.00	$6,161.37
				$6,196.13	$0.00	$6,196.13
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,511.79	$0.00	$3,511.79
Indemnity.....	.....			$17,187.74	$0.00	$17,187.74
Medical.....	.....			$46,592.35	$0.00	$46,592.35
				$67,291.88	$0.00	$67,291.88
# of Claims	19					
# Open	0	Recovery Amount:	-$15,845.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,619.53	$0.00	$3,619.53
Indemnity.....	.....			$16,493.54	$0.00	$16,493.54
Medical.....	.....			$13,250.34	$0.00	$13,250.34
				$33,363.41	$0.00	$33,363.41
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$145.32	$60.00	$205.32
Indemnity.....	.....			$7,232.40	$624.72	$7,857.12
Medical.....	.....			$32,415.21	$57,589.09	$90,004.30
				$39,792.93	$58,273.81	$98,066.74
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

747 -VADOC-MARION CORRECTIONAL TRTMT CT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$331.22	$4,032.31	$4,363.53
Indemnity.....	.....			$2,345.84	$8,337.52	$10,683.36
Medical.....	.....			$14,957.55	$36,895.88	$51,853.43
				$17,634.61	$49,265.71	$66,900.32
# of Claims	29					
# Open	9	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$53,470.49	$4,092.31	$57,562.80
Indemnity.....	.....			$714,300.64	$8,962.24	$723,262.88
Medical.....	.....			$1,358,700.19	$105,026.41	$1,463,726.60
				$2,126,471.32	$118,080.96	$2,244,552.28
# of Claims	1,049					
# Open	11	Recovery Amount:	-$20,262.09			

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,911.25	$0.00	$1,911.25
				$1,911.25	$0.00	$1,911.25
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$5,006.07	$284.00	$5,290.07
Indemnity.....	.....			$184,935.30	$0.00	$184,935.30
Medical.....	.....			$210,994.86	$35,413.19	$246,408.05
				$400,936.23	$35,697.19	$436,633.42
# of Claims	117					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,864.03	$0.00	$8,864.03
Medical.....	.....			$16,684.65	$0.00	$16,684.65
				$25,548.68	$0.00	$25,548.68
# of Claims	126					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$267,804.30	$0.00	$267,804.30
Medical.....	.....			$167,590.51	$0.00	$167,590.51
				$435,402.81	$0.00	$435,402.81
# of Claims	107					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,108.18	$0.00	$2,108.18
Indemnity.....	.....			$63,819.34	$0.00	$63,819.34
Medical.....	.....			$105,060.67	$0.00	$105,060.67
				$170,988.19	$0.00	$170,988.19
# of Claims	94					
# Open	0	Recovery Amount:	-$112.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$5,630.79	$8.00	$5,638.79
Indemnity.....	.....			$563,017.68	$0.00	$563,017.68
Medical.....	.....			$518,460.13	$51,466.93	$569,927.06
				$1,087,108.60	$51,474.93	$1,138,583.53
# of Claims	99					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$781.00	$0.00	$781.00
Indemnity.....	.....			$70,915.92	$0.00	$70,915.92
Medical.....	.....			$64,928.98	$0.00	$64,928.98
				$136,625.90	$0.00	$136,625.90
# of Claims	105					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,384.85	$0.00	$2,384.85
Medical.....	.....			$14,893.15	$0.00	$14,893.15
				$17,278.00	$0.00	$17,278.00
# of Claims	88					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$260.00	$0.00	$260.00
Indemnity.....	.....			$148,025.27	$0.00	$148,025.27
Medical.....	.....			$111,577.69	$0.00	$111,577.69
				$259,862.96	$0.00	$259,862.96
# of Claims	122					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$158.75	$0.00	$158.75
Indemnity.....	.....			$33,453.01	$0.00	$33,453.01
Medical.....	.....			$46,472.66	$0.00	$46,472.66
				$80,084.42	$0.00	$80,084.42
# of Claims	73					
# Open	0	Recovery Amount:	-$8,215.36			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$58,022.63**	**$0.00**	**$58,022.63**
Medical				**$84,613.44**	**$0.00**	**$84,613.44**
				$142,636.07	**$0.00**	**$142,636.07**
# of Claims	**105**					
# Open	**0**	**Recovery Amount:**	**-$1,183.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$14,638.08**	**$0.00**	**$14,638.08**
Medical				**$60,867.32**	**$0.00**	**$60,867.32**
				$75,505.40	**$0.00**	**$75,505.40**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$350.00**	**$0.00**	**$350.00**
Indemnity				**$25,033.34**	**$0.00**	**$25,033.34**
Medical				**$100,579.45**	**$0.00**	**$100,579.45**
				$125,962.79	**$0.00**	**$125,962.79**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$16,725.51**	**$0.00**	**$16,725.51**
Medical				**$30,413.06**	**$0.00**	**$30,413.06**
				$47,138.57	**$0.00**	**$47,138.57**
# of Claims	**52**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$29,967.09	$74.82	$30,041.91
Indemnity.....	.....			$690,914.08	$0.00	$690,914.08
Medical.....	.....			$1,392,842.15	$388,663.66	$1,781,505.81
				$2,113,723.32	$388,738.48	$2,502,461.80
# of Claims	55					
# Open	3	Recovery Amount:	-$729.76			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$8,600.50	$504.68	$9,105.18
Indemnity.....	.....			$200,108.70	$0.00	$200,108.70
Medical.....	.....			$226,521.38	$17,281.98	$243,803.36
				$435,230.58	$17,786.66	$453,017.24
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,000.52	$0.00	$2,000.52
Medical.....	.....			$17,450.86	$0.00	$17,450.86
				$19,451.38	$0.00	$19,451.38
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,912.41	$0.00	$3,912.41
Medical.....	.....			$39,542.62	$0.00	$39,542.62
				$43,455.03	$0.00	$43,455.03
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$3,846.27	$17,835.08	$21,681.35
Indemnity.....	.....			$7,899.62	$0.00	$7,899.62
Medical.....	.....			$250,322.17	$345,481.40	$595,803.57
				$262,068.06	$363,316.48	$625,384.54
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$16,503.70	$3,160.26	$19,663.96
Indemnity.....	.....			$200,569.79	$0.00	$200,569.79
Medical.....	.....			$98,390.41	$169,773.23	$268,163.64
				$315,463.90	$172,933.49	$488,397.39
# of Claims	28					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$3,775.00	$0.00	$3,775.00
Indemnity.....	.....			$82,093.16	$0.00	$82,093.16
Medical.....	.....			$98,235.28	$0.00	$98,235.28
				$184,103.44	$0.00	$184,103.44
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$28,862.26	$0.00	$28,862.26
Indemnity.....	.....			$221,900.27	$0.00	$221,900.27
Medical.....	.....			$114,495.39	$109,851.00	$224,346.39
				$365,257.92	$109,851.00	$475,108.92
# of Claims	40					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$31.00	$0.00	$31.00
Indemnity.....	.....			$165.67	$0.00	$165.67
Medical.....	.....			$7,646.97	$0.00	$7,646.97
				$7,843.64	$0.00	$7,843.64
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,612.47	$0.00	$6,612.47
Medical.....	.....			$27,670.27	$0.00	$27,670.27
				$34,282.74	$0.00	$34,282.74
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,262.00	$0.00	$3,262.00
Indemnity.....	.....			$54,403.36	$0.00	$54,403.36
Medical.....	.....			$88,989.46	$0.00	$88,989.46
				$146,654.82	$0.00	$146,654.82
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$176.62	$8.00	$184.62
Indemnity.....	.....			$17,313.26	$0.00	$17,313.26
Medical.....	.....			$98,101.69	$53,272.21	$151,373.90
				$115,591.57	$53,280.21	$168,871.78
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,081.80	$0.00	$2,081.80
Indemnity.....	.....			$24,524.41	$0.00	$24,524.41
Medical.....	.....			$37,908.88	$0.00	$37,908.88
				$64,515.09	$0.00	$64,515.09
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$5,712.80	$0.00	$5,712.80
Indemnity.....	.....			$34,258.91	$0.00	$34,258.91
Medical.....	.....			$77,298.56	$0.00	$77,298.56
				$117,270.27	$0.00	$117,270.27
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$14,013.97	$0.00	$14,013.97
Indemnity.....	.....			$147,730.82	$0.00	$147,730.82
Medical.....	.....			$24,186.03	$0.00	$24,186.03
				$185,930.82	$0.00	$185,930.82
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$132.47	$0.00	$132.47
Indemnity.....	.....			$126.38	$0.00	$126.38
Medical.....	.....			$16,379.24	$0.00	$16,379.24
				$16,638.09	$0.00	$16,638.09
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,562.41	$0.00	$2,562.41
Indemnity.....	.....			$3,042.38	$0.00	$3,042.38
Medical.....	.....			$31,739.10	$0.00	$31,739.10
				$37,343.89	$0.00	$37,343.89
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$653.78	$0.00	$653.78
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,663.26	$0.00	$17,663.26
				$18,317.04	$0.00	$18,317.04
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$113.30	$0.00	$113.30
Indemnity.....	.....			$527.22	$0.00	$527.22
Medical.....	.....			$4,610.54	$0.00	$4,610.54
				$5,251.06	$0.00	$5,251.06
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,300.11	$0.00	$3,300.11
Indemnity.....	.....			$5,492.01	$0.00	$5,492.01
Medical.....	.....			$17,034.55	$0.00	$17,034.55
				$25,826.67	$0.00	$25,826.67
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

749 -VADOC-BUCKINGHAM CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,286.57	$3,527.54	$6,814.11
Indemnity.....	.....			$3,871.57	$12,006.20	$15,877.77
Medical.....	.....			$8,201.80	$16,567.55	$24,769.35
				$15,359.94	$32,101.29	$47,461.23
# of Claims	18					
# Open	3	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$141,184.44	$25,402.38	$166,586.82
Indemnity.....	.....			$3,165,106.27	$12,006.20	$3,177,112.47
Medical.....	.....			$4,230,278.43	$1,187,771.15	$5,418,049.58
				$7,536,569.14	$1,225,179.73	$8,761,748.87
# of Claims	1,918					
# Open	14	Recovery Amount:	-$10,240.42			

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$500.49	$0.00	$500.49
				$500.49	$0.00	$500.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,275.50	$0.00	$1,275.50
Indemnity.....	.....			$11,432.60	$0.00	$11,432.60
Medical.....	.....			$15,953.59	$0.00	$15,953.59
				$28,661.69	$0.00	$28,661.69
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$19,161.49	$0.00	$19,161.49
Medical.....	.....			$42,040.17	$0.00	$42,040.17
				$61,201.66	$0.00	$61,201.66
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$9,852.82	$0.00	$9,852.82
Indemnity.....	.....			$96,941.38	$0.00	$96,941.38
Medical.....	.....			$114,527.65	$0.00	$114,527.65
				$221,321.85	$0.00	$221,321.85
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,129.31	$0.00	$10,129.31
Medical.....	.....			$41,937.02	$0.00	$41,937.02
				$52,066.33	$0.00	$52,066.33
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$54,771.02	$0.00	$54,771.02
Medical.....	.....			$87,732.78	$0.00	$87,732.78
				$142,503.80	$0.00	$142,503.80
# of Claims	51					
# Open	0	Recovery Amount:	-$112.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$5.00	$0.00	$5.00
Indemnity.....	.....			$71,833.23	$0.00	$71,833.23
Medical.....	.....			$64,304.36	$0.00	$64,304.36
				$136,142.59	$0.00	$136,142.59
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$9,394.06	$68.00	$9,462.06
Indemnity.....	.....			$42,416.80	$0.00	$42,416.80
Medical.....	.....			$365,534.76	$58,317.35	$423,852.11
				$417,345.62	$58,385.35	$475,730.97
# of Claims	47					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,662.85	$0.00	$4,662.85
Medical.....	.....			$33,874.76	$0.00	$33,874.76
				$38,537.61	$0.00	$38,537.61
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$12.10	$0.00	$12.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,368.80	$0.00	$3,368.80
				$3,380.90	$0.00	$3,380.90
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$288.17	$0.00	$288.17
Medical.....	.....			$8,789.33	$0.00	$8,789.33
				$9,077.50	$0.00	$9,077.50
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$164.26	$0.00	$164.26
Medical.....	.....			$20,769.73	$0.00	$20,769.73
				$20,933.99	$0.00	$20,933.99
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$98.00	$0.00	$98.00
Medical.....	.....			$2,250.77	$0.00	$2,250.77
				$2,348.77	$0.00	$2,348.77
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,610.82	$0.00	$1,610.82
Medical.....	.....			$7,767.17	$0.00	$7,767.17
				$9,377.99	$0.00	$9,377.99
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,068.22	$0.00	$7,068.22
Medical.....	.....			$22,988.40	$0.00	$22,988.40
				$30,056.62	$0.00	$30,056.62
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,181.03	$0.00	$17,181.03
				$17,181.03	$0.00	$17,181.03
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$88.77	$6,411.23	$6,500.00
Indemnity.....	.....			$3,213.84	$0.00	$3,213.84
Medical.....	.....			$173,550.75	$107,980.85	$281,531.60
				$176,853.36	$114,392.08	$291,245.44
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,937.11	$0.00	$13,937.11
				$13,937.11	$0.00	$13,937.11
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,807.55	$0.00	$11,807.55
Medical.....	.....			$44,810.92	$0.00	$44,810.92
				$56,618.47	$0.00	$56,618.47
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$6,960.84	$3,256.00	$10,216.84
Indemnity.....	.....			$108,587.24	$0.00	$108,587.24
Medical.....	.....			$527,940.94	$40,183.30	$568,124.24
				$643,489.02	$43,439.30	$686,928.32
# of Claims	23					
# Open	1	Recovery Amount:	-$66,171.61			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$57.78	$0.00	$57.78
Indemnity.....	.....			$13,672.57	$0.00	$13,672.57
Medical.....	.....			$33,495.77	$0.00	$33,495.77
				$47,226.12	$0.00	$47,226.12
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$26,758.58	$0.00	$26,758.58
Indemnity.....	.....			$261,006.22	$0.00	$261,006.22
Medical.....	.....			$89,754.95	$0.00	$89,754.95
				$377,519.75	$0.00	$377,519.75
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$11,638.30	$0.00	$11,638.30
Medical.....	.....			$136,924.68	$0.00	$136,924.68
				$148,582.98	$0.00	$148,582.98
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$637.83	$0.00	$637.83
Medical.....	.....			$7,350.51	$0.00	$7,350.51
				$7,988.34	$0.00	$7,988.34
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$611.66	$0.00	$611.66
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,274.38	$0.00	$9,274.38
				$9,886.04	$0.00	$9,886.04
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$118.75	$0.00	$118.75
Indemnity.....	.....			$9,128.56	$0.00	$9,128.56
Medical.....	.....			$50,786.12	$0.00	$50,786.12
				$60,033.43	$0.00	$60,033.43
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$103.40	$0.00	$103.40
Indemnity.....	.....			$4,147.30	$0.00	$4,147.30
Medical.....	.....			$20,979.54	$0.00	$20,979.54
				$25,230.24	$0.00	$25,230.24
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$54.50	$0.00	$54.50
Indemnity.....	.....			$832.82	$0.00	$832.82
Medical.....	.....			$22,618.40	$0.00	$22,618.40
				$23,505.72	$0.00	$23,505.72
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$20,434.74	$2,792.48	$23,227.22
Indemnity.....	.....			$379,252.02	$43,299.35	$422,551.37
Medical.....	.....			$741,957.26	$10,500.83	$752,458.09
				$1,141,644.02	$56,592.66	$1,198,236.68
# of Claims	43					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$106.66	$0.00	$106.66
Indemnity.....	.....			$15,315.44	$0.00	$15,315.44
Medical.....	.....			$151,402.82	$0.00	$151,402.82
				$166,824.92	$0.00	$166,824.92
# of Claims	33					
# Open	0	Recovery Amount:	-$335.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$7,642.42	$0.00	$7,642.42
Indemnity.....	.....			$194,379.09	$0.00	$194,379.09
Medical.....	.....			$113,115.37	$0.00	$113,115.37
				$315,136.88	$0.00	$315,136.88
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$22,493.35	$0.00	$22,493.35
Indemnity.....	.....			$98,951.86	$0.00	$98,951.86
Medical.....	.....			$77,164.78	$0.00	$77,164.78
				$198,609.99	$0.00	$198,609.99
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8,421.39	$7,105.31	$15,526.70
Indemnity.....	.....			$63,887.37	$113,587.59	$177,474.96
Medical.....	.....			$69,120.00	$102,562.21	$171,682.21
				$141,428.76	$223,255.11	$364,683.87
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$99.40	$0.00	$99.40
Indemnity.....	.....			$380.61	$0.00	$380.61
Medical.....	.....			$17,895.40	$950.12	$18,845.52
				$18,375.41	$950.12	$19,325.53
# of Claims	35					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

752 -VADOC-State Farm Infirmary Annex

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$8,753.57**	**$5,539.04**	**$14,292.61**
Indemnity				**$19,289.70**	**$46,617.90**	**$65,907.60**
Medical				**$25,854.62**	**$175,836.84**	**$201,691.46**
				$53,897.89	**$227,993.78**	**$281,891.67**
# of Claims	**41**					
# Open	**8**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$123,265.29**	**$25,172.06**	**$148,437.35**
Indemnity				**$1,516,706.47**	**$203,504.84**	**$1,720,211.31**
Medical				**$3,177,455.13**	**$496,331.50**	**$3,673,786.63**
				$4,817,426.89	**$725,008.40**	**$5,542,435.29**
# of Claims	**1,125**					
# Open	**15**	**Recovery Amount:**	**-$66,619.12**			

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$633.50**	**$0.00**	**$633.50**
Indemnity				**$4,299.19**	**$0.00**	**$4,299.19**
Medical				**$4,664.65**	**$0.00**	**$4,664.65**
				$9,597.34	**$0.00**	**$9,597.34**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,145.21**	**$0.00**	**$5,145.21**
Medical				**$7,614.93**	**$0.00**	**$7,614.93**
				$12,760.14	**$0.00**	**$12,760.14**
# of Claims	**30**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$150,990.14	$0.00	$150,990.14
Medical.....	.....			$12,929.00	$0.00	$12,929.00
				$163,919.14	$0.00	$163,919.14
# of Claims	45					
# Open	0	Recovery Amount:	-$175.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$692.77	$155.71	$848.48
Indemnity.....	.....			$29,479.30	$0.00	$29,479.30
Medical.....	.....			$194,747.07	$79,489.08	$274,236.15
				$224,919.14	$79,644.79	$304,563.93
# of Claims	43					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$703.69	$0.00	$703.69
Medical.....	.....			$6,515.67	$0.00	$6,515.67
				$7,219.36	$0.00	$7,219.36
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,409.45	$0.00	$1,409.45
Medical.....	.....			$9,390.45	$0.00	$9,390.45
				$10,799.90	$0.00	$10,799.90
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$40.52**	**$0.00**	**$40.52**
Medical				**$4,815.20**	**$0.00**	**$4,815.20**
				$4,855.72	**$0.00**	**$4,855.72**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,866.82**	**$0.00**	**$4,866.82**
				$4,866.82	**$0.00**	**$4,866.82**
# of Claims	**29**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,204.03**	**$0.00**	**$3,204.03**
				$3,204.03	**$0.00**	**$3,204.03**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$3,325.00**	**$0.00**	**$3,325.00**
Indemnity				**$24,214.04**	**$0.00**	**$24,214.04**
Medical				**$27,987.45**	**$0.00**	**$27,987.45**
				$55,526.49	**$0.00**	**$55,526.49**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$6,845.00**	**$40.00**	**$6,885.00**
Indemnity				**$204,138.48**	**$0.00**	**$204,138.48**
Medical				**$249,317.03**	**$363,736.87**	**$613,053.90**
				$460,300.51	**$363,776.87**	**$824,077.38**
# of Claims	**12**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$65,295.77**	**$0.00**	**$65,295.77**
Medical				**$122,803.25**	**$0.00**	**$122,803.25**
				$188,099.02	**$0.00**	**$188,099.02**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$930.02**	**$0.00**	**$930.02**
				$930.02	**$0.00**	**$930.02**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$14,466.57**	**$0.00**	**$14,466.57**
				$14,466.57	**$0.00**	**$14,466.57**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$6,534.50**	**$77.50**	**$6,612.00**
Indemnity				**$288,528.47**	**$0.00**	**$288,528.47**
Medical				**$158,720.39**	**$83,547.44**	**$242,267.83**
				$453,783.36	**$83,624.94**	**$537,408.30**
# of Claims	**19**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,384.72**	**$0.00**	**$6,384.72**
Medical				**$30,062.21**	**$0.00**	**$30,062.21**
				$36,446.93	**$0.00**	**$36,446.93**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$3,043.00**	**$0.00**	**$3,043.00**
Indemnity				**$40,587.15**	**$0.00**	**$40,587.15**
Medical				**$59,375.57**	**$0.00**	**$59,375.57**
				$103,005.72	**$0.00**	**$103,005.72**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$16,473.92**	**$0.00**	**$16,473.92**
Indemnity				**$263,573.19**	**$0.00**	**$263,573.19**
Medical				**$211,017.94**	**$0.00**	**$211,017.94**
				$491,065.05	**$0.00**	**$491,065.05**
# of Claims	**37**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$19,402.99	$0.00	$19,402.99
Indemnity.....	.....			$390,079.06	$0.00	$390,079.06
Medical.....	.....			$368,149.29	$0.00	$368,149.29
				$777,631.34	$0.00	$777,631.34
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$7,815.03	$0.00	$7,815.03
Indemnity.....	.....			$199,430.92	$0.00	$199,430.92
Medical.....	.....			$53,879.25	$0.00	$53,879.25
				$261,125.20	$0.00	$261,125.20
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$82.95	$0.00	$82.95
Indemnity.....	.....			$5,579.39	$0.00	$5,579.39
Medical.....	.....			$63,208.80	$0.00	$63,208.80
				$68,871.14	$0.00	$68,871.14
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$895.08	$0.00	$895.08
Indemnity.....	.....			$24,402.36	$0.00	$24,402.36
Medical.....	.....			$67,232.72	$0.00	$67,232.72
				$92,530.16	$0.00	$92,530.16
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$2,728.00**	**$0.00**	**$2,728.00**
Indemnity				**$15,541.79**	**$0.00**	**$15,541.79**
Medical				**$30,390.86**	**$0.00**	**$30,390.86**
				$48,660.65	**$0.00**	**$48,660.65**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$113,671.24**	**$14,487.61**	**$128,158.85**
Indemnity				**$583,454.59**	**$92,016.04**	**$675,470.63**
Medical				**$922,592.55**	**$574,852.47**	**$1,497,445.02**
				$1,619,718.38	**$681,356.12**	**$2,301,074.50**
# of Claims	**29**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$7,429.26**	**$3,643.50**	**$11,072.76**
Indemnity				**$65,676.66**	**$0.00**	**$65,676.66**
Medical				**$284,072.11**	**$206,878.30**	**$490,950.41**
				$357,178.03	**$210,521.80**	**$567,699.83**
# of Claims	**19**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$63.36**	**$0.00**	**$63.36**
Indemnity				**$317.21**	**$0.00**	**$317.21**
Medical				**$10,598.32**	**$0.00**	**$10,598.32**
				$10,978.89	**$0.00**	**$10,978.89**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$99.64**	**$0.00**	**$99.64**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,568.59**	**$0.00**	**$9,568.59**
				$9,668.23	**$0.00**	**$9,668.23**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$17,513.33**	**$0.00**	**$17,513.33**
Indemnity				**$35,473.83**	**$0.00**	**$35,473.83**
Medical				**$74,809.79**	**$0.00**	**$74,809.79**
				$127,796.95	**$0.00**	**$127,796.95**
# of Claims	**20**					
# Open	**0**	**Recovery Amount:**	**-$13,726.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$13,892.48**	**$7,297.46**	**$21,189.94**
Indemnity				**$57,715.71**	**$26,684.14**	**$84,399.85**
Medical				**$241,500.51**	**$20,295.91**	**$261,796.42**
				$313,108.70	**$54,277.51**	**$367,386.21**
# of Claims	**23**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$7,247.63**	**$0.00**	**$7,247.63**
Indemnity				**$70,026.45**	**$0.00**	**$70,026.45**
Medical				**$260,632.66**	**$0.00**	**$260,632.66**
				$337,906.74	**$0.00**	**$337,906.74**
# of Claims	**22**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

753 -VADOC-DEERFIELD CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$88.01	$200.00	$288.01
Indemnity.....	.....			$4,314.50	$0.00	$4,314.50
Medical.....	.....			$7,919.92	$3,111.55	$11,031.47
				$12,322.43	$3,311.55	$15,633.98
# of Claims	15					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$228,476.69	$25,901.78	$254,378.47
Indemnity.....	.....			$2,536,801.79	$118,700.18	$2,655,501.97
Medical.....	.....			$3,517,983.62	$1,331,911.62	$4,849,895.24
				$6,283,262.10	$1,476,513.58	$7,759,775.68
# of Claims	864					
# Open	12	Recovery Amount:	-$13,901.58			

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,214.53	$0.00	$1,214.53
Medical.....	.....			$1,559.95	$0.00	$1,559.95
				$2,774.48	$0.00	$2,774.48
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$8,359.76	$60.63	$8,420.39
Indemnity.....	.....			$252,171.12	$0.00	$252,171.12
Medical.....	.....			$523,025.33	$330,594.09	$853,619.42
				$783,556.21	$330,654.72	$1,114,210.93
# of Claims	296					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$28,942.75	$0.00	$28,942.75
Indemnity.....	.....			$707,757.23	$249,587.88	$957,345.11
Medical.....	.....			$729,864.11	$66,380.66	$796,244.77
				$1,466,564.09	$315,968.54	$1,782,532.63
# of Claims	178					
# Open	1	Recovery Amount:	-$55.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$34,268.84	$0.00	$34,268.84
Indemnity.....	.....			$699,213.82	$0.00	$699,213.82
Medical.....	.....			$962,242.40	$0.00	$962,242.40
				$1,695,725.06	$0.00	$1,695,725.06
# of Claims	169					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5,298.68	$2,789.12	$8,087.80
Indemnity.....	.....			$273,939.86	$0.00	$273,939.86
Medical.....	.....			$388,528.49	$67,003.88	$455,532.37
				$667,767.03	$69,793.00	$737,560.03
# of Claims	146					
# Open	1	Recovery Amount:	-$463.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$47,700.92	$0.00	$47,700.92
Medical.....	.....			$123,645.20	$0.00	$123,645.20
				$171,346.12	$0.00	$171,346.12
# of Claims	162					
# Open	0	Recovery Amount:	-$762.86			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,204.24	$8.00	$1,212.24
Indemnity.....	.....			$618,088.44	$0.00	$618,088.44
Medical.....	.....			$340,760.70	$45,429.69	$386,190.39
				$960,053.38	$45,437.69	$1,005,491.07
# of Claims	137					
# Open	1	Recovery Amount:	-$50.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,505.58	$0.00	$2,505.58
Indemnity.....	.....			$447,913.47	$0.00	$447,913.47
Medical.....	.....			$395,461.99	$0.00	$395,461.99
				$845,881.04	$0.00	$845,881.04
# of Claims	134					
# Open	0	Recovery Amount:	-$340.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,198.21	$0.00	$17,198.21
Medical.....	.....			$305,743.00	$0.00	$305,743.00
				$322,941.21	$0.00	$322,941.21
# of Claims	121					
# Open	0	Recovery Amount:	-$41,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,714.94	$16.00	$3,730.94
Indemnity.....	.....			$57,212.23	$0.00	$57,212.23
Medical.....	.....			$203,756.80	$99,901.39	$303,658.19
				$264,683.97	$99,917.39	$364,601.36
# of Claims	82					
# Open	1	Recovery Amount:	-$1,088.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$526.78	$0.00	$526.78
Indemnity.....	.....			$48,114.44	$0.00	$48,114.44
Medical.....	.....			$183,028.85	$0.00	$183,028.85
				$231,670.07	$0.00	$231,670.07
# of Claims	104					
# Open	0	Recovery Amount:	-$80.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$5,093.80	$0.00	$5,093.80
Indemnity.....	.....			$182,662.15	$0.00	$182,662.15
Medical.....	.....			$182,804.88	$87,644.29	$270,449.17
				$370,560.83	$87,644.29	$458,205.12
# of Claims	67					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$4,477.20	$769.60	$5,246.80
Indemnity.....	.....			$341,169.43	$0.00	$341,169.43
Medical.....	.....			$438,079.82	$398,471.61	$836,551.43
				$783,726.45	$399,241.21	$1,182,967.66
# of Claims	65					
# Open	1	Recovery Amount:	-$41.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$592.96	$0.00	$592.96
Indemnity.....	.....			$26,580.10	$0.00	$26,580.10
Medical.....	.....			$90,957.21	$2,000.00	$92,957.21
				$118,130.27	$2,000.00	$120,130.27
# of Claims	65					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$2,748.00**	**$152.00**	**$2,900.00**
Indemnity				**$87,469.03**	**$0.00**	**$87,469.03**
Medical				**$263,568.64**	**$274,635.44**	**$538,204.08**
				$353,785.67	**$274,787.44**	**$628,573.11**
# of Claims	**76**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$992.00**	**$0.00**	**$992.00**
Indemnity				**$12,666.15**	**$0.00**	**$12,666.15**
Medical				**$38,670.23**	**$0.00**	**$38,670.23**
				$52,328.38	**$0.00**	**$52,328.38**
# of Claims	**55**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$22,096.05**	**$64.00**	**$22,160.05**
Indemnity				**$340,409.02**	**$0.00**	**$340,409.02**
Medical				**$428,635.21**	**$152,806.16**	**$581,441.37**
				$791,140.28	**$152,870.16**	**$944,010.44**
# of Claims	**87**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$36,278.58**	**$24,530.31**	**$60,808.89**
Indemnity				**$219,858.89**	**$2.46**	**$219,861.35**
Medical				**$592,453.03**	**$1,406,367.85**	**$1,998,820.88**
				$848,590.50	**$1,430,900.62**	**$2,279,491.12**
# of Claims	**110**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$8,938.20	$0.00	$8,938.20
Indemnity.....	.....			$104,681.31	$0.00	$104,681.31
Medical.....	.....			$58,250.38	$0.00	$58,250.38
				$171,869.89	$0.00	$171,869.89
# of Claims	72					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$4,093.07	$0.00	$4,093.07
Indemnity.....	.....			$37,528.58	$0.00	$37,528.58
Medical.....	.....			$100,900.78	$0.00	$100,900.78
				$142,522.43	$0.00	$142,522.43
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,355.31	$0.00	$1,355.31
Medical.....	.....			$4,238.70	$0.00	$4,238.70
				$5,594.01	$0.00	$5,594.01
# of Claims	47					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$10,258.76	$18.82	$10,277.58
Indemnity.....	.....			$259,583.96	$0.00	$259,583.96
Medical.....	.....			$161,245.30	$30,668.04	$191,913.34
				$431,088.02	$30,686.86	$461,774.88
# of Claims	53					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$554.97	$0.00	$554.97
Indemnity.....	.....			$21,561.89	$0.00	$21,561.89
Medical.....	.....			$48,323.89	$0.00	$48,323.89
				$70,440.75	$0.00	$70,440.75
# of Claims	61					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$15,001.08	$0.00	$15,001.08
Indemnity.....	.....			$365,720.94	$0.00	$365,720.94
Medical.....	.....			$931,290.68	$0.00	$931,290.68
				$1,312,012.70	$0.00	$1,312,012.70
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,157.97	$0.00	$5,157.97
Indemnity.....	.....			$153,062.99	$0.00	$153,062.99
Medical.....	.....			$146,137.33	$0.00	$146,137.33
				$304,358.29	$0.00	$304,358.29
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$23,800.37	$54.02	$23,854.39
Indemnity.....	.....			$348,073.19	$68,013.87	$416,087.06
Medical.....	.....			$114,319.30	$6,697.57	$121,016.87
				$486,192.86	$74,765.46	$560,958.32
# of Claims	22					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$15,271.81	$0.00	$15,271.81
Medical.....	.....			$102,454.33	$0.00	$102,454.33
				$117,766.14	$0.00	$117,766.14
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$276.16	$0.00	$276.16
Indemnity.....	.....			$29,167.26	$0.00	$29,167.26
Medical.....	.....			$70,192.81	$0.00	$70,192.81
				$99,636.23	$0.00	$99,636.23
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$3,549.92	$0.00	$3,549.92
Indemnity.....	.....			$31,997.14	$0.00	$31,997.14
Medical.....	.....			$199,544.02	$0.00	$199,544.02
				$235,091.08	$0.00	$235,091.08
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$119.01	$0.00	$119.01
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,967.50	$0.00	$2,967.50
				$3,086.51	$0.00	$3,086.51
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,392.45	$0.00	$3,392.45
Indemnity.....	.....			$17,865.11	$0.00	$17,865.11
Medical.....	.....			$48,994.02	$0.00	$48,994.02
				$70,251.58	$0.00	$70,251.58
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$2,961.28	$0.00	$2,961.28
Indemnity.....	.....			$15,487.30	$0.00	$15,487.30
Medical.....	.....			$24,994.11	$0.00	$24,994.11
				$43,442.69	$0.00	$43,442.69
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,731.14	$0.00	$3,731.14
Indemnity.....	.....			$11,977.45	$0.00	$11,977.45
Medical.....	.....			$152,515.45	$0.00	$152,515.45
				$168,224.04	$0.00	$168,224.04
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$122.70	$0.00	$122.70
Indemnity.....	.....			$422.11	$0.00	$422.11
Medical.....	.....			$3,077.02	$0.00	$3,077.02
				$3,621.83	$0.00	$3,621.83
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

754 -VADOC-AUGUSTA CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$151.07	$3,884.25	$4,035.32
Indemnity.....	.....			$12,624.81	$50,907.77	$63,532.58
Medical.....	.....			$10,914.48	$78,959.89	$89,874.37
				$23,690.36	$133,751.91	$157,442.27
# of Claims	14					
# Open	5	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$239,248.31	$32,346.75	$271,595.06
Indemnity.....	.....			$5,807,720.20	$368,511.98	$6,176,232.18
Medical.....	.....			$8,373,145.94	$3,047,560.56	$11,420,706.50
				$14,420,114.45	$3,448,419.29	$17,868,533.74
# of Claims	2,620					
# Open	21	Recovery Amount:	-$43,880.69			

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,108.32	$0.00	$4,108.32
				$4,108.32	$0.00	$4,108.32
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$826.96**	**$0.00**	**$826.96**
Medical				**$1,431.83**	**$0.00**	**$1,431.83**
				$2,258.79	**$0.00**	**$2,258.79**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$1,065.39**	**$0.00**	**$1,065.39**
Indemnity				**$201,708.05**	**$0.00**	**$201,708.05**
Medical				**$181,318.71**	**$0.00**	**$181,318.71**
				$384,092.15	**$0.00**	**$384,092.15**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,862.78**	**$0.00**	**$6,862.78**
Medical				**$18,495.61**	**$0.00**	**$18,495.61**
				$25,358.39	**$0.00**	**$25,358.39**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**-$206.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,962.86**	**$0.00**	**$2,962.86**
Medical				**$28,506.55**	**$0.00**	**$28,506.55**
				$31,469.41	**$0.00**	**$31,469.41**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**-$248.88**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,794.86**	**$0.00**	**$1,794.86**
Medical				**$1,673.73**	**$0.00**	**$1,673.73**
				$3,468.59	**$0.00**	**$3,468.59**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$13.00**	**$0.00**	**$13.00**
Indemnity				**$989.28**	**$0.00**	**$989.28**
Medical				**$4,696.90**	**$0.00**	**$4,696.90**
				$5,699.18	**$0.00**	**$5,699.18**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.00**	**$0.00**	**$75.00**
				$75.00	**$0.00**	**$75.00**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$3.00**	**$0.00**	**$3.00**
Indemnity				**$396.95**	**$0.00**	**$396.95**
Medical				**$2,072.62**	**$0.00**	**$2,072.62**
				$2,472.57	**$0.00**	**$2,472.57**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$475.86	$0.00	$475.86
Medical.....	.....			$350.23	$0.00	$350.23
				$826.09	$0.00	$826.09
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,979.72	$0.00	$2,979.72
				$2,979.72	$0.00	$2,979.72
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,487.41	$0.00	$3,487.41
Medical.....	.....			$70,118.10	$0.00	$70,118.10
				$73,605.51	$0.00	$73,605.51
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,687.02	$0.00	$2,687.02
				$2,687.02	$0.00	$2,687.02
# of Claims	7					
# Open	0	Recovery Amount:	-$1,336.19			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$555.92	$0.00	$555.92
Medical.....	.....			$1,804.52	$0.00	$1,804.52
				$2,360.44	$0.00	$2,360.44
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,599.86	$0.00	$4,599.86
				$4,599.86	$0.00	$4,599.86
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$6,941.05	$0.00	$6,941.05
Indemnity.....	.....			$7,140.95	$0.00	$7,140.95
Medical.....	.....			$863,250.47	$0.00	$863,250.47
				$877,332.47	$0.00	$877,332.47
# of Claims	11					
# Open	0	Recovery Amount:	-$1,253.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,600.91	$0.00	$10,600.91
Medical.....	.....			$32,039.30	$0.00	$32,039.30
				$42,648.21	$0.00	$42,648.21
# of Claims	10					
# Open	0	Recovery Amount:	-$21,868.28			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,077.68	$0.00	$7,077.68
Indemnity.....	.....			$4,940.52	$0.00	$4,940.52
Medical.....	.....			$56,767.54	$0.00	$56,767.54
				$68,785.74	$0.00	$68,785.74
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$414.52	$0.00	$414.52
Medical.....	.....			$7,681.22	$0.00	$7,681.22
				$8,114.24	$0.00	$8,114.24
# of Claims	14					
# Open	0	Recovery Amount:	-$3,673.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$117.97	$0.00	$117.97
Medical.....	.....			$11,564.64	$0.00	$11,564.64
				$11,682.61	$0.00	$11,682.61
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,958.65	$0.00	$3,958.65
				$3,958.65	$0.00	$3,958.65
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,951.44	$0.00	$11,951.44
Medical.....	.....			$160,921.75	$0.00	$160,921.75
				$172,873.19	$0.00	$172,873.19
# of Claims	23					
# Open	0	Recovery Amount:	-$663.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$17,658.42	$1,407.82	$19,066.24
Indemnity.....	.....			$148,848.44	$0.00	$148,848.44
Medical.....	.....			$334,889.28	$56,904.99	$391,794.27
				$501,396.14	$58,312.81	$559,708.95
# of Claims	26					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$14,417.13	$0.00	$14,417.13
Indemnity.....	.....			$153,949.92	$0.00	$153,949.92
Medical.....	.....			$64,429.68	$0.00	$64,429.68
				$232,796.73	$0.00	$232,796.73
# of Claims	33					
# Open	0	Recovery Amount:	-$8,135.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,972.00	$0.00	$1,972.00
Indemnity.....	.....			$13,052.84	$0.00	$13,052.84
Medical.....	.....			$52,644.93	$0.00	$52,644.93
				$67,669.77	$0.00	$67,669.77
# of Claims	27					
# Open	0	Recovery Amount:	-$7,073.79			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$61.24	$0.00	$61.24
Indemnity.....	.....			$30,954.52	$0.00	$30,954.52
Medical.....	.....			$243,015.23	$0.00	$243,015.23
				$274,030.99	$0.00	$274,030.99
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$157.95	$0.00	$157.95
Indemnity.....	.....			$25,262.38	$0.00	$25,262.38
Medical.....	.....			$42,749.81	$0.00	$42,749.81
				$68,170.14	$0.00	$68,170.14
# of Claims	22					
# Open	0	Recovery Amount:	-$6,477.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$17,501.01	$0.00	$17,501.01
Medical.....	.....			$70,151.07	$0.00	$70,151.07
				$87,676.08	$0.00	$87,676.08
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$373.18	$6,000.00	$6,373.18
Indemnity.....	.....			$41,698.88	$0.00	$41,698.88
Medical.....	.....			$82,495.25	$107,546.03	$190,041.28
				$124,567.31	$113,546.03	$238,113.34
# of Claims	20					
# Open	1	Recovery Amount:	-$905.73			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$118.45	$0.00	$118.45
Indemnity.....	.....			$1,178.47	$0.00	$1,178.47
Medical.....	.....			$21,474.68	$0.00	$21,474.68
				$22,771.60	$0.00	$22,771.60
# of Claims	21					
# Open	0	Recovery Amount:	-$223.21			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$111.44	$0.00	$111.44
Indemnity.....	.....			$9,647.71	$0.00	$9,647.71
Medical.....	.....			$37,194.62	$0.00	$37,194.62
				$46,953.77	$0.00	$46,953.77
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,324.89	$0.00	$3,324.89
Indemnity.....	.....			$14,114.31	$0.00	$14,114.31
Medical.....	.....			$20,635.49	$0.00	$20,635.49
				$38,074.69	$0.00	$38,074.69
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$7,121.82	$3,718.80	$10,840.62
Indemnity.....	.....			$28,989.70	$31,950.60	$60,940.30
Medical.....	.....			$107,580.40	$29,828.44	$137,408.84
				$143,691.92	$65,497.84	$209,189.76
# of Claims	32					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

756 -VADOC-INSTITUTIONS ADMINISTRATION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$176.50	$654.18	$830.68
Indemnity.....	.....			$687.70	$8,012.30	$8,700.00
Medical.....	.....			$106,615.88	$35,736.85	$142,352.73
				$107,480.08	$44,403.33	$151,883.41
# of Claims	27					
# Open	9	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$60,643.64	$11,780.80	$72,424.44
Indemnity.....	.....			$741,113.12	$39,962.90	$781,076.02
Medical.....	.....			$2,644,978.61	$230,016.31	$2,874,994.92
				$3,446,735.37	$281,760.01	$3,728,495.38
# of Claims	524					
# Open	14	Recovery Amount:	-$52,065.34			

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$150,668.56	$0.00	$150,668.56
Medical.....	.....			$30,804.25	$0.00	$30,804.25
				$181,472.81	$0.00	$181,472.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,252.57	$0.00	$1,252.57
				$1,252.57	$0.00	$1,252.57
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$846.79	$0.00	$846.79
				$846.79	$0.00	$846.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,577.07	$0.00	$5,577.07
				$5,577.07	$0.00	$5,577.07
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,253.54	$0.00	$2,253.54
Medical.....	.....			$2,490.25	$0.00	$2,490.25
				$4,743.79	$0.00	$4,743.79
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$288.11	$0.00	$288.11
				$288.11	$0.00	$288.11
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$397.16	$0.00	$397.16
Medical.....	.....			$1,901.11	$0.00	$1,901.11
				$2,298.27	$0.00	$2,298.27
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$97.38	$0.00	$97.38
Indemnity.....	.....			$10,722.43	$0.00	$10,722.43
Medical.....	.....			$12,060.18	$0.00	$12,060.18
				$22,879.99	$0.00	$22,879.99
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$152.05	$0.00	$152.05
				$152.05	$0.00	$152.05
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,023.94	$0.00	$1,023.94
				$1,023.94	$0.00	$1,023.94
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$63.96	$0.00	$63.96
Medical.....	.....			$2,581.71	$0.00	$2,581.71
				$2,645.67	$0.00	$2,645.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$133.56	$0.00	$133.56
Medical.....	.....			$1,212.95	$0.00	$1,212.95
				$1,346.51	$0.00	$1,346.51
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$453.85	$0.00	$453.85
				$453.85	$0.00	$453.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44.53	$0.00	$44.53
				$44.53	$0.00	$44.53
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,279.13	$0.00	$7,279.13
Medical.....	.....			$77,114.94	$0.00	$77,114.94
				$84,402.07	$0.00	$84,402.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$477.29	$0.00	$477.29
				$477.29	$0.00	$477.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.00	$0.00	$123.00
				$123.00	$0.00	$123.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,981.31	$0.00	$1,981.31
				$1,981.31	$0.00	$1,981.31
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,088.89	$0.00	$5,088.89
Medical.....	.....			$35,351.35	$0.00	$35,351.35
				$40,448.24	$0.00	$40,448.24
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$35.75	$0.00	$35.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,047.87	$0.00	$1,047.87
				$1,083.62	$0.00	$1,083.62
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.83	$0.00	$135.83
				$135.83	$0.00	$135.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$11,492.00	$11,500.00
Indemnity.....	.....			$0.00	$248,145.40	$248,145.40
Medical.....	.....			$0.00	$200,000.00	$200,000.00
				$8.00	$459,637.40	$459,645.40
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

757 -VADOC-PATRICK HENRY CORR. UNIT #28

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$247.00	$0.00	$247.00
				$247.00	$0.00	$247.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$299.61	$0.00	$299.61
				$299.61	$0.00	$299.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$157.13	$11,492.00	$11,649.13
Indemnity.....	.....			$176,607.23	$248,145.40	$424,752.63
Medical.....	.....			$177,467.56	$200,000.00	$377,467.56
				$354,231.92	$459,637.40	$813,869.32
# of Claims	95					
# Open	1	Recovery Amount:	$0.00			

760 -VADOC-POCAHONTAS CORR. UNIT #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$354.13	$0.00	$354.13
Medical.....	.....			$2,106.89	$0.00	$2,106.89
				$2,461.02	$0.00	$2,461.02
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

760 -VADOC-POCAHONTAS CORR. UNIT #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$111.40	$0.00	$111.40
Medical.....	.....			$266.60	$0.00	$266.60
				$378.00	$0.00	$378.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,268.34	$0.00	$11,268.34
Medical.....	.....			$5,474.86	$0.00	$5,474.86
				$16,743.20	$0.00	$16,743.20
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$224.80	$0.00	$224.80
				$224.80	$0.00	$224.80
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

760 -VADOC-POCAHONTAS CORR. UNIT #13

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$120.70**	**$0.00**	**$120.70**
				$120.70	**$0.00**	**$120.70**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$602.99**	**$0.00**	**$602.99**
				$602.99	**$0.00**	**$602.99**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$205.00**	**$0.00**	**$205.00**
				$205.00	**$0.00**	**$205.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,249.84**	**$0.00**	**$1,249.84**
				$1,249.84	**$0.00**	**$1,249.84**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,733.87**	**$0.00**	**$11,733.87**
Medical				**$10,251.68**	**$0.00**	**$10,251.68**
				$21,985.55	**$0.00**	**$21,985.55**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,705.61	$0.00	$9,705.61
Medical.....	.....			$11,937.17	$0.00	$11,937.17
				$21,642.78	$0.00	$21,642.78
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$709.20	$0.00	$709.20
Indemnity.....	.....			$156,192.81	$0.00	$156,192.81
Medical.....	.....			$238,113.59	$0.00	$238,113.59
				$395,015.60	$0.00	$395,015.60
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,988.36	$0.00	$1,988.36
Medical.....	.....			$10,113.51	$0.00	$10,113.51
				$12,101.87	$0.00	$12,101.87
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$336.00	$0.00	$336.00
Indemnity.....	.....			$223,661.20	$0.00	$223,661.20
Medical.....	.....			$179,045.21	$0.00	$179,045.21
				$403,042.41	$0.00	$403,042.41
# of Claims	19					
# Open	0	Recovery Amount:	-$1,551.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$1,983.16	$0.00	$1,983.16
Medical.....	.....			$37,895.12	$0.00	$37,895.12
				$39,894.28	$0.00	$39,894.28
# of Claims	34					
# Open	0	Recovery Amount:	-$1,474.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,180.00	$0.00	$3,180.00
Indemnity.....	.....			$71,130.20	$0.00	$71,130.20
Medical.....	.....			$44,360.06	$0.00	$44,360.06
				$118,670.26	$0.00	$118,670.26
# of Claims	31					
# Open	0	Recovery Amount:	-$7,849.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$425.01	$0.00	$425.01
Medical.....	.....			$7,481.28	$0.00	$7,481.28
				$7,906.29	$0.00	$7,906.29
# of Claims	30					
# Open	0	Recovery Amount:	-$2,727.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,754.50	$0.00	$1,754.50
Indemnity.....	.....			$257,891.68	$0.00	$257,891.68
Medical.....	.....			$34,354.95	$0.00	$34,354.95
				$294,001.13	$0.00	$294,001.13
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,383.98	$6,649.42	$10,033.40
Indemnity.....	.....			$263,393.89	$0.00	$263,393.89
Medical.....	.....			$263,732.53	$64,155.40	$327,887.93
				$530,510.40	$70,804.82	$601,315.22
# of Claims	36					
# Open	1	Recovery Amount:	-$24,127.32			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$16.00	$108.00	$124.00
Indemnity.....	.....			$438,740.43	$0.00	$438,740.43
Medical.....	.....			$88,932.01	$5,000.00	$93,932.01
				$527,688.44	$5,108.00	$532,796.44
# of Claims	45					
# Open	1	Recovery Amount:	-$4,273.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,764.91	$0.00	$3,764.91
Medical.....	.....			$44,266.31	$0.00	$44,266.31
				$48,031.22	$0.00	$48,031.22
# of Claims	55					
# Open	0	Recovery Amount:	-$1,405.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,604.92	$0.00	$4,604.92
Medical.....	.....			$70,779.39	$0.00	$70,779.39
				$75,384.31	$0.00	$75,384.31
# of Claims	55					
# Open	0	Recovery Amount:	-$29,732.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$803.66	$0.00	$803.66
Medical.....	.....			$21,713.58	$0.00	$21,713.58
				$22,517.24	$0.00	$22,517.24
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,658.04	$0.00	$1,658.04
Medical.....	.....			$27,058.88	$0.00	$27,058.88
				$28,716.92	$0.00	$28,716.92
# of Claims	37					
# Open	0	Recovery Amount:	-$8,132.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$1,048.55	$0.00	$1,048.55
Indemnity.....	.....			$21,768.93	$0.00	$21,768.93
Medical.....	.....			$409,324.13	$426,666.72	$835,990.85
				$432,141.61	$426,666.72	$858,808.33
# of Claims	54					
# Open	1	Recovery Amount:	-$11,786.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,304.39	$0.00	$20,304.39
Medical.....	.....			$413,329.23	$0.00	$413,329.23
				$433,633.62	$0.00	$433,633.62
# of Claims	43					
# Open	0	Recovery Amount:	-$29,782.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,968.75	$0.00	$2,968.75
Medical.....	.....			$27,791.86	$0.00	$27,791.86
				$30,760.61	$0.00	$30,760.61
# of Claims	36					
# Open	0	Recovery Amount:	-$4,105.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$5,951.00	$492.00	$6,443.00
Indemnity.....	.....			$64,760.15	$0.00	$64,760.15
Medical.....	.....			$706,359.61	$1,188,300.27	$1,894,659.88
				$777,070.76	$1,188,792.27	$1,965,863.03
# of Claims	39					
# Open	1	Recovery Amount:	-$52,921.46			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,311.47	$0.00	$3,311.47
Medical.....	.....			$42,120.65	$0.00	$42,120.65
				$45,450.62	$0.00	$45,450.62
# of Claims	43					
# Open	0	Recovery Amount:	-$7,934.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$54.90	$0.00	$54.90
Indemnity.....	.....			$39,354.52	$0.00	$39,354.52
Medical.....	.....			$168,938.65	$0.00	$168,938.65
				$208,348.07	$0.00	$208,348.07
# of Claims	28					
# Open	0	Recovery Amount:	-$13,914.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$35.00	$0.00	$35.00
Indemnity.....	.....			$14,406.67	$0.00	$14,406.67
Medical.....	.....			$82,057.57	$0.00	$82,057.57
				$96,499.24	$0.00	$96,499.24
# of Claims	36					
# Open	0	Recovery Amount:	-$1,264.78			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,452.68	$0.00	$4,452.68
Medical.....	.....			$42,418.03	$0.00	$42,418.03
				$46,870.71	$0.00	$46,870.71
# of Claims	32					
# Open	1	Recovery Amount:	-$19,528.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$3,530.46	$0.00	$3,530.46
Indemnity.....	.....			$112,250.35	$0.00	$112,250.35
Medical.....	.....			$345,749.47	$40,168.62	$385,918.09
				$461,530.28	$40,168.62	$501,698.90
# of Claims	33					
# Open	2	Recovery Amount:	-$11,621.51			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$543.30	$0.00	$543.30
Indemnity.....	.....			$11,738.12	$0.00	$11,738.12
Medical.....	.....			$48,264.80	$0.00	$48,264.80
				$60,546.22	$0.00	$60,546.22
# of Claims	50					
# Open	0	Recovery Amount:	-$30,481.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$231.66	$0.00	$231.66
Indemnity.....	.....			$3,056.81	$0.00	$3,056.81
Medical.....	.....			$61,135.63	$0.00	$61,135.63
				$64,424.10	$0.00	$64,424.10
# of Claims	42					
# Open	0	Recovery Amount:	-$7,101.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$6,786.66	$3,811.67	$10,598.33
Indemnity.....	.....			$31,305.91	$0.00	$31,305.91
Medical.....	.....			$220,723.02	$32,186.29	$252,909.31
				$258,815.59	$35,997.96	$294,813.55
# of Claims	53					
# Open	1	Recovery Amount:	-$35,248.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$101.28	$0.00	$101.28
Indemnity.....	.....			$17,920.33	$0.00	$17,920.33
Medical.....	.....			$66,618.31	$0.00	$66,618.31
				$84,639.92	$0.00	$84,639.92
# of Claims	53					
# Open	0	Recovery Amount:	-$57,373.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$83.75	$0.00	$83.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22,569.39	$0.00	$22,569.39
				$22,653.14	$0.00	$22,653.14
# of Claims	23					
# Open	0	Recovery Amount:	-$3,543.53			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$317.54	$0.00	$317.54
Indemnity.....	.....			$5,366.40	$0.00	$5,366.40
Medical.....	.....			$34,789.08	$0.00	$34,789.08
				$40,473.02	$0.00	$40,473.02
# of Claims	33					
# Open	0	Recovery Amount:	-$13,269.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$137.05	$0.00	$137.05
Indemnity.....	.....			$52,221.99	$0.00	$52,221.99
Medical.....	.....			$192,537.71	$0.00	$192,537.71
				$244,896.75	$0.00	$244,896.75
# of Claims	19					
# Open	0	Recovery Amount:	-$105,857.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$74.75	$0.00	$74.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,907.12	$0.00	$8,907.12
				$8,981.87	$0.00	$8,981.87
# of Claims	24					
# Open	0	Recovery Amount:	-$3,429.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$76.60	$0.00	$76.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,565.30	$0.00	$1,565.30
				$1,641.90	$0.00	$1,641.90
# of Claims	13					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$64.40	$0.00	$64.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,984.99	$0.00	$1,984.99
				$2,049.39	$0.00	$2,049.39
# of Claims	16					
# Open	0	Recovery Amount:	-$498.69			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

767 - VADOC -COMMUNITY CORRECTIONS ADMIN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$107.75**	**$449.65**	**$557.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,217.47**	**$13,957.89**	**$24,175.36**
				$10,325.22	**$14,407.54**	**$24,732.76**
# of Claims	**17**					
# Open	**5**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$28,558.83**	**$11,510.74**	**$40,069.57**
Indemnity				**$1,841,131.35**	**$0.00**	**$1,841,131.35**
Medical				**$3,987,185.61**	**$1,770,435.19**	**$5,757,620.80**
				$5,856,875.79	**$1,781,945.93**	**$7,638,821.72**
# of Claims	**1,143**					
# Open	**14**	**Recovery Amount:**	**-$490,934.80**			

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$767.00**	**$0.00**	**$767.00**
Indemnity				**$9,534.10**	**$0.00**	**$9,534.10**
Medical				**$8,688.27**	**$0.00**	**$8,688.27**
				$18,989.37	**$0.00**	**$18,989.37**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$305.21**	**$0.00**	**$305.21**
Indemnity				**$56,274.23**	**$0.00**	**$56,274.23**
Medical				**$49,176.18**	**$0.00**	**$49,176.18**
				$105,755.62	**$0.00**	**$105,755.62**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$2,070.23	$881.99	$2,952.22
Indemnity.....	.....			$410,897.26	$0.00	$410,897.26
Medical.....	.....			$491,121.62	$19,417.02	$510,538.64
				$904,089.11	$20,299.01	$924,388.12
# of Claims	105					
# Open	1	Recovery Amount:	-$41.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$850.00	$0.00	$850.00
Indemnity.....	.....			$225,324.76	$0.00	$225,324.76
Medical.....	.....			$183,249.89	$0.00	$183,249.89
				$409,424.65	$0.00	$409,424.65
# of Claims	90					
# Open	0	Recovery Amount:	-$230.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,198.76	$0.00	$1,198.76
Indemnity.....	.....			$530,168.08	$0.00	$530,168.08
Medical.....	.....			$479,177.66	$0.00	$479,177.66
				$1,010,544.50	$0.00	$1,010,544.50
# of Claims	143					
# Open	0	Recovery Amount:	-$1,879.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,142.98	$0.00	$1,142.98
Indemnity.....	.....			$98,757.94	$0.00	$98,757.94
Medical.....	.....			$92,811.19	$0.00	$92,811.19
				$192,712.11	$0.00	$192,712.11
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$360.00	$0.00	$360.00
Indemnity.....	.....			$170,877.05	$0.00	$170,877.05
Medical.....	.....			$96,238.45	$0.00	$96,238.45
				$267,475.50	$0.00	$267,475.50
# of Claims	116					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,837.05	$0.00	$22,837.05
Medical.....	.....			$45,318.63	$0.00	$45,318.63
				$68,155.68	$0.00	$68,155.68
# of Claims	94					
# Open	0	Recovery Amount:	-$54.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$6,035.00	$16.00	$6,051.00
Indemnity.....	.....			$307,153.69	$0.00	$307,153.69
Medical.....	.....			$417,169.31	$150,004.79	$567,174.10
				$730,358.00	$150,020.79	$880,378.79
# of Claims	80					
# Open	1	Recovery Amount:	-$105.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,818.38	$739.41	$3,557.79
Indemnity.....	.....			$105,946.42	$0.00	$105,946.42
Medical.....	.....			$649,460.39	$392,226.48	$1,041,686.87
				$758,225.19	$392,965.89	$1,151,191.08
# of Claims	80					
# Open	1	Recovery Amount:	-$308.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$315.43	$0.00	$315.43
Indemnity.....	.....			$31,698.46	$0.00	$31,698.46
Medical.....	.....			$285,016.03	$0.00	$285,016.03
				$317,029.92	$0.00	$317,029.92
# of Claims	63					
# Open	0	Recovery Amount:	-$867.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$44,114.84	$52.00	$44,166.84
Indemnity.....	.....			$376,159.30	$0.00	$376,159.30
Medical.....	.....			$531,454.07	$343,922.21	$875,376.28
				$951,728.21	$343,974.21	$1,295,702.42
# of Claims	56					
# Open	2	Recovery Amount:	-$140.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,158.29	$0.00	$2,158.29
Medical.....	.....			$25,356.30	$0.00	$25,356.30
				$27,514.59	$0.00	$27,514.59
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,755.14	$0.00	$2,755.14
Medical.....	.....			$5,758.76	$0.00	$5,758.76
				$8,513.90	$0.00	$8,513.90
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,790.18	$0.00	$5,790.18
Indemnity.....	.....			$234,464.85	$0.00	$234,464.85
Medical.....	.....			$113,561.95	$0.00	$113,561.95
				$353,816.98	$0.00	$353,816.98
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$135.35	$0.00	$135.35
Indemnity.....	.....			$40,499.91	$0.00	$40,499.91
Medical.....	.....			$77,198.21	$0.00	$77,198.21
				$117,833.47	$0.00	$117,833.47
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,467.74	$0.00	$2,467.74
Medical.....	.....			$17,272.13	$0.00	$17,272.13
				$19,739.87	$0.00	$19,739.87
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$2,434.29	$0.00	$2,434.29
Medical.....	.....			$72,213.08	$0.00	$72,213.08
				$74,663.37	$0.00	$74,663.37
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$551.94	$0.00	$551.94
Medical.....	.....			$7,381.90	$0.00	$7,381.90
				$7,933.84	$0.00	$7,933.84
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$14,880.40	$6,919.13	$21,799.53
Indemnity.....	.....			$222,469.10	$0.00	$222,469.10
Medical.....	.....			$352,256.49	$157,237.48	$509,493.97
				$589,605.99	$164,156.61	$753,762.60
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$26,861.14	$2,012.94	$28,874.08
Indemnity.....	.....			$223,217.63	$0.00	$223,217.63
Medical.....	.....			$232,375.79	$399,129.52	$631,505.31
				$482,454.56	$401,142.46	$883,597.02
# of Claims	23					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$8.00	$16.00
Indemnity.....	.....			$8,020.66	$0.00	$8,020.66
Medical.....	.....			$111,429.60	$66,615.24	$178,044.84
				$119,458.26	$66,623.24	$186,081.50
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$2,200.37	$0.00	$2,200.37
Medical.....	.....			$24,990.88	$0.00	$24,990.88
				$27,227.25	$0.00	$27,227.25
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,499.52	$0.00	$8,499.52
				$8,499.52	$0.00	$8,499.52
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$8,678.16	$0.00	$8,678.16
Medical.....	.....			$46,213.55	$0.00	$46,213.55
				$54,931.71	$0.00	$54,931.71
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,213.00	$0.00	$2,213.00
Indemnity.....	.....			$33,319.71	$0.00	$33,319.71
Medical.....	.....			$201,197.28	$0.00	$201,197.28
				$236,729.99	$0.00	$236,729.99
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$64.00	$0.00	$64.00
Indemnity.....	.....			$19,156.38	$0.00	$19,156.38
Medical.....	.....			$29,032.02	$0.00	$29,032.02
				$48,252.40	$0.00	$48,252.40
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$185.99	$0.00	$185.99
Medical.....	.....			$26,843.54	$0.00	$26,843.54
				$27,037.53	$0.00	$27,037.53
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$922.32	$0.00	$922.32
Indemnity.....	.....			$28,908.03	$0.00	$28,908.03
Medical.....	.....			$40,993.22	$0.00	$40,993.22
				$70,823.57	$0.00	$70,823.57
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$250.93	$0.00	$250.93
Indemnity.....	.....			$659.42	$0.00	$659.42
Medical.....	.....			$10,228.38	$0.00	$10,228.38
				$11,138.73	$0.00	$11,138.73
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

768 -VADOC-KEEN MOUNTAIN CORR. CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$13,002.11	$0.00	$13,002.11
Indemnity.....	.....			$152,932.62	$0.00	$152,932.62
Medical.....	.....			$135,348.12	$0.00	$135,348.12
				$301,282.85	$0.00	$301,282.85
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$161.73	$0.00	$161.73
Indemnity.....	.....			$17,824.85	$0.00	$17,824.85
Medical.....	.....			$29,113.68	$0.00	$29,113.68
				$47,100.26	$0.00	$47,100.26
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,545.24	$0.00	$3,545.24
Indemnity.....	.....			$14,624.78	$0.00	$14,624.78
Medical.....	.....			$9,174.68	$0.00	$9,174.68
				$27,344.70	$0.00	$27,344.70
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$125.96	$10,824.98	$10,950.94
Indemnity.....	.....			$24,252.16	$28,638.49	$52,890.65
Medical.....	.....			$34,811.84	$88,376.99	$123,188.83
				$59,189.96	$127,840.46	$187,030.42
# of Claims	32					
# Open	6	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$128,038.19	$21,454.45	$149,492.64
Indemnity.....	.....			$3,387,410.36	$28,638.49	$3,416,048.85
Medical.....	.....			$4,940,132.61	$1,616,929.73	$6,557,062.34
				$8,455,581.16	$1,667,022.67	$10,122,603.83
# of Claims	1,571					
# Open	15	Recovery Amount:	-$3,627.22			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$383.50**	**$0.00**	**$383.50**
Indemnity				**$4,526.51**	**$0.00**	**$4,526.51**
Medical				**$6,729.38**	**$0.00**	**$6,729.38**
				$11,639.39	**$0.00**	**$11,639.39**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$12,643.53**	**$0.00**	**$12,643.53**
Indemnity				**$218,020.11**	**$0.00**	**$218,020.11**
Medical				**$159,242.66**	**$0.00**	**$159,242.66**
				$389,906.30	**$0.00**	**$389,906.30**
# of Claims	**115**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$21,892.63**	**$0.00**	**$21,892.63**
Indemnity				**$215,897.81**	**$0.00**	**$215,897.81**
Medical				**$324,598.37**	**$0.00**	**$324,598.37**
				$562,388.81	**$0.00**	**$562,388.81**
# of Claims	**225**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$697.05**	**$0.00**	**$697.05**
Indemnity				**$758,333.45**	**$0.00**	**$758,333.45**
Medical				**$365,306.45**	**$0.00**	**$365,306.45**
				$1,124,336.95	**$0.00**	**$1,124,336.95**
# of Claims	**294**					
# Open	**0**	**Recovery Amount:**	**-$230.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$8,281.32	$104.00	$8,385.32
Indemnity.....	.....			$373,605.83	$0.00	$373,605.83
Medical.....	.....			$892,409.73	$463,745.20	$1,356,154.93
				$1,274,296.88	$463,849.20	$1,738,146.08
# of Claims	230					
# Open	1	Recovery Amount:	-$235.85			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,505.65	$24.00	$3,529.65
Indemnity.....	.....			$227,944.25	$0.00	$227,944.25
Medical.....	.....			$502,014.43	$705,284.95	$1,207,299.38
				$733,464.33	$705,308.95	$1,438,773.28
# of Claims	294					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$639.56	$0.00	$639.56
Indemnity.....	.....			$43,602.38	$0.00	$43,602.38
Medical.....	.....			$120,735.40	$0.00	$120,735.40
				$164,977.34	$0.00	$164,977.34
# of Claims	240					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$96,782.19	$0.00	$96,782.19
Medical.....	.....			$405,821.78	$0.00	$405,821.78
				$502,603.97	$0.00	$502,603.97
# of Claims	274					
# Open	0	Recovery Amount:	-$461.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$7,517.75	$31,034.92	$38,552.67
Indemnity.....	.....			$379,457.65	$0.00	$379,457.65
Medical.....	.....			$1,628,190.82	$678,152.65	$2,306,343.47
				$2,015,166.22	$709,187.57	$2,724,353.79
# of Claims	321					
# Open	1	Recovery Amount:	-$7,185.99			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$234.36	$0.00	$234.36
Indemnity.....	.....			$27,819.87	$0.00	$27,819.87
Medical.....	.....			$64,290.78	$0.00	$64,290.78
				$92,345.01	$0.00	$92,345.01
# of Claims	194					
# Open	0	Recovery Amount:	-$439.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$18,903.42	$0.00	$18,903.42
Medical.....	.....			$101,776.39	$0.00	$101,776.39
				$120,711.81	$0.00	$120,711.81
# of Claims	192					
# Open	0	Recovery Amount:	-$82.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$200,859.89	$0.00	$200,859.89
Medical.....	.....			$413,732.75	$27,886.31	$441,619.06
				$614,592.64	$27,886.31	$642,478.95
# of Claims	147					
# Open	1	Recovery Amount:	-$564.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,297.30	$0.00	$35,297.30
Medical.....	.....			$100,592.84	$0.00	$100,592.84
				$135,890.14	$0.00	$135,890.14
# of Claims	172					
# Open	0	Recovery Amount:	-$1,304.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$14,193.00	$0.00	$14,193.00
Indemnity.....	.....			$203,080.29	$0.00	$203,080.29
Medical.....	.....			$98,154.56	$0.00	$98,154.56
				$315,427.85	$0.00	$315,427.85
# of Claims	142					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$491.40	$76.00	$567.40
Indemnity.....	.....			$21,415.06	$0.00	$21,415.06
Medical.....	.....			$200,060.31	$531,023.93	$731,084.24
				$221,966.77	$531,099.93	$753,066.70
# of Claims	143					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$502.00	$579.38	$1,081.38
Indemnity.....	.....			$9,252.89	$0.00	$9,252.89
Medical.....	.....			$217,708.36	$201,553.45	$419,261.81
				$227,463.25	$202,132.83	$429,596.08
# of Claims	161					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$9,899.63	$0.00	$9,899.63
Indemnity.....	.....			$68,329.64	$0.00	$68,329.64
Medical.....	.....			$736,290.57	$0.00	$736,290.57
				$814,519.84	$0.00	$814,519.84
# of Claims	147					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$50,673.59	$0.00	$50,673.59
Indemnity.....	.....			$495,444.11	$0.00	$495,444.11
Medical.....	.....			$532,051.92	$118,763.41	$650,815.33
				$1,078,169.62	$118,763.41	$1,196,933.03
# of Claims	154					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,186.48	$0.00	$1,186.48
Indemnity.....	.....			$33,339.69	$0.00	$33,339.69
Medical.....	.....			$216,648.55	$0.00	$216,648.55
				$251,174.72	$0.00	$251,174.72
# of Claims	160					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$12,290.33	$0.00	$12,290.33
Indemnity.....	.....			$379,897.98	$0.00	$379,897.98
Medical.....	.....			$663,454.40	$0.00	$663,454.40
				$1,055,642.71	$0.00	$1,055,642.71
# of Claims	122					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$12,769.60	$37.64	$12,807.24
Indemnity.....	.....			$299,243.64	$0.00	$299,243.64
Medical.....	.....			$395,270.31	$433,881.43	$829,151.74
				$707,283.55	$433,919.07	$1,141,202.62
# of Claims	234					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$19,030.81	$0.00	$19,030.81
Indemnity.....	.....			$488,785.35	$0.00	$488,785.35
Medical.....	.....			$1,150,417.28	$487,286.58	$1,637,703.86
				$1,658,233.44	$487,286.58	$2,145,520.02
# of Claims	114					
# Open	1	Recovery Amount:	-$64,012.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$1,435.94	$0.00	$1,435.94
Medical.....	.....			$72,256.01	$0.00	$72,256.01
				$73,719.95	$0.00	$73,719.95
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$877.83	$0.00	$877.83
Indemnity.....	.....			$17,483.56	$0.00	$17,483.56
Medical.....	.....			$113,020.44	$0.00	$113,020.44
				$131,381.83	$0.00	$131,381.83
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

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Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$254.00	$0.00	$254.00
Indemnity.....	.....			$14,531.63	$0.00	$14,531.63
Medical.....	.....			$97,868.17	$0.00	$97,868.17
				$112,653.80	$0.00	$112,653.80
# of Claims	93					
# Open	0	Recovery Amount:	-$1,678.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$17,807.82	$0.00	$17,807.82
Indemnity.....	.....			$104,532.94	$2,069.29	$106,602.23
Medical.....	.....			$525,212.65	$0.00	$525,212.65
				$647,553.41	$2,069.29	$649,622.70
# of Claims	113					
# Open	1	Recovery Amount:	-$454.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$23,653.23	$20,193.06	$43,846.29
Indemnity.....	.....			$438,475.19	$172,638.04	$611,113.23
Medical.....	.....			$301,092.43	$27,423.47	$328,515.90
				$763,220.85	$220,254.57	$983,475.42
# of Claims	81					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,387.57	$0.00	$2,387.57
Indemnity.....	.....			$35,592.21	$0.00	$35,592.21
Medical.....	.....			$821,330.16	$1,668.58	$822,998.74
				$859,309.94	$1,668.58	$860,978.52
# of Claims	77					
# Open	2	Recovery Amount:	-$20,206.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$3,046.57	$0.00	$3,046.57
Indemnity.....	.....			$109,744.16	$0.00	$109,744.16
Medical.....	.....			$134,074.19	$0.00	$134,074.19
				$246,864.92	$0.00	$246,864.92
# of Claims	131					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$62,198.64	$11,587.88	$73,786.52
Indemnity.....	.....			$428,294.72	$170,796.97	$599,091.69
Medical.....	.....			$661,690.75	$91,730.88	$753,421.63
				$1,152,184.11	$274,115.73	$1,426,299.84
# of Claims	125					
# Open	4	Recovery Amount:	-$4,278.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$4,032.20	$0.00	$4,032.20
Indemnity.....	.....			$1,567.64	$0.00	$1,567.64
Medical.....	.....			$27,477.64	$0.00	$27,477.64
				$33,077.48	$0.00	$33,077.48
# of Claims	93					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$23,953.94	$19,900.30	$43,854.24
Indemnity.....	.....			$99,875.60	$182,183.80	$282,059.40
Medical.....	.....			$95,352.99	$111,317.10	$206,670.09
				$219,182.53	$313,401.20	$532,583.73
# of Claims	73					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$14,798.20	$49.54	$14,847.74
Indemnity.....	.....			$53,409.25	$0.00	$53,409.25
Medical.....	.....			$84,136.73	$2,699.50	$86,836.23
				$152,344.18	$2,749.04	$155,093.22
# of Claims	50					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$241.78	$7,829.20	$8,070.98
Indemnity.....	.....			$13,897.75	$38,815.93	$52,713.68
Medical.....	.....			$74,438.65	$24,760.01	$99,198.66
				$88,578.18	$71,405.14	$159,983.32
# of Claims	36					
# Open	7	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

769 -VADOC-GREENSVILLE CORRECTIONAL CTR

Grand Totals

Expense			**$330,143.97**	**$91,415.92**	**$421,559.89**
Indemnity			**$5,918,679.90**	**$566,504.03**	**$6,485,183.93**
Medical			**$12,303,448.85**	**$3,907,177.45**	**$16,210,626.30**
			$18,552,272.72	**$4,565,097.40**	**$23,117,370.12**
# of Claims	**5,147**				
# Open	**33**	**Recovery Amount:**	**-$101,133.33**		

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$974.33**	**$0.00**	**$974.33**
Medical				**$7,968.93**	**$0.00**	**$7,968.93**
				$8,943.26	**$0.00**	**$8,943.26**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$260.00**	**$0.00**	**$260.00**
Indemnity				**$28,734.18**	**$0.00**	**$28,734.18**
Medical				**$25,108.19**	**$0.00**	**$25,108.19**
				$54,102.37	**$0.00**	**$54,102.37**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$189,970.40**	**$0.00**	**$189,970.40**
Medical				**$25,546.93**	**$0.00**	**$25,546.93**
				$215,517.33	**$0.00**	**$215,517.33**
# of Claims	**57**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,917.89	$0.00	$1,917.89
Medical.....	.....			$5,867.00	$0.00	$5,867.00
				$7,784.89	$0.00	$7,784.89
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$25,169.32	$0.00	$25,169.32
Medical.....	.....			$36,135.92	$0.00	$36,135.92
				$61,305.24	$0.00	$61,305.24
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$695.52	$0.00	$695.52
Indemnity.....	.....			$14,724.90	$0.00	$14,724.90
Medical.....	.....			$31,675.68	$0.00	$31,675.68
				$47,096.10	$0.00	$47,096.10
# of Claims	69					
# Open	0	Recovery Amount:	-$4,466.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$8,722.52	$4,659.72	$13,382.24
Indemnity.....	.....			$383,037.91	$0.00	$383,037.91
Medical.....	.....			$320,981.29	$435,569.70	$756,550.99
				$712,741.72	$440,229.42	$1,152,971.14
# of Claims	40					
# Open	1	Recovery Amount:	-$576.83			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,031.16	$0.00	$1,031.16
Medical.....	.....			$9,730.71	$0.00	$9,730.71
				$10,761.87	$0.00	$10,761.87
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$13,437.34	$0.00	$13,437.34
Indemnity.....	.....			$229,929.53	$0.00	$229,929.53
Medical.....	.....			$454,615.71	$0.00	$454,615.71
				$697,982.58	$0.00	$697,982.58
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,526.88	$0.00	$5,526.88
Medical.....	.....			$5,674.90	$0.00	$5,674.90
				$11,201.78	$0.00	$11,201.78
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,816.50	$0.00	$17,816.50
Medical.....	.....			$49,473.95	$0.00	$49,473.95
				$67,290.45	$0.00	$67,290.45
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$5,082.90	$0.00	$5,082.90
Indemnity.....	.....			$227,478.14	$0.00	$227,478.14
Medical.....	.....			$124,342.85	$0.00	$124,342.85
				$356,903.89	$0.00	$356,903.89
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$11,391.90	$0.00	$11,391.90
Indemnity.....	.....			$170,270.72	$0.00	$170,270.72
Medical.....	.....			$201,548.24	$0.00	$201,548.24
				$383,210.86	$0.00	$383,210.86
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$25,275.40	$0.00	$25,275.40
Indemnity.....	.....			$208,309.53	$0.00	$208,309.53
Medical.....	.....			$142,785.60	$0.00	$142,785.60
				$376,370.53	$0.00	$376,370.53
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$11,800.60	$0.00	$11,800.60
Indemnity.....	.....			$66,465.02	$0.00	$66,465.02
Medical.....	.....			$49,385.90	$0.00	$49,385.90
				$127,651.52	$0.00	$127,651.52
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$2,920.00**	**$0.00**	**$2,920.00**
Indemnity				**$5,000.74**	**$0.00**	**$5,000.74**
Medical				**$8,784.76**	**$0.00**	**$8,784.76**
				$16,705.50	**$0.00**	**$16,705.50**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$15,692.26**	**$0.00**	**$15,692.26**
Indemnity				**$244,299.70**	**$0.00**	**$244,299.70**
Medical				**$20,598.05**	**$0.00**	**$20,598.05**
				$280,590.01	**$0.00**	**$280,590.01**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$9,120.00**	**$0.00**	**$9,120.00**
Indemnity				**$30,236.18**	**$0.00**	**$30,236.18**
Medical				**$84,037.32**	**$0.00**	**$84,037.32**
				$123,393.50	**$0.00**	**$123,393.50**
# of Claims	**15**					
# Open	**0**	**Recovery Amount:**	**-$33,119.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$85.00**	**$0.00**	**$85.00**
				$85.00	**$0.00**	**$85.00**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,331.86	$0.00	$3,331.86
Medical.....	.....			$8,576.09	$0.00	$8,576.09
				$11,907.95	$0.00	$11,907.95
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,262.70	$0.00	$11,262.70
Medical.....	.....			$17,465.66	$0.00	$17,465.66
				$28,728.36	$0.00	$28,728.36
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$103.50	$0.00	$103.50
Indemnity.....	.....			$19,197.79	$0.00	$19,197.79
Medical.....	.....			$94,215.11	$0.00	$94,215.11
				$113,516.40	$0.00	$113,516.40
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$42.82	$0.00	$42.82
Indemnity.....	.....			$17,711.58	$0.00	$17,711.58
Medical.....	.....			$36,040.43	$0.00	$36,040.43
				$53,794.83	$0.00	$53,794.83
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$29.32	$0.00	$29.32
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,227.28	$0.00	$8,227.28
				$8,256.60	$0.00	$8,256.60
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16,025.43	$1,639.30	$17,664.73
Indemnity.....	.....			$189,372.50	$140,328.15	$329,700.65
Medical.....	.....			$40,167.52	$37,623.84	$77,791.36
				$245,565.45	$179,591.29	$425,156.74
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$88.05	$0.00	$88.05
Indemnity.....	.....			$427.92	$0.00	$427.92
Medical.....	.....			$14,197.34	$0.00	$14,197.34
				$14,713.31	$0.00	$14,713.31
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$7,225.03	$0.00	$7,225.03
Indemnity.....	.....			$9,978.36	$0.00	$9,978.36
Medical.....	.....			$30,322.25	$0.00	$30,322.25
				$47,525.64	$0.00	$47,525.64
# of Claims	27					
# Open	0	Recovery Amount:	-$17,825.83			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

770 -VADOC-DILLWYN CORRECTIONAL CENTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$79.80	$0.00	$79.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,999.38	$0.00	$4,999.38
				$5,079.18	$0.00	$5,079.18
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$131.00	$0.00	$131.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,037.02	$0.00	$6,037.02
				$6,168.02	$0.00	$6,168.02
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$163.60	$3,624.60	$3,788.20
Indemnity.....	.....			$13,177.66	$32,819.58	$45,997.24
Medical.....	.....			$19,038.14	$149,007.40	$168,045.54
				$32,379.40	$185,451.58	$217,830.98
# of Claims	17					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$13,510.76	$117.00	$13,627.76
Indemnity.....	.....			$19,575.53	$1,919.19	$21,494.72
Medical.....	.....			$15,926.50	$24,117.20	$40,043.70
				$49,012.79	$26,153.39	$75,166.18
# of Claims	10					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$141,797.75	$10,040.62	$151,838.37
Indemnity.....	.....			$2,134,928.93	$175,066.92	$2,309,995.85
Medical.....	.....			$1,899,559.65	$646,318.14	$2,545,877.79
				$4,176,286.33	$831,425.68	$5,007,712.01
# of Claims	798					
# Open	6	Recovery Amount:	-$55,988.76			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,866.20	$0.00	$10,866.20
Medical.....	.....			$76,347.87	$0.00	$76,347.87
				$87,214.07	$0.00	$87,214.07
# of Claims	36					
# Open	0	Recovery Amount:	-$7,333.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$20,904.74	$0.00	$20,904.74
Medical.....	.....			$61,202.37	$0.00	$61,202.37
				$82,107.11	$0.00	$82,107.11
# of Claims	50					
# Open	0	Recovery Amount:	-$10,412.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$578.50	$0.00	$578.50
Indemnity.....	.....			$8,169.32	$0.00	$8,169.32
Medical.....	.....			$37,545.00	$0.00	$37,545.00
				$46,292.82	$0.00	$46,292.82
# of Claims	87					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$13,706.38	$0.00	$13,706.38
Medical.....	.....			$12,200.85	$0.00	$12,200.85
				$25,907.23	$0.00	$25,907.23
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,178.23	$0.00	$2,178.23
Indemnity.....	.....			$362,705.06	$0.00	$362,705.06
Medical.....	.....			$283,555.22	$0.00	$283,555.22
				$648,438.51	$0.00	$648,438.51
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,552.56	$0.00	$2,552.56
Medical.....	.....			$13,006.83	$0.00	$13,006.83
				$15,559.39	$0.00	$15,559.39
# of Claims	54					
# Open	0	Recovery Amount:	-$61.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,725.42	$0.00	$7,725.42
Medical.....	.....			$20,676.65	$0.00	$20,676.65
				$28,402.07	$0.00	$28,402.07
# of Claims	57					
# Open	0	Recovery Amount:	-$269.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$34,584.70	$0.00	$34,584.70
Medical.....	.....			$90,963.50	$0.00	$90,963.50
				$125,548.20	$0.00	$125,548.20
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$19,326.44	$0.00	$19,326.44
Indemnity.....	.....			$190,347.42	$0.00	$190,347.42
Medical.....	.....			$104,157.91	$0.00	$104,157.91
				$313,831.77	$0.00	$313,831.77
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,892.10	$0.00	$1,892.10
Medical.....	.....			$60,632.21	$9,640.71	$70,272.92
				$62,532.31	$9,640.71	$72,173.02
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,224.13	$0.00	$4,224.13
Medical.....	.....			$13,199.26	$0.00	$13,199.26
				$17,423.39	$0.00	$17,423.39
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$10,302.00	$2,342.00	$12,644.00
Indemnity.....	.....			$118,538.09	$0.00	$118,538.09
Medical.....	.....			$307,834.65	$314,877.10	$622,711.75
				$436,674.74	$317,219.10	$753,893.84
# of Claims	26					
# Open	1	Recovery Amount:	-$1,205.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$553.58	$16.00	$569.58
Indemnity.....	.....			$6,670.13	$0.00	$6,670.13
Medical.....	.....			$72,469.23	$247,852.41	$320,321.64
				$79,692.94	$247,868.41	$327,561.35
# of Claims	23					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,709.28	$0.00	$5,709.28
Medical.....	.....			$10,321.41	$0.00	$10,321.41
				$16,030.69	$0.00	$16,030.69
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,612.47	$0.00	$8,612.47
				$8,612.47	$0.00	$8,612.47
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$15,301.92	$0.00	$15,301.92
Medical.....	.....			$28,806.67	$0.00	$28,806.67
				$44,148.59	$0.00	$44,148.59
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$3,104.40	$0.00	$3,104.40
Indemnity.....	.....			$260.73	$0.00	$260.73
Medical.....	.....			$71,770.10	$0.00	$71,770.10
				$75,135.23	$0.00	$75,135.23
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,337.45	$0.00	$9,337.45
Medical.....	.....			$35,292.73	$0.00	$35,292.73
				$44,630.18	$0.00	$44,630.18
# of Claims	20					
# Open	0	Recovery Amount:	-$241.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$2,172.00	$0.00	$2,172.00
Indemnity.....	.....			$7,838.10	$0.00	$7,838.10
Medical.....	.....			$25,762.67	$0.00	$25,762.67
				$35,772.77	$0.00	$35,772.77
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,802.88	$0.00	$4,802.88
				$4,802.88	$0.00	$4,802.88
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$48.82	$0.00	$48.82
Indemnity.....	.....			$14,035.75	$0.00	$14,035.75
Medical.....	.....			$46,055.31	$0.00	$46,055.31
				$60,139.88	$0.00	$60,139.88
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,260.82	$0.00	$2,260.82
Indemnity.....	.....			$80,752.94	$0.00	$80,752.94
Medical.....	.....			$64,833.81	$0.00	$64,833.81
				$147,847.57	$0.00	$147,847.57
# of Claims	17					
# Open	0	Recovery Amount:	-$50,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$4,779.00	$0.00	$4,779.00
Indemnity.....	.....			$10,447.98	$0.00	$10,447.98
Medical.....	.....			$17,600.87	$0.00	$17,600.87
				$32,827.85	$0.00	$32,827.85
# of Claims	7					
# Open	0	Recovery Amount:	-$3,430.87			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$624.97	$0.00	$624.97
Medical.....	.....			$3,943.82	$0.00	$3,943.82
				$4,584.79	$0.00	$4,584.79
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$115.10	$0.00	$115.10
Indemnity.....	.....			$8,626.11	$0.00	$8,626.11
Medical.....	.....			$39,978.01	$0.00	$39,978.01
				$48,719.22	$0.00	$48,719.22
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$98.35	$0.00	$98.35
Indemnity.....	.....			$14,493.35	$0.00	$14,493.35
Medical.....	.....			$51,937.90	$0.00	$51,937.90
				$66,529.60	$0.00	$66,529.60
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,880.50	$0.00	$3,880.50
Indemnity.....	.....			$8,462.99	$0.00	$8,462.99
Medical.....	.....			$28,645.97	$0.00	$28,645.97
				$40,989.46	$0.00	$40,989.46
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$72.10	$0.00	$72.10
Indemnity.....	.....			$1,955.84	$2,700.00	$4,655.84
Medical.....	.....			$12,194.82	$3,000.00	$15,194.82
				$14,222.76	$5,700.00	$19,922.76
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,108.62	$10,954.88	$14,063.50
Indemnity.....	.....			$28,357.75	$69,949.29	$98,307.04
Medical.....	.....			$12,518.46	$27,510.43	$40,028.89
				$43,984.83	$108,414.60	$152,399.43
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

771 -VADOC-INDIAN CREEK CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$78.48**	**$292.00**	**$370.48**
Indemnity				**$0.00**	**$3,500.00**	**$3,500.00**
Medical				**$5,084.57**	**$12,786.50**	**$17,871.07**
				$5,163.05	**$16,578.50**	**$21,741.55**
# of Claims	**24**					
# Open	**5**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$52,720.94**	**$13,604.88**	**$66,325.82**
Indemnity				**$989,091.41**	**$76,149.29**	**$1,065,240.70**
Medical				**$1,621,954.02**	**$615,667.15**	**$2,237,621.17**
				$2,663,766.37	**$705,421.32**	**$3,369,187.69**
# of Claims	**885**					
# Open	**10**	**Recovery Amount:**	**-$72,954.24**			

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,018.01**	**$0.00**	**$11,018.01**
Medical				**$15,424.32**	**$0.00**	**$15,424.32**
				$26,442.33	**$0.00**	**$26,442.33**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,632.69**	**$0.00**	**$2,632.69**
Medical				**$30,050.61**	**$0.00**	**$30,050.61**
				$32,683.30	**$0.00**	**$32,683.30**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$40.50	$0.00	$40.50
Indemnity.....	.....			$160,311.40	$0.00	$160,311.40
Medical.....	.....			$155,792.76	$0.00	$155,792.76
				$316,144.66	$0.00	$316,144.66
# of Claims	91					
# Open	0	Recovery Amount:	-$1,210.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,608.48	$0.00	$1,608.48
Indemnity.....	.....			$39,268.64	$0.00	$39,268.64
Medical.....	.....			$181,673.05	$0.00	$181,673.05
				$222,550.17	$0.00	$222,550.17
# of Claims	90					
# Open	0	Recovery Amount:	-$595.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$326.40	$0.00	$326.40
Indemnity.....	.....			$7,636.35	$0.00	$7,636.35
Medical.....	.....			$31,161.68	$0.00	$31,161.68
				$39,124.43	$0.00	$39,124.43
# of Claims	29					
# Open	0	Recovery Amount:	-$2,053.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,175.83	$0.00	$7,175.83
Medical.....	.....			$18,749.19	$0.00	$18,749.19
				$25,925.02	$0.00	$25,925.02
# of Claims	53					
# Open	0	Recovery Amount:	-$350.69			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,356.80	$0.00	$15,356.80
Medical.....	.....			$38,192.97	$0.00	$38,192.97
				$53,549.77	$0.00	$53,549.77
# of Claims	47					
# Open	0	Recovery Amount:	-$225.77			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$299.97	$0.00	$299.97
Indemnity.....	.....			$62,984.68	$0.00	$62,984.68
Medical.....	.....			$71,148.14	$0.00	$71,148.14
				$134,432.79	$0.00	$134,432.79
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$992.00	$0.00	$992.00
Indemnity.....	.....			$49,698.76	$0.00	$49,698.76
Medical.....	.....			$168,228.55	$0.00	$168,228.55
				$218,919.31	$0.00	$218,919.31
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,443.92	$0.00	$3,443.92
Medical.....	.....			$52,212.30	$0.00	$52,212.30
				$55,656.22	$0.00	$55,656.22
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,630.37	$0.00	$5,630.37
				$5,630.37	$0.00	$5,630.37
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$640.35	$0.00	$640.35
Medical.....	.....			$3,839.87	$0.00	$3,839.87
				$4,480.22	$0.00	$4,480.22
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$628.62	$0.00	$628.62
Medical.....	.....			$2,492.91	$0.00	$2,492.91
				$3,121.53	$0.00	$3,121.53
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$29.08	$0.00	$29.08
Indemnity.....	.....			$1,450.95	$0.00	$1,450.95
Medical.....	.....			$23,414.38	$0.00	$23,414.38
				$24,894.41	$0.00	$24,894.41
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$514.32	$0.00	$514.32
Medical.....	.....			$7,560.36	$0.00	$7,560.36
				$8,074.68	$0.00	$8,074.68
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$48.00	$0.00	$48.00
Indemnity.....	.....			$7,967.14	$0.00	$7,967.14
Medical.....	.....			$22,295.37	$0.00	$22,295.37
				$30,310.51	$0.00	$30,310.51
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,643.29	$0.00	$4,643.29
Medical.....	.....			$22,768.94	$0.00	$22,768.94
				$27,412.23	$0.00	$27,412.23
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$8,068.85	$0.00	$8,068.85
Medical.....	.....			$31,830.41	$0.00	$31,830.41
				$39,941.26	$0.00	$39,941.26
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$815.83	$16.00	$831.83
Indemnity.....	.....			$9,828.43	$0.00	$9,828.43
Medical.....	.....			$472,619.28	$157,028.13	$629,647.41
				$483,263.54	$157,044.13	$640,307.67
# of Claims	25					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,203.71	$0.00	$6,203.71
Medical.....	.....			$54,732.85	$0.00	$54,732.85
				$60,936.56	$0.00	$60,936.56
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$688.49	$0.00	$688.49
Indemnity.....	.....			$12,889.03	$0.00	$12,889.03
Medical.....	.....			$29,535.09	$0.00	$29,535.09
				$43,112.61	$0.00	$43,112.61
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$392.30	$0.00	$392.30
Indemnity.....	.....			$18,192.54	$0.00	$18,192.54
Medical.....	.....			$91,941.48	$0.00	$91,941.48
				$110,526.32	$0.00	$110,526.32
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$135.63	$0.00	$135.63
Indemnity.....	.....			$7,141.37	$0.00	$7,141.37
Medical.....	.....			$14,436.64	$0.00	$14,436.64
				$21,713.64	$0.00	$21,713.64
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$10,549.70	$0.00	$10,549.70
Indemnity.....	.....			$168,182.50	$0.00	$168,182.50
Medical.....	.....			$163,412.04	$0.00	$163,412.04
				$342,144.24	$0.00	$342,144.24
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$2,227.47	$0.00	$2,227.47
Indemnity.....	.....			$6,530.42	$0.00	$6,530.42
Medical.....	.....			$14,673.10	$0.00	$14,673.10
				$23,430.99	$0.00	$23,430.99
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,191.58	$0.00	$2,191.58
Indemnity.....	.....			$3,589.20	$0.00	$3,589.20
Medical.....	.....			$15,846.94	$0.00	$15,846.94
				$21,627.72	$0.00	$21,627.72
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

772 -VADOC-HAYNESVILLE CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$145.03	$0.00	$145.03
Indemnity.....	.....			$825.74	$0.00	$825.74
Medical.....	.....			$15,644.99	$0.00	$15,644.99
				$16,615.76	$0.00	$16,615.76
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$5,080.54	$0.00	$5,080.54
Indemnity.....	.....			$11,893.87	$0.00	$11,893.87
Medical.....	.....			$35,126.00	$0.00	$35,126.00
				$52,100.41	$0.00	$52,100.41
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,089.45	$0.00	$2,089.45
				$2,100.15	$0.00	$2,100.15
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$75.00	$93.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,465.32	$8,650.00	$11,115.32
				$2,484.14	$8,725.00	$11,209.14
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$25,642.52	$91.00	$25,733.52
Indemnity.....	.....			$628,717.41	$0.00	$628,717.41
Medical.....	.....			$1,794,989.36	$165,678.13	$1,960,667.49
				$2,449,349.29	$165,769.13	$2,615,118.42
# of Claims	929					
# Open	2	Recovery Amount:	-$4,435.24			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$5,119.34**	**$0.00**	**$5,119.34**
Indemnity				**$164,010.20**	**$0.00**	**$164,010.20**
Medical				**$120,606.56**	**$0.00**	**$120,606.56**
				$289,736.10	**$0.00**	**$289,736.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$76.94**	**$0.00**	**$76.94**
				$76.94	**$0.00**	**$76.94**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$57.25**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,228.60	$0.00	$3,228.60
Medical.....	.....			$17,807.03	$0.00	$17,807.03
				$21,035.63	$0.00	$21,035.63
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$14.76	$0.00	$14.76
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$29,680.42	$0.00	$29,680.42
				$29,695.18	$0.00	$29,695.18
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32,143.01	$0.00	$32,143.01
Medical.....	.....			$82,520.80	$0.00	$82,520.80
				$114,663.81	$0.00	$114,663.81
# of Claims	92					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$179.99	$0.00	$179.99
Indemnity.....	.....			$331,809.54	$0.00	$331,809.54
Medical.....	.....			$181,364.00	$0.00	$181,364.00
				$513,353.53	$0.00	$513,353.53
# of Claims	63					
# Open	0	Recovery Amount:	-$495.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$170.52	$0.00	$170.52
Indemnity.....	.....			$63,453.35	$0.00	$63,453.35
Medical.....	.....			$110,570.85	$0.00	$110,570.85
				$174,194.72	$0.00	$174,194.72
# of Claims	62					
# Open	0	Recovery Amount:	-$1,461.96			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,563.09	$0.00	$9,563.09
Medical.....	.....			$27,251.51	$0.00	$27,251.51
				$36,814.60	$0.00	$36,814.60
# of Claims	36					
# Open	0	Recovery Amount:	-$150.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$46.40	$0.00	$46.40
Indemnity.....	.....			$4,714.23	$0.00	$4,714.23
Medical.....	.....			$47,715.99	$0.00	$47,715.99
				$52,476.62	$0.00	$52,476.62
# of Claims	24					
# Open	0	Recovery Amount:	-$259.36			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$646.48	$0.00	$646.48
Indemnity.....	.....			$102,217.89	$0.00	$102,217.89
Medical.....	.....			$81,251.25	$0.00	$81,251.25
				$184,115.62	$0.00	$184,115.62
# of Claims	32					
# Open	0	Recovery Amount:	-$413.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$10,391.65	$18.82	$10,410.47
Indemnity.....	.....			$161,540.39	$0.00	$161,540.39
Medical.....	.....			$567,842.42	$839,390.77	$1,407,233.19
				$739,774.46	$839,409.59	$1,579,184.05
# of Claims	16					
# Open	1	Recovery Amount:	-$523.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33,017.38	$0.00	$33,017.38
Medical.....	.....			$71,760.48	$0.00	$71,760.48
				$104,777.86	$0.00	$104,777.86
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$1,830.50	$0.00	$1,830.50
Indemnity.....	.....			$69,252.30	$0.00	$69,252.30
Medical.....	.....			$53,478.67	$0.00	$53,478.67
				$124,561.47	$0.00	$124,561.47
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,960.75	$0.00	$9,960.75
Medical.....	.....			$26,941.30	$0.00	$26,941.30
				$36,902.05	$0.00	$36,902.05
# of Claims	33					
# Open	0	Recovery Amount:	-$5,922.06			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,332.00	$0.00	$7,332.00
Indemnity.....	.....			$76,152.48	$0.00	$76,152.48
Medical.....	.....			$46,228.78	$0.00	$46,228.78
				$129,713.26	$0.00	$129,713.26
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$174.16	$0.00	$174.16
Indemnity.....	.....			$7,263.63	$0.00	$7,263.63
Medical.....	.....			$33,539.18	$0.00	$33,539.18
				$40,976.97	$0.00	$40,976.97
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,539.77	$0.00	$12,539.77
Medical.....	.....			$54,331.41	$0.00	$54,331.41
				$66,871.18	$0.00	$66,871.18
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,621.56	$0.00	$4,621.56
Indemnity.....	.....			$113,130.02	$0.00	$113,130.02
Medical.....	.....			$96,097.66	$0.00	$96,097.66
				$213,849.24	$0.00	$213,849.24
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$7,003.34	$0.00	$7,003.34
Indemnity.....	.....			$166,792.71	$0.00	$166,792.71
Medical.....	.....			$100,965.78	$0.00	$100,965.78
				$274,761.83	$0.00	$274,761.83
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$486.01	$0.00	$486.01
Medical.....	.....			$18,062.04	$0.00	$18,062.04
				$18,590.05	$0.00	$18,590.05
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$6,326.58	$30,703.39	$37,029.97
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$84,744.49	$129,513.85	$214,258.34
				$91,071.07	$160,217.24	$251,288.31
# of Claims	36					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$4,000.74	$0.00	$4,000.74
Medical.....	.....			$11,947.40	$0.00	$11,947.40
				$15,956.14	$0.00	$15,956.14
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$38,687.99	$7,058.73	$45,746.72
Indemnity.....	.....			$235,553.12	$33,251.43	$268,804.55
Medical.....	.....			$311,669.76	$580,331.18	$892,000.94
				$585,910.87	$620,641.34	$1,206,552.21
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$11,131.46	$0.00	$11,131.46
Indemnity.....	.....			$337,949.23	$0.00	$337,949.23
Medical.....	.....			$375,073.76	$0.00	$375,073.76
				$724,154.45	$0.00	$724,154.45
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,168.60	$0.00	$2,168.60
Indemnity.....	.....			$3,124.21	$0.00	$3,124.21
Medical.....	.....			$19,510.78	$0.00	$19,510.78
				$24,803.59	$0.00	$24,803.59
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$6,384.36	$0.00	$6,384.36
Indemnity.....	.....			$41,053.55	$0.00	$41,053.55
Medical.....	.....			$36,361.51	$0.00	$36,361.51
				$83,799.42	$0.00	$83,799.42
# of Claims	24					
# Open	0	Recovery Amount:	-$4,064.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$261.13	$0.00	$261.13
Indemnity.....	.....			$1,116.02	$0.00	$1,116.02
Medical.....	.....			$32,743.32	$0.00	$32,743.32
				$34,120.47	$0.00	$34,120.47
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

773 -VADOC-COFFEEWOOD CORRECTIONAL CTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			$109.80	$0.00	$109.80
Indemnity.....	.....			$28,783.86	$0.00	$28,783.86
Medical.....	.....			$58,940.07	$0.00	$58,940.07
				$87,833.73	$0.00	$87,833.73
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	.....			$4,691.70	$328.26	$5,019.96
Indemnity.....	.....			$44,233.59	$51,397.52	$95,631.11
Medical.....	.....			$102,673.63	$39,970.42	$142,644.05
				$151,598.92	$91,696.20	$243,295.12
# of Claims	26					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			$12,049.07	$3,637.13	$15,686.20
Indemnity.....	.....			$71,292.65	$19,735.92	$91,028.57
Medical.....	.....			$20,396.11	$30,909.57	$51,305.68
				$103,737.83	$54,282.62	$158,020.45
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			$59.34	$473.82	$533.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,239.71	$14,555.79	$24,795.50
				$10,299.05	$15,029.61	$25,328.66
# of Claims	17					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$119,450.73	$42,220.15	$161,670.88
Indemnity.....	.....			$2,128,382.32	$104,384.87	$2,232,767.19
Medical.....	.....			$2,832,393.61	$1,634,671.58	$4,467,065.19
				$5,080,226.66	$1,781,276.60	$6,861,503.26
# of Claims	964					
# Open	13	Recovery Amount:	-$13,347.10			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS
774 -VADOC-LUNENBERG CORRECTIONAL CENTE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,598.40**	**$0.00**	**$1,598.40**
Medical				**$8,701.55**	**$0.00**	**$8,701.55**
				$10,299.95	**$0.00**	**$10,299.95**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,289.13**	**$0.00**	**$1,289.13**
Medical				**$5,560.71**	**$0.00**	**$5,560.71**
				$6,849.84	**$0.00**	**$6,849.84**
# of Claims	**63**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$3,580.12**	**$24.00**	**$3,604.12**
Indemnity				**$153,291.62**	**$0.00**	**$153,291.62**
Medical				**$188,692.45**	**$324,348.76**	**$513,041.21**
				$345,564.19	**$324,372.76**	**$669,936.95**
# of Claims	**64**					
# Open	**1**	**Recovery Amount:**	**-$182.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$76,033.43	$0.00	$76,033.43
Medical.....	.....			$109,527.64	$0.00	$109,527.64
				$185,561.07	$0.00	$185,561.07
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,657.39	$0.00	$1,657.39
				$1,657.39	$0.00	$1,657.39
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,528.65	$0.00	$6,528.65
Medical.....	.....			$78,955.10	$0.00	$78,955.10
				$85,483.75	$0.00	$85,483.75
# of Claims	22					
# Open	0	Recovery Amount:	-$32,519.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,598.24	$0.00	$2,598.24
				$2,598.24	$0.00	$2,598.24
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$916.00	$0.00	$916.00
				$916.00	$0.00	$916.00
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$987.78	$0.00	$987.78
				$987.78	$0.00	$987.78
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18,173.31	$0.00	$18,173.31
Indemnity.....	.....			$172,685.66	$0.00	$172,685.66
Medical.....	.....			$839,656.93	$0.00	$839,656.93
				$1,030,515.90	$0.00	$1,030,515.90
# of Claims	11					
# Open	0	Recovery Amount:	-$823.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$257.98	$0.00	$257.98
				$257.98	$0.00	$257.98
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,214.76	$0.00	$2,214.76
Medical.....	.....			$15,715.45	$0.00	$15,715.45
				$17,930.21	$0.00	$17,930.21
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$234.45	$0.00	$234.45
Indemnity.....	.....			$265.87	$0.00	$265.87
Medical.....	.....			$5,630.93	$0.00	$5,630.93
				$6,131.25	$0.00	$6,131.25
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$502.80	$0.00	$502.80
Medical.....	.....			$1,686.49	$0.00	$1,686.49
				$2,189.29	$0.00	$2,189.29
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,438.48	$0.00	$1,438.48
				$1,458.48	$0.00	$1,458.48
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$10,647.02	$0.00	$10,647.02
Indemnity.....	.....			$61.88	$0.00	$61.88
Medical.....	.....			$6,232.79	$0.00	$6,232.79
				$16,941.69	$0.00	$16,941.69
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$693.03	$0.00	$693.03
Medical.....	.....			$10,616.37	$0.00	$10,616.37
				$11,341.40	$0.00	$11,341.40
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,671.34	$0.00	$2,671.34
				$2,671.34	$0.00	$2,671.34
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,038.85	$0.00	$1,038.85
				$1,038.85	$0.00	$1,038.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$41.75	$0.00	$41.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,095.94	$0.00	$1,095.94
				$1,137.69	$0.00	$1,137.69
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$400.00	$0.00	$400.00
Indemnity.....	.....			$29,049.02	$0.00	$29,049.02
Medical.....	.....			$125,008.12	$0.00	$125,008.12
				$154,457.14	$0.00	$154,457.14
# of Claims	13					
# Open	0	Recovery Amount:	-$15,974.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,650.72	$0.00	$9,650.72
				$9,650.72	$0.00	$9,650.72
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$31.84	$0.00	$31.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,576.53	$0.00	$4,576.53
				$4,608.37	$0.00	$4,608.37
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,050.00	$0.00	$3,050.00
Indemnity.....	.....			$4,536.35	$0.00	$4,536.35
Medical.....	.....			$6,678.19	$0.00	$6,678.19
				$14,264.54	$0.00	$14,264.54
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$25.80	$0.00	$25.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,491.91	$0.00	$2,491.91
				$2,517.71	$0.00	$2,517.71
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$84.75	$0.00	$84.75
Indemnity.....	.....			$1,811.47	$0.00	$1,811.47
Medical.....	.....			$1,301.56	$0.00	$1,301.56
				$3,197.78	$0.00	$3,197.78
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$487.95	$0.00	$487.95
				$487.95	$0.00	$487.95
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$10.81	$0.00	$10.81
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$189.55	$0.00	$189.55
				$200.36	$0.00	$200.36
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Grand Totals

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

Expense			**$36,331.85**	**$24.00**	**$36,355.85**
Indemnity			**$450,562.07**	**$0.00**	**$450,562.07**
Medical			**$1,434,022.94**	**$324,348.76**	**$1,758,371.70**
			$1,920,916.86	**$324,372.76**	**$2,245,289.62**
# of Claims	**562**				
# Open	**1**	**Recovery Amount:**	**-$49,499.63**		

775 -VADOC-Pocahontas State Corr. Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$4,577.59**	**$0.00**	**$4,577.59**
Indemnity				**$5,620.83**	**$0.00**	**$5,620.83**
Medical				**$53,975.31**	**$0.00**	**$53,975.31**
				$64,173.73	**$0.00**	**$64,173.73**
# of Claims	**14**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$27.00**	**$0.00**	**$27.00**
Indemnity				**$5,179.18**	**$0.00**	**$5,179.18**
Medical				**$34,262.67**	**$0.00**	**$34,262.67**
				$39,468.85	**$0.00**	**$39,468.85**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$10,566.06**	**$8.00**	**$10,574.06**
Indemnity				**$222,163.78**	**$0.00**	**$222,163.78**
Medical				**$244,098.16**	**$31,262.40**	**$275,360.56**
				$476,828.00	**$31,270.40**	**$508,098.40**
# of Claims	**24**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

775 -VADOC-Pocahontas State Corr. Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$2,789.39	$0.00	$2,789.39
Indemnity.....	.....			$25,523.37	$0.00	$25,523.37
Medical.....	.....			$68,433.34	$0.00	$68,433.34
				$96,746.10	$0.00	$96,746.10
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$122.20	$0.00	$122.20
Indemnity.....	.....			$16,260.98	$0.00	$16,260.98
Medical.....	.....			$40,930.38	$0.00	$40,930.38
				$57,313.56	$0.00	$57,313.56
# of Claims	29					
# Open	0	Recovery Amount:	-$14,335.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,320.80	$0.00	$2,320.80
Medical.....	.....			$35,566.88	$0.00	$35,566.88
				$37,887.68	$0.00	$37,887.68
# of Claims	25					
# Open	0	Recovery Amount:	-$10,084.66			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,048.95	$0.00	$2,048.95
Indemnity.....	.....			$6,977.90	$0.00	$6,977.90
Medical.....	.....			$91,568.99	$149,752.96	$241,321.95
				$100,595.84	$149,752.96	$250,348.80
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

775 -VADOC-Pocahontas State Corr. Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$20,080.44	$150.56	$20,231.00
Indemnity.....	.....			$188,034.06	$29,675.62	$217,709.68
Medical.....	.....			$41,835.83	$80,366.09	$122,201.92
				$249,950.33	$110,192.27	$360,142.60
# of Claims	21					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,274.15	$0.00	$5,274.15
				$5,282.15	$0.00	$5,282.15
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$16.88	$0.00	$16.88
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,910.05	$0.00	$8,910.05
				$8,926.93	$0.00	$8,926.93
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$6,727.56	$0.00	$6,727.56
Indemnity.....	.....			$18,587.15	$0.00	$18,587.15
Medical.....	.....			$23,186.89	$0.00	$23,186.89
				$48,501.60	$0.00	$48,501.60
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

775 -VADOC-Pocahontas State Corr. Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$84.49	$0.00	$84.49
Medical.....	.....			$26,315.17	$0.00	$26,315.17
				$26,423.66	$0.00	$26,423.66
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$5,380.09	$0.00	$5,380.09
Indemnity.....	.....			$9,802.37	$0.00	$9,802.37
Medical.....	.....			$57,697.68	$0.00	$57,697.68
				$72,880.14	$0.00	$72,880.14
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$500.76	$0.00	$500.76
Medical.....	.....			$7,400.78	$0.00	$7,400.78
				$7,909.54	$0.00	$7,909.54
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$4,797.57	$16,208.40	$21,005.97
Indemnity.....	.....			$59,829.36	$54,529.76	$114,359.12
Medical.....	.....			$93,568.28	$62,839.61	$156,407.89
				$158,195.21	$133,577.77	$291,772.98
# of Claims	16					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

775 -VADOC-Pocahontas State Corr. Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,012.67**	**$1,200.00**	**$7,212.67**
				$6,012.67	**$1,250.00**	**$7,262.67**
# of Claims	**13**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$57,173.73**	**$16,416.96**	**$73,590.69**
Indemnity				**$560,885.03**	**$84,205.38**	**$645,090.41**
Medical				**$839,037.23**	**$325,421.06**	**$1,164,458.29**
				$1,457,095.99	**$426,043.40**	**$1,883,139.39**
# of Claims	**318**					
# Open	**7**	**Recovery Amount:**	**-$24,420.07**			

776 -VADOC-Green Rock Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,015.45**	**$0.00**	**$1,015.45**
Indemnity				**$16,761.50**	**$0.00**	**$16,761.50**
Medical				**$45,699.31**	**$0.00**	**$45,699.31**
				$63,476.26	**$0.00**	**$63,476.26**
# of Claims	**13**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$22,525.48**	**$0.00**	**$22,525.48**
Indemnity				**$396,910.64**	**$0.00**	**$396,910.64**
Medical				**$435,333.69**	**$10,965.39**	**$446,299.08**
				$854,769.81	**$10,965.39**	**$865,735.20**
# of Claims	**41**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

776 -VADOC-Green Rock Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$10,312.99	$2,549.17	$12,862.16
Indemnity.....	.....			$177,436.67	$0.00	$177,436.67
Medical.....	.....			$242,070.51	$238,385.16	$480,455.67
				$429,820.17	$240,934.33	$670,754.50
# of Claims	24					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$5,193.45	$0.00	$5,193.45
Indemnity.....	.....			$87,746.42	$0.00	$87,746.42
Medical.....	.....			$29,463.16	$0.00	$29,463.16
				$122,403.03	$0.00	$122,403.03
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,544.07	$0.00	$11,544.07
				$11,544.07	$0.00	$11,544.07
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,888.93	$0.00	$1,888.93
Medical.....	.....			$14,454.36	$0.00	$14,454.36
				$16,343.29	$0.00	$16,343.29
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

776 -VADOC-Green Rock Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$1,301.00**	**$0.00**	**$1,301.00**
Indemnity				**$21,271.59**	**$0.00**	**$21,271.59**
Medical				**$25,466.28**	**$0.00**	**$25,466.28**
				$48,038.87	**$0.00**	**$48,038.87**
# of Claims	**24**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$30,571.64**	**$11,896.34**	**$42,467.98**
Indemnity				**$461,328.62**	**$15,049.97**	**$476,378.59**
Medical				**$492,604.31**	**$1,164,884.56**	**$1,657,488.87**
				$984,504.57	**$1,191,830.87**	**$2,176,335.44**
# of Claims	**27**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$4,148.00**	**$0.00**	**$4,148.00**
Indemnity				**$10,737.66**	**$0.00**	**$10,737.66**
Medical				**$50,514.48**	**$0.00**	**$50,514.48**
				$65,400.14	**$0.00**	**$65,400.14**
# of Claims	**28**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$6,052.10**	**$0.00**	**$6,052.10**
				$6,052.10	**$0.00**	**$6,052.10**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

776 -VADOC-Green Rock Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,951.29	$0.00	$13,951.29
				$13,959.29	$0.00	$13,959.29
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$14,825.38	$0.00	$14,825.38
Indemnity.....	.....			$194,366.72	$0.00	$194,366.72
Medical.....	.....			$182,065.18	$0.00	$182,065.18
				$391,257.28	$0.00	$391,257.28
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$145.48	$0.00	$145.48
Medical.....	.....			$10,430.89	$0.00	$10,430.89
				$10,600.37	$0.00	$10,600.37
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26.30	$0.00	$26.30
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,031.98	$0.00	$9,031.98
				$9,058.28	$0.00	$9,058.28
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

776 -VADOC-Green Rock Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$23.20	$0.00	$23.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$19,775.71	$0.00	$19,775.71
				$19,798.91	$0.00	$19,798.91
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$26.82	$0.00	$26.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,078.72	$0.00	$9,078.72
				$9,105.54	$0.00	$9,105.54
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$42.44	$350.00	$392.44
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,270.54	$7,881.84	$13,152.38
				$5,312.98	$8,231.84	$13,544.82
# of Claims	24					
# Open	7	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$90,044.15	$14,795.51	$104,839.66
Indemnity.....	.....			$1,368,594.23	$15,049.97	$1,383,644.20
Medical.....	.....			$1,602,806.58	$1,422,116.95	$3,024,923.53
				$3,061,444.96	$1,451,962.43	$4,513,407.39
# of Claims	446					
# Open	11	Recovery Amount:	$0.00			

785 -VADOC-River North Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

785 -VADOC-River North Correctional Ctr

WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,042.48**	**$0.00**	**$1,042.48**
				$1,042.48	**$0.00**	**$1,042.48**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$4,302.96**	**$0.00**	**$4,302.96**
Indemnity				**$205,870.29**	**$0.00**	**$205,870.29**
Medical				**$317,110.27**	**$0.00**	**$317,110.27**
				$527,283.52	**$0.00**	**$527,283.52**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$24.00**	**$0.00**	**$24.00**
Indemnity				**$7,778.95**	**$0.00**	**$7,778.95**
Medical				**$67,165.24**	**$0.00**	**$67,165.24**
				$74,968.19	**$0.00**	**$74,968.19**
# of Claims	**39**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$85.73**	**$0.00**	**$85.73**
Indemnity				**$3,287.38**	**$0.00**	**$3,287.38**
Medical				**$64,958.41**	**$0.00**	**$64,958.41**
				$68,331.52	**$0.00**	**$68,331.52**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**-$308.52**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

785 -VADOC-River North Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,555.03	$0.00	$1,555.03
Indemnity.....	.....			$9,229.11	$0.00	$9,229.11
Medical.....	.....			$51,384.57	$0.00	$51,384.57
				$62,168.71	$0.00	$62,168.71
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,522.76	$0.00	$1,522.76
Indemnity.....	.....			$12,351.71	$0.00	$12,351.71
Medical.....	.....			$109,298.91	$0.00	$109,298.91
				$123,173.38	$0.00	$123,173.38
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$14,727.81	$0.00	$14,727.81
Indemnity.....	.....			$19,551.67	$0.00	$19,551.67
Medical.....	.....			$35,029.99	$0.00	$35,029.99
				$69,309.47	$0.00	$69,309.47
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$623.10	$0.00	$623.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34,622.52	$0.00	$34,622.52
				$35,245.62	$0.00	$35,245.62
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

785 -VADOC-River North Correctional Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$22,066.23	$10,684.76	$32,750.99
Indemnity.....	.....			$93,667.37	$79,539.35	$173,206.72
Medical.....	.....			$88,364.60	$35,342.50	$123,707.10
				$204,098.20	$125,566.61	$329,664.81
# of Claims	37					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,310.24	$0.00	$3,310.24
Indemnity.....	.....			$14,975.75	$0.00	$14,975.75
Medical.....	.....			$44,637.65	$0.00	$44,637.65
				$62,923.64	$0.00	$62,923.64
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,362.96	$8,790.72	$12,153.68
Indemnity.....	.....			$22,467.86	$27,470.34	$49,938.20
Medical.....	.....			$45,298.40	$69,392.22	$114,690.62
				$71,129.22	$105,653.28	$176,782.50
# of Claims	39					
# Open	7	Recovery Amount:	-$105.70			

Grand Totals						
Expense.....	.....			$51,580.82	$19,475.48	$71,056.30
Indemnity.....	.....			$389,180.09	$107,009.69	$496,189.78
Medical.....	.....			$858,913.04	$104,734.72	$963,647.76
				$1,299,673.95	$231,219.89	$1,530,893.84
# of Claims	358					
# Open	9	Recovery Amount:	-$414.22			

786 -VADOC-Culpeper Corr. Fac. for Women

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

786 -VADOC-Culpeper Corr. Fac. for Women

WC2014	**7/1/2013 - 6/30/2014**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$28.00**	**$0.00**	**$28.00**
			$36.00	**$0.00**	**$36.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$17,563.07**	**$0.00**	**$17,563.07**
Medical			**$9,594.33**	**$0.00**	**$9,594.33**
			$27,165.40	**$0.00**	**$27,165.40**
# of Claims	**8**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$16.00**	**$0.00**	**$16.00**
Indemnity			**$17,563.07**	**$0.00**	**$17,563.07**
Medical			**$9,622.33**	**$0.00**	**$9,622.33**
			$27,201.40	**$0.00**	**$27,201.40**
# of Claims	**11**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

857 -VADOC-TAZEWELL CORR. UNIT #31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$81.14**	**$0.00**	**$81.14**
Medical			**$282.50**	**$0.00**	**$282.50**
			$363.64	**$0.00**	**$363.64**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

857 -VADOC-TAZEWELL CORR. UNIT #31

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.84	$0.00	$109.84
				$109.84	$0.00	$109.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$236.28	$0.00	$236.28
Medical.....	.....			$363.85	$0.00	$363.85
				$600.13	$0.00	$600.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$274.16	$0.00	$274.16
				$274.16	$0.00	$274.16
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

857 -VADOC-TAZEWELL CORR. UNIT #31

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,021.05	$0.00	$1,021.05
				$1,021.05	$0.00	$1,021.05
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,080.00	$0.00	$2,080.00
Indemnity.....	.....			$149,340.36	$0.00	$149,340.36
Medical.....	.....			$175,168.45	$0.00	$175,168.45
				$326,588.81	$0.00	$326,588.81
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$3,100.50	$52.00	$3,152.50
Indemnity.....	.....			$4,520.86	$0.00	$4,520.86
Medical.....	.....			$99,842.23	$113,980.80	$213,823.03
				$107,463.59	$114,032.80	$221,496.39
# of Claims	5					
# Open	1	Recovery Amount:	-$27.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

857 -VADOC-TAZEWELL CORR. UNIT #31

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$448.00	$0.00	$448.00
				$448.00	$0.00	$448.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$306.70	$0.00	$306.70
Medical.....	.....			$2,964.54	$0.00	$2,964.54
				$3,271.24	$0.00	$3,271.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,716.14	$0.00	$1,716.14
				$1,716.14	$0.00	$1,716.14
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,097.28	$0.00	$2,097.28
Medical.....	.....			$4,588.00	$0.00	$4,588.00
				$6,685.28	$0.00	$6,685.28
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

857 -VADOC-TAZEWELL CORR. UNIT #31

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$868.06	$0.00	$868.06
				$868.06	$0.00	$868.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$988.91	$0.00	$988.91
				$988.91	$0.00	$988.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$5,180.50	$52.00	$5,232.50
Indemnity.....	.....			$156,582.62	$0.00	$156,582.62
Medical.....	.....			$288,670.73	$113,980.80	$402,651.53
				$450,433.85	$114,032.80	$564,466.65
# of Claims	45					
# Open	1	Recovery Amount:	-$27.20			

859 -VADOC-FAIRFAX CORRECTIONAL UNIT #30

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$313.50	$0.00	$313.50
				$313.50	$0.00	$313.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

859 -VADOC-FAIRFAX CORRECTIONAL UNIT #30

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$62.50	$0.00	$62.50
Indemnity.....	.....			$9,339.42	$0.00	$9,339.42
Medical.....	.....			$11,051.82	$0.00	$11,051.82
				$20,453.74	$0.00	$20,453.74
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,543.57	$0.00	$1,543.57
Medical.....	.....			$880.66	$0.00	$880.66
				$2,424.23	$0.00	$2,424.23
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,902.43	$0.00	$12,902.43
Medical.....	.....			$10,479.13	$0.00	$10,479.13
				$23,381.56	$0.00	$23,381.56
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$543.25	$0.00	$543.25
Medical.....	.....			$4,628.86	$0.00	$4,628.86
				$5,172.11	$0.00	$5,172.11
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

859 -VADOC-FAIRFAX CORRECTIONAL UNIT #30

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$940.32	$0.00	$940.32
				$940.32	$0.00	$940.32
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$426.66	$0.00	$426.66
Indemnity.....	.....			$4,774.03	$0.00	$4,774.03
Medical.....	.....			$9,401.83	$0.00	$9,401.83
				$14,602.52	$0.00	$14,602.52
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,433.90	$32.00	$2,465.90
Indemnity.....	.....			$7,073.79	$0.00	$7,073.79
Medical.....	.....			$641,994.64	$136,373.64	$778,368.28
				$651,502.33	$136,405.64	$787,907.97
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,730.26	$0.00	$3,730.26
Medical.....	.....			$5,928.84	$0.00	$5,928.84
				$9,659.10	$0.00	$9,659.10
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

859 -VADOC-FAIRFAX CORRECTIONAL UNIT #30

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,011.94	$0.00	$3,011.94
Medical.....	.....			$8,079.98	$0.00	$8,079.98
				$11,091.92	$0.00	$11,091.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,751.02	$0.00	$2,751.02
				$2,751.02	$0.00	$2,751.02
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,267.74	$0.00	$7,267.74
Medical.....	.....			$2,965.50	$0.00	$2,965.50
				$10,233.24	$0.00	$10,233.24
# of Claims	6					
# Open	0	Recovery Amount:	-$327.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$678.53	$0.00	$678.53
Medical.....	.....			$942.40	$0.00	$942.40
				$1,620.93	$0.00	$1,620.93
# of Claims	5					
# Open	0	Recovery Amount:	-$247.88			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

859 -VADOC-FAIRFAX CORRECTIONAL UNIT #30

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,875.10	$0.00	$1,875.10
				$1,875.10	$0.00	$1,875.10
# of Claims	4					
# Open	0	Recovery Amount:	-$13.98			
Grand Totals						
Expense.....	.....			$2,923.06	$32.00	$2,955.06
Indemnity.....	.....			$50,864.96	$0.00	$50,864.96
Medical.....	.....			$702,233.60	$136,373.64	$838,607.24
				$756,021.62	$136,405.64	$892,427.26
# of Claims	82					
# Open	1	Recovery Amount:	-$589.06			

882 -VADOC-SOUTHAMPTON DETENTION CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$94.73	$0.00	$94.73
				$94.73	$0.00	$94.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$195.80	$0.00	$195.80
Medical.....	.....			$1,632.00	$0.00	$1,632.00
				$1,827.80	$0.00	$1,827.80
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

882 -VADOC-SOUTHAMPTON DETENTION CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,445.52	$0.00	$2,445.52
Medical.....	.....			$2,812.09	$0.00	$2,812.09
				$5,257.61	$0.00	$5,257.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,636.06	$0.00	$2,636.06
				$2,636.06	$0.00	$2,636.06
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$733.32	$0.00	$733.32
Medical.....	.....			$4,247.29	$0.00	$4,247.29
				$4,980.61	$0.00	$4,980.61
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,300.21	$0.00	$4,300.21
				$4,300.21	$0.00	$4,300.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

882 -VADOC-SOUTHAMPTON DETENTION CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,472.30	$0.00	$2,472.30
				$2,472.30	$0.00	$2,472.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$904.50	$0.00	$904.50
				$904.50	$0.00	$904.50
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

882 -VADOC-SOUTHAMPTON DETENTION CENTEF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,182.20	$0.00	$2,182.20
Medical.....	.....			$9,657.05	$0.00	$9,657.05
				$11,847.25	$0.00	$11,847.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$5,556.84	$0.00	$5,556.84
Medical.....	.....			$28,756.23	$0.00	$28,756.23
				$34,329.07	$0.00	$34,329.07
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

999 -VADOC-CLOSED AGENCY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

S701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

S701 - DEPARTMENT OF CORRECTIONS

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$163,715.68**	**$25,876.05**	**$189,591.73**
Indemnity				**$1,903,000.88**	**$0.00**	**$1,903,000.88**
Medical				**$2,029,873.85**	**$369,454.48**	**$2,399,328.33**
				$4,096,590.41	**$395,330.53**	**$4,491,920.94**
# of Claims	**1,737**					
# Open	**2**	**Recovery Amount:**	**-$9,896.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$195,259.98**	**$6,999.15**	**$202,259.13**
Indemnity				**$2,193,152.21**	**$0.00**	**$2,193,152.21**
Medical				**$4,556,601.65**	**$831,501.37**	**$5,388,103.02**
				$6,945,013.84	**$838,500.52**	**$7,783,514.36**
# of Claims	**1,848**					
# Open	**2**	**Recovery Amount:**	**-$29,507.09**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$145,744.79**	**$135.00**	**$145,879.79**
Indemnity				**$2,902,073.57**	**$0.00**	**$2,902,073.57**
Medical				**$3,066,894.57**	**$639,259.68**	**$3,706,154.25**
				$6,114,712.93	**$639,394.68**	**$6,754,107.61**
# of Claims	**1,866**					
# Open	**2**	**Recovery Amount:**	**-$8,353.83**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$8,289.84**	**$0.00**	**$8,289.84**
Indemnity				**$121,117.62**	**$0.00**	**$121,117.62**
Medical				**$170,766.80**	**$0.00**	**$170,766.80**
				$300,174.26	**$0.00**	**$300,174.26**
# of Claims	**348**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$552.55**	**$0.00**	**$552.55**
Indemnity				**$8,854.24**	**$0.00**	**$8,854.24**
Medical				**$19,987.42**	**$0.00**	**$19,987.42**
				$29,394.21	**$0.00**	**$29,394.21**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

S701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$179.14	$0.00	$179.14
Medical.....	.....			$1,437.73	$0.00	$1,437.73
				$1,616.87	$0.00	$1,616.87
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$125.06	$0.00	$125.06
				$125.06	$0.00	$125.06
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,567.15	$0.00	$10,567.15
				$10,567.15	$0.00	$10,567.15
# of Claims	59					
# Open	0	Recovery Amount:	-$39.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,820.91	$0.00	$3,820.91
				$3,820.91	$0.00	$3,820.91
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

S701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,092.85	$0.00	$4,092.85
				$4,092.85	$0.00	$4,092.85
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$433.04	$0.00	$433.04
				$433.04	$0.00	$433.04
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$338.10	$0.00	$338.10
Indemnity.....	.....			$17,579.51	$0.00	$17,579.51
Medical.....	.....			$58,938.11	$0.00	$58,938.11
				$76,855.72	$0.00	$76,855.72
# of Claims	60					
# Open	0	Recovery Amount:	-$2,838.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,272.52	$0.00	$1,272.52
				$1,272.52	$0.00	$1,272.52
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

S701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$19.14	$0.00	$19.14
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,380.52	$0.00	$2,380.52
				$2,399.66	$0.00	$2,399.66
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,509.51	$0.00	$1,509.51
				$1,509.51	$0.00	$1,509.51
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

701 - DEPARTMENT OF CORRECTIONS

S701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$48.60**	**$0.00**	**$48.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$48.60	**$0.00**	**$48.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$513,968.68**	**$33,010.20**	**$546,978.88**
Indemnity				**$7,145,957.17**	**$0.00**	**$7,145,957.17**
Medical				**$9,928,701.69**	**$1,840,215.53**	**$11,768,917.22**
				$17,588,627.54	**$1,873,225.73**	**$19,461,853.27**
# of Claims	**6,095**					
# Open	**6**	**Recovery Amount:**	**-$50,634.86**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

263 - VIRGINIA REHAB, CENTER FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$695.04	$0.00	$695.04
Medical.....	.....			$2,940.58	$0.00	$2,940.58
				$3,635.62	$0.00	$3,635.62
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$286.17	$0.00	$286.17
Medical.....	.....			$3,270.10	$0.00	$3,270.10
				$3,556.27	$0.00	$3,556.27
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$93.29	$0.00	$93.29
Medical.....	.....			$950.15	$0.00	$950.15
				$1,043.44	$0.00	$1,043.44
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$122.75	$0.00	$122.75
				$122.75	$0.00	$122.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

263 - VIRGINIA REHAB, CENTER FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$181.00	$0.00	$181.00
				$181.00	$0.00	$181.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$74.29	$0.00	$74.29
Medical.....	.....			$123.00	$0.00	$123.00
				$197.29	$0.00	$197.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.00	$0.00	$115.00
				$115.00	$0.00	$115.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

263 - VIRGINIA REHAB, CENTER FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,791.06	$0.00	$1,791.06
Medical.....	.....			$143.14	$0.00	$143.14
				$1,934.20	$0.00	$1,934.20
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$3,500.00	$0.00	$3,500.00
Indemnity.....	.....			$23,592.55	$0.00	$23,592.55
Medical.....	.....			$6,049.61	$0.00	$6,049.61
				$33,142.16	$0.00	$33,142.16
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$188.00	$0.00	$188.00
				$188.00	$0.00	$188.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,347.07	$0.00	$9,347.07
Medical.....	.....			$23,298.46	$0.00	$23,298.46
				$32,645.53	$0.00	$32,645.53
# of Claims	15					
# Open	0	Recovery Amount:	-$379.05			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

263 - VIRGINIA REHAB, CENTER FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$476.58	$0.00	$476.58
				$476.58	$0.00	$476.58
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,002.89	$0.00	$2,002.89
Medical.....	.....			$7,253.95	$0.00	$7,253.95
				$9,256.84	$0.00	$9,256.84
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$22.40	$0.00	$22.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,128.88	$0.00	$2,128.88
				$2,151.28	$0.00	$2,151.28
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.43	$0.00	$197.43
				$197.43	$0.00	$197.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

263 - VIRGINIA REHAB, CENTER FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,205.74	$0.00	$1,205.74
				$1,205.74	$0.00	$1,205.74
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,522.40	$0.00	$3,522.40
Indemnity.....	.....			$37,882.36	$0.00	$37,882.36
Medical.....	.....			$48,719.37	$0.00	$48,719.37
				$90,124.13	$0.00	$90,124.13
# of Claims	106					
# Open	0	Recovery Amount:	-$379.05			

702- Virginia Industries for the Blind

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$403.14	$0.00	$403.14
				$403.14	$0.00	$403.14
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$43.00	$0.00	$43.00
Indemnity.....	.....			$6,198.22	$0.00	$6,198.22
Medical.....	.....			$48,233.10	$0.00	$48,233.10
				$54,474.32	$0.00	$54,474.32
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

702- Virginia Industries for the Blind

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$3,541.73	$0.00	$3,541.73
Indemnity.....	.....			$1,690.84	$0.00	$1,690.84
Medical.....	.....			$10,079.20	$0.00	$10,079.20
				$15,311.77	$0.00	$15,311.77
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$623.40	$0.00	$623.40
				$623.40	$0.00	$623.40
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$232.34	$0.00	$232.34
Indemnity.....	.....			$2,678.58	$0.00	$2,678.58
Medical.....	.....			$22,372.49	$0.00	$22,372.49
				$25,283.41	$0.00	$25,283.41
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$299.00	$0.00	$299.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$299.00	$0.00	$299.00
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

702- Virginia Industries for the Blind

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$111.65	$0.00	$111.65
Indemnity.....	.....			$4,414.69	$0.00	$4,414.69
Medical.....	.....			$28,786.59	$0.00	$28,786.59
				$33,312.93	$0.00	$33,312.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$1,821.65	$0.00	$1,821.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,033.53	$0.00	$8,033.53
				$9,855.18	$0.00	$9,855.18
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$270.13	$0.00	$270.13
				$270.13	$0.00	$270.13
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$6,049.37	$0.00	$6,049.37
Indemnity.....	.....			$14,982.33	$0.00	$14,982.33
Medical.....	.....			$118,801.58	$0.00	$118,801.58
				$139,833.28	$0.00	$139,833.28
# of Claims	80					
# Open	0	Recovery Amount:	$0.00			

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$131.55**	**$0.00**	**$131.55**
Medical				**$2,087.00**	**$0.00**	**$2,087.00**
				$2,218.55	**$0.00**	**$2,218.55**
# of Claims	**33**					
# Open	**0**	**Recovery Amount:**	**-$215.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**			
Expense		**$28.40**	**$0.00**	**$28.40**
Indemnity		**$49,524.01**	**$0.00**	**$49,524.01**
Medical		**$12,982.77**	**$0.00**	**$12,982.77**
		$62,535.18	**$0.00**	**$62,535.18**
# of Claims	**31**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**			
Expense		**$1,785.48**	**$0.00**	**$1,785.48**
Indemnity		**$69,418.51**	**$0.00**	**$69,418.51**
Medical		**$9,540.23**	**$0.00**	**$9,540.23**
		$80,744.22	**$0.00**	**$80,744.22**
# of Claims	**38**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$62.50**	**$0.00**	**$62.50**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$3,868.68**	**$0.00**	**$3,868.68**
		$3,931.18	**$0.00**	**$3,931.18**
# of Claims	**28**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,112.55**	**$0.00**	**$6,112.55**
Medical		**$11,282.53**	**$0.00**	**$11,282.53**
		$17,395.08	**$0.00**	**$17,395.08**
# of Claims	**22**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,927.52	$0.00	$4,927.52
Medical.....	.....			$16,481.92	$0.00	$16,481.92
				$21,409.44	$0.00	$21,409.44
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$885.00	$0.00	$885.00
Indemnity.....	.....			$144,565.57	$0.00	$144,565.57
Medical.....	.....			$90,276.78	$0.00	$90,276.78
				$235,727.35	$0.00	$235,727.35
# of Claims	63					
# Open	0	Recovery Amount:	-$14,486.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$54.78	$0.00	$54.78
Indemnity.....	.....			$135,609.10	$0.00	$135,609.10
Medical.....	.....			$124,872.03	$0.00	$124,872.03
				$260,535.91	$0.00	$260,535.91
# of Claims	77					
# Open	0	Recovery Amount:	-$3,381.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$454.88	$0.00	$454.88
Medical.....	.....			$9,748.09	$0.00	$9,748.09
				$10,202.97	$0.00	$10,202.97
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$526.33**	**$0.00**	**$526.33**
Medical				**$8,289.59**	**$0.00**	**$8,289.59**
				$8,815.92	**$0.00**	**$8,815.92**
# of Claims	**43**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$680.63**	**$0.00**	**$680.63**
Medical				**$8,754.00**	**$0.00**	**$8,754.00**
				$9,434.63	**$0.00**	**$9,434.63**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$2.00**	**$0.00**	**$2.00**
Indemnity				**$1,356.53**	**$0.00**	**$1,356.53**
Medical				**$8,541.95**	**$0.00**	**$8,541.95**
				$9,900.48	**$0.00**	**$9,900.48**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,976.95**	**$0.00**	**$4,976.95**
Medical				**$6,872.96**	**$0.00**	**$6,872.96**
				$11,849.91	**$0.00**	**$11,849.91**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$165.76	$0.00	$165.76
Medical.....	.....			$5,172.75	$0.00	$5,172.75
				$5,338.51	$0.00	$5,338.51
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$305.27	$0.00	$305.27
Medical.....	.....			$8,058.79	$0.00	$8,058.79
				$8,372.06	$0.00	$8,372.06
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,358.24	$0.00	$3,358.24
Medical.....	.....			$30,687.79	$0.00	$30,687.79
				$34,046.03	$0.00	$34,046.03
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,381.60	$0.00	$2,381.60
Medical.....	.....			$8,479.75	$0.00	$8,479.75
				$10,861.35	$0.00	$10,861.35
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,244.47	$0.00	$9,244.47
Medical.....	.....			$51,416.23	$0.00	$51,416.23
				$60,660.70	$0.00	$60,660.70
# of Claims	21					
# Open	0	Recovery Amount:	-$26,704.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$2,111.00	$0.00	$2,111.00
Indemnity.....	.....			$24,353.32	$0.00	$24,353.32
Medical.....	.....			$66,816.61	$0.00	$66,816.61
				$93,280.93	$0.00	$93,280.93
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$7,907.48	$0.00	$7,907.48
Indemnity.....	.....			$45,014.93	$0.00	$45,014.93
Medical.....	.....			$118,756.69	$0.00	$118,756.69
				$171,679.10	$0.00	$171,679.10
# of Claims	27					
# Open	0	Recovery Amount:	-$710.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$291.77	$0.00	$291.77
Medical.....	.....			$10,040.84	$0.00	$10,040.84
				$10,332.61	$0.00	$10,332.61
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$18,144.15	$0.00	$18,144.15
Indemnity.....	.....			$223,647.91	$0.00	$223,647.91
Medical.....	.....			$228,450.73	$181,339.11	$409,789.84
				$470,242.79	$181,339.11	$651,581.90
# of Claims	33					
# Open	1	Recovery Amount:	-$553.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$27.00	$0.00	$27.00
Indemnity.....	.....			$272.55	$0.00	$272.55
Medical.....	.....			$18,180.37	$0.00	$18,180.37
				$18,479.92	$0.00	$18,479.92
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$590.18	$0.00	$590.18
Indemnity.....	.....			$5,371.42	$0.00	$5,371.42
Medical.....	.....			$69,758.67	$0.00	$69,758.67
				$75,720.27	$0.00	$75,720.27
# of Claims	19					
# Open	0	Recovery Amount:	-$713.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$92.00	$0.00	$92.00
Indemnity.....	.....			$2,822.27	$0.00	$2,822.27
Medical.....	.....			$76,232.16	$0.00	$76,232.16
				$79,146.43	$0.00	$79,146.43
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,148.67	$0.00	$5,148.67
Medical.....	.....			$162,700.45	$0.00	$162,700.45
				$167,849.12	$0.00	$167,849.12
# of Claims	23					
# Open	0	Recovery Amount:	-$100,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,651.16	$0.00	$1,651.16
Medical.....	.....			$9,933.35	$0.00	$9,933.35
				$11,584.51	$0.00	$11,584.51
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$44.74	$0.00	$44.74
Indemnity.....	.....			$1,370.58	$0.00	$1,370.58
Medical.....	.....			$9,474.74	$0.00	$9,474.74
				$10,890.06	$0.00	$10,890.06
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$10,326.80	$0.00	$10,326.80
Indemnity.....	.....			$16,681.80	$0.00	$16,681.80
Medical.....	.....			$35,392.49	$0.00	$35,392.49
				$62,401.09	$0.00	$62,401.09
# of Claims	19					
# Open	0	Recovery Amount:	-$31,697.62			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$2,582.51	$0.00	$2,582.51
Medical.....	.....			$1,443.90	$0.00	$1,443.90
				$4,034.41	$0.00	$4,034.41
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$25.57	$0.00	$25.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,626.49	$0.00	$2,626.49
				$2,652.06	$0.00	$2,652.06
# of Claims	7					
# Open	0	Recovery Amount:	-$1,894.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,605.27	$0.00	$4,605.27
				$4,605.27	$0.00	$4,605.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$197.45	$0.00	$197.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,708.12	$0.00	$2,708.12
				$2,905.57	$0.00	$2,905.57
# of Claims	5					
# Open	0	Recovery Amount:	-$2,282.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

S702 -Dept For The Blind &Vision Impaire

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.63	$0.00	$123.63
				$123.63	$0.00	$123.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$67.45	$0.00	$67.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$232.57	$0.00	$232.57
				$300.02	$0.00	$300.02
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$42,367.98	$0.00	$42,367.98
Indemnity.....	.....			$762,948.36	$0.00	$762,948.36
Medical.....	.....			$1,234,890.92	$181,339.11	$1,416,230.03
				$2,040,207.26	$181,339.11	$2,221,546.37
# of Claims	926					
# Open	2	Recovery Amount:	-$182,641.19			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

702 -Dept For The Blind &Vision Impaired

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$4,099.27	$72.00	$4,171.27
Indemnity.....	.....			$6,439.21	$0.00	$6,439.21
Medical.....	.....			$408,322.84	$338,638.25	$746,961.09
				$418,861.32	$338,710.25	$757,571.57
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,124.59	$0.00	$2,124.59
Medical.....	.....			$2,447.45	$0.00	$2,447.45
				$4,572.04	$0.00	$4,572.04
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$15,555.08	$0.00	$15,555.08
Indemnity.....	.....			$415,015.25	$0.00	$415,015.25
Medical.....	.....			$388,749.93	$0.00	$388,749.93
				$819,320.26	$0.00	$819,320.26
# of Claims	133					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$13,101.77	$0.00	$13,101.77
Indemnity.....	.....			$200,060.98	$0.00	$200,060.98
Medical.....	.....			$279,017.28	$0.00	$279,017.28
				$492,180.03	$0.00	$492,180.03
# of Claims	169					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$27,952.12	$0.00	$27,952.12
Indemnity.....	.....			$222,253.36	$0.00	$222,253.36
Medical.....	.....			$289,621.05	$0.00	$289,621.05
				$539,826.53	$0.00	$539,826.53
# of Claims	155					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5,246.50	$58.00	$5,304.50
Indemnity.....	.....			$657,102.96	$0.00	$657,102.96
Medical.....	.....			$1,025,508.57	$508,331.02	$1,533,839.59
				$1,687,858.03	$508,389.02	$2,196,247.05
# of Claims	193					
# Open	2	Recovery Amount:	-$703.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$358.80	$0.00	$358.80
Indemnity.....	.....			$161,720.23	$0.00	$161,720.23
Medical.....	.....			$285,833.72	$0.00	$285,833.72
				$447,912.75	$0.00	$447,912.75
# of Claims	168					
# Open	0	Recovery Amount:	-$602.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$445.90	$0.00	$445.90
Indemnity.....	.....			$169,073.39	$0.00	$169,073.39
Medical.....	.....			$263,725.20	$0.00	$263,725.20
				$433,244.49	$0.00	$433,244.49
# of Claims	185					
# Open	0	Recovery Amount:	-$5,045.99			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$8,938.46	$235.00	$9,173.46
Indemnity.....	.....			$390,022.80	$0.00	$390,022.80
Medical.....	.....			$1,282,864.18	$436,035.37	$1,718,899.55
				$1,681,825.44	$436,270.37	$2,118,095.81
# of Claims	175					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8,403.62	$376.00	$8,779.62
Indemnity.....	.....			$568,977.43	$0.00	$568,977.43
Medical.....	.....			$2,407,040.77	$4,321,066.53	$6,728,107.30
				$2,984,421.82	$4,321,442.53	$7,305,864.35
# of Claims	197					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$28,150.30	$1,339.56	$29,489.86
Indemnity.....	.....			$370,461.93	$0.00	$370,461.93
Medical.....	.....			$1,333,784.76	$32,394.29	$1,366,179.05
				$1,732,396.99	$33,733.85	$1,766,130.84
# of Claims	287					
# Open	1	Recovery Amount:	-$3,137.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$5,113.14	$0.00	$5,113.14
Indemnity.....	.....			$145,685.05	$0.00	$145,685.05
Medical.....	.....			$298,917.20	$0.00	$298,917.20
				$449,715.39	$0.00	$449,715.39
# of Claims	180					
# Open	0	Recovery Amount:	-$681.32			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$2,086.38	$0.00	$2,086.38
Indemnity.....	.....			$149,419.10	$0.00	$149,419.10
Medical.....	.....			$331,822.77	$0.00	$331,822.77
				$483,328.25	$0.00	$483,328.25
# of Claims	313					
# Open	0	Recovery Amount:	-$1,826.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$25,698.79	$703.08	$26,401.87
Indemnity.....	.....			$496,293.38	$0.00	$496,293.38
Medical.....	.....			$516,529.29	$198,718.64	$715,247.93
				$1,038,521.46	$199,421.72	$1,237,943.18
# of Claims	350					
# Open	1	Recovery Amount:	-$299.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$45,594.21	$47.24	$45,641.45
Indemnity.....	.....			$1,388,779.45	$0.00	$1,388,779.45
Medical.....	.....			$1,513,846.87	$797,636.69	$2,311,483.56
				$2,948,220.53	$797,683.93	$3,745,904.46
# of Claims	332					
# Open	1	Recovery Amount:	-$114.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$19,368.38	$0.00	$19,368.38
Indemnity.....	.....			$437,083.19	$0.00	$437,083.19
Medical.....	.....			$195,965.90	$0.00	$195,965.90
				$652,417.47	$0.00	$652,417.47
# of Claims	214					
# Open	0	Recovery Amount:	-$453.04			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$33,181.65**	**$0.00**	**$33,181.65**
Indemnity				**$594,916.97**	**$0.00**	**$594,916.97**
Medical				**$1,340,866.64**	**$42,213.47**	**$1,383,080.11**
				$1,968,965.26	**$42,213.47**	**$2,011,178.73**
# of Claims	**211**					
# Open	**1**	**Recovery Amount:**	**-$2,826.78**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$39,326.58**	**$0.00**	**$39,326.58**
Indemnity				**$373,079.84**	**$0.00**	**$373,079.84**
Medical				**$236,770.19**	**$0.00**	**$236,770.19**
				$649,176.61	**$0.00**	**$649,176.61**
# of Claims	**203**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$39,705.56**	**$35,711.79**	**$75,417.35**
Indemnity				**$412,641.10**	**$0.00**	**$412,641.10**
Medical				**$758,910.64**	**$822,384.70**	**$1,581,295.34**
				$1,211,257.30	**$858,096.49**	**$2,069,353.79**
# of Claims	**250**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$47,050.90**	**$6,806.65**	**$53,857.55**
Indemnity				**$681,802.00**	**$0.00**	**$681,802.00**
Medical				**$1,822,467.24**	**$1,000,310.53**	**$2,822,777.77**
				$2,551,320.14	**$1,007,117.18**	**$3,558,437.32**
# of Claims	**224**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$18,655.34**	**$0.00**	**$18,655.34**
Indemnity				**$275,910.48**	**$0.00**	**$275,910.48**
Medical				**$506,623.56**	**$0.00**	**$506,623.56**
				$801,189.38	**$0.00**	**$801,189.38**
# of Claims	**239**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$35,888.72**	**$6,443.83**	**$42,332.55**
Indemnity				**$378,339.01**	**$0.00**	**$378,339.01**
Medical				**$977,116.67**	**$310,031.76**	**$1,287,148.43**
				$1,391,344.40	**$316,475.59**	**$1,707,819.99**
# of Claims	**232**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$2,248.16**	**$0.00**	**$2,248.16**
Indemnity				**$157,589.81**	**$0.00**	**$157,589.81**
Medical				**$1,187,948.42**	**$9,621.83**	**$1,197,570.25**
				$1,347,786.39	**$9,621.83**	**$1,357,408.22**
# of Claims	**198**					
# Open	**1**	**Recovery Amount:**	**-$10,126.12**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$11,355.10**	**$0.00**	**$11,355.10**
Indemnity				**$339,939.30**	**$0.00**	**$339,939.30**
Medical				**$757,258.88**	**$0.00**	**$757,258.88**
				$1,108,553.28	**$0.00**	**$1,108,553.28**
# of Claims	**248**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$41,223.00	$26.82	$41,249.82
Indemnity.....	.....			$654,225.61	$0.00	$654,225.61
Medical.....	.....			$2,010,603.15	$1,064,134.29	$3,074,737.44
				$2,706,051.76	$1,064,161.11	$3,770,212.87
# of Claims	222					
# Open	2	Recovery Amount:	-$6,395.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$25,058.49	$3,000.00	$28,058.49
Indemnity.....	.....			$739,062.75	$654,722.05	$1,393,784.80
Medical.....	.....			$1,158,829.68	$792,615.50	$1,951,445.18
				$1,922,950.92	$1,450,337.55	$3,373,288.47
# of Claims	212					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$24,041.32	$4,305.22	$28,346.54
Indemnity.....	.....			$735,411.49	$4,332.34	$739,743.83
Medical.....	.....			$1,072,296.41	$435,859.57	$1,508,155.98
				$1,831,749.22	$444,497.13	$2,276,246.35
# of Claims	205					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$32,938.15	$3,880.56	$36,818.71
Indemnity.....	.....			$1,241,285.85	$37,684.15	$1,278,970.00
Medical.....	.....			$838,583.17	$1,849.20	$840,432.37
				$2,112,807.17	$43,413.91	$2,156,221.08
# of Claims	293					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$76,517.46	$15,361.50	$91,878.96
Indemnity.....	.....			$1,948,443.52	$101,995.31	$2,050,438.83
Medical.....	.....			$1,812,092.35	$1,181,910.38	$2,994,002.73
				$3,837,053.33	$1,299,267.19	$5,136,320.52
# of Claims	296					
# Open	7	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$156,348.36	$79,388.73	$235,737.09
Indemnity.....	.....			$1,354,033.00	$476,528.51	$1,830,561.51
Medical.....	.....			$1,314,219.58	$1,401,716.81	$2,715,936.39
				$2,824,600.94	$1,957,634.05	$4,782,234.99
# of Claims	293					
# Open	7	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$36,328.67	$33,278.81	$69,607.48
Indemnity.....	.....			$189,253.66	$0.00	$189,253.66
Medical.....	.....			$588,490.02	$338,311.67	$926,801.69
				$814,072.35	$371,590.48	$1,185,662.83
# of Claims	262					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$40,706.03	$3,670.86	$44,376.89
Indemnity.....	.....			$256,363.17	$81,034.07	$337,397.24
Medical.....	.....			$587,583.65	$4,867.75	$592,451.40
				$884,652.85	$89,572.68	$974,225.53
# of Claims	250					
# Open	1	Recovery Amount:	-$32,285.30			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

703 - DBHDS \ Central State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$22,113.28**	**$10,473.21**	**$32,586.49**
Indemnity				**$373,241.72**	**$215,341.31**	**$588,583.03**
Medical				**$310,715.55**	**$58,084.53**	**$368,800.08**
				$706,070.55	**$283,899.05**	**$989,969.60**
# of Claims	**177**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$5,323.75**	**$8,902.24**	**$14,225.99**
Indemnity				**$122,004.68**	**$258,097.00**	**$380,101.68**
Medical				**$152,471.19**	**$146,905.96**	**$299,377.15**
				$279,799.62	**$413,905.20**	**$693,704.82**
# of Claims	**139**					
# Open	**1**	**Recovery Amount:**	**-$127.58**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$13,634.16**	**$14,610.98**	**$28,245.14**
Indemnity				**$282,552.23**	**$138,301.61**	**$420,853.84**
Medical				**$354,023.78**	**$119,664.57**	**$473,688.35**
				$650,210.17	**$272,577.16**	**$922,787.33**
# of Claims	**121**					
# Open	**6**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$16,218.07**	**$49,598.93**	**$65,817.00**
Indemnity				**$179,979.80**	**$279,862.24**	**$459,842.04**
Medical				**$128,021.90**	**$493,703.16**	**$621,725.06**
				$324,219.77	**$823,164.33**	**$1,147,384.10**
# of Claims	**94**					
# Open	**28**	**Recovery Amount:**	**-$11.89**			

Grand Totals						
Expense				**$927,975.47**	**$278,291.01**	**$1,206,266.48**
Indemnity				**$17,070,588.29**	**$2,247,898.59**	**$19,318,486.88**
Medical				**$28,739,890.45**	**$14,857,006.47**	**$43,596,896.92**
				$46,738,454.21	**$17,383,196.07**	**$64,121,650.28**
# of Claims	**7,426**					
# Open	**79**	**Recovery Amount:**	**-$64,637.65**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$116.95	$0.00	$116.95
Indemnity.....	.....			$471.53	$0.00	$471.53
Medical.....	.....			$5,363.54	$0.00	$5,363.54
				$5,952.02	$0.00	$5,952.02
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$3,738.88	$0.00	$3,738.88
Indemnity.....	.....			$6,968.67	$0.00	$6,968.67
Medical.....	.....			$90,541.02	$0.00	$90,541.02
				$101,248.57	$0.00	$101,248.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$11,614.11	$0.00	$11,614.11
Indemnity.....	.....			$278,918.11	$0.00	$278,918.11
Medical.....	.....			$75,249.72	$0.00	$75,249.72
				$365,781.94	$0.00	$365,781.94
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$109,896.12	$0.00	$109,896.12
Indemnity.....	.....			$1,663,995.25	$0.00	$1,663,995.25
Medical.....	.....			$2,820,125.09	$0.00	$2,820,125.09
				$4,594,016.46	$0.00	$4,594,016.46
# of Claims	589					
# Open	0	Recovery Amount:	-$2,336.41			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$38,389.28	$0.00	$38,389.28
Indemnity.....	.....			$642,966.10	$0.00	$642,966.10
Medical.....	.....			$692,788.60	$0.00	$692,788.60
				$1,374,143.98	$0.00	$1,374,143.98
# of Claims	548					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$58,434.16	$0.00	$58,434.16
Indemnity.....	.....			$657,581.39	$0.00	$657,581.39
Medical.....	.....			$823,109.98	$0.00	$823,109.98
				$1,539,125.53	$0.00	$1,539,125.53
# of Claims	631					
# Open	0	Recovery Amount:	-$17.49			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$5,871.81	$0.00	$5,871.81
Indemnity.....	.....			$836,382.44	$0.00	$836,382.44
Medical.....	.....			$805,569.52	$0.00	$805,569.52
				$1,647,823.77	$0.00	$1,647,823.77
# of Claims	509					
# Open	0	Recovery Amount:	-$2,072.91			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$11,673.83	$2,524.20	$14,198.03
Indemnity.....	.....			$1,077,528.10	$0.00	$1,077,528.10
Medical.....	.....			$1,935,886.77	$538,147.02	$2,474,033.79
				$3,025,088.70	$540,671.22	$3,565,759.92
# of Claims	526					
# Open	3	Recovery Amount:	-$1,435.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$15,126.20	$365.27	$15,491.47
Indemnity.....	.....			$540,060.76	$0.00	$540,060.76
Medical.....	.....			$1,423,081.18	$29,497.19	$1,452,578.37
				$1,978,268.14	$29,862.46	$2,008,130.60
# of Claims	513					
# Open	2	Recovery Amount:	-$883.99			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$2,376.42	$0.00	$2,376.42
Indemnity.....	.....			$330,502.90	$0.00	$330,502.90
Medical.....	.....			$1,603,032.62	$296,234.04	$1,899,266.66
				$1,935,911.94	$296,234.04	$2,232,145.98
# of Claims	462					
# Open	1	Recovery Amount:	-$56.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$28,376.62	$11,112.11	$39,488.73
Indemnity.....	.....			$1,172,312.54	$0.00	$1,172,312.54
Medical.....	.....			$1,383,139.23	$108,739.01	$1,491,878.24
				$2,583,828.39	$119,851.12	$2,703,679.51
# of Claims	480					
# Open	2	Recovery Amount:	-$531.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$30,792.13	$5,030.61	$35,822.74
Indemnity.....	.....			$1,354,457.34	$0.02	$1,354,457.36
Medical.....	.....			$1,437,333.13	$351,733.84	$1,789,066.97
				$2,822,582.60	$356,764.47	$3,179,347.07
# of Claims	440					
# Open	3	Recovery Amount:	-$1,362.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$7,675.99	$76.76	$7,752.75
Indemnity.....	.....			$415,414.53	$0.00	$415,414.53
Medical.....	.....			$1,544,038.81	$89,434.42	$1,633,473.23
				$1,967,129.33	$89,511.18	$2,056,640.51
# of Claims	362					
# Open	1	Recovery Amount:	-$2,169.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$39,903.53	$1,948.51	$41,852.04
Indemnity.....	.....			$835,037.81	$0.00	$835,037.81
Medical.....	.....			$1,010,953.23	$96,673.45	$1,107,626.68
				$1,885,894.57	$98,621.96	$1,984,516.53
# of Claims	269					
# Open	2	Recovery Amount:	-$1,209.35			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$36,358.67**	**$0.00**	**$36,358.67**
Indemnity				**$887,479.95**	**$0.00**	**$887,479.95**
Medical				**$747,655.80**	**$0.00**	**$747,655.80**
				$1,671,494.42	**$0.00**	**$1,671,494.42**
# of Claims	**251**					
# Open	**0**	**Recovery Amount:**	**-$1,358.42**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$3,813.23**	**$0.00**	**$3,813.23**
Indemnity				**$184,256.58**	**$0.00**	**$184,256.58**
Medical				**$262,588.86**	**$0.00**	**$262,588.86**
				$450,658.67	**$0.00**	**$450,658.67**
# of Claims	**191**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$62,171.46**	**$0.00**	**$62,171.46**
Indemnity				**$2,071,450.84**	**$0.00**	**$2,071,450.84**
Medical				**$842,665.06**	**$55,791.93**	**$898,456.99**
				$2,976,287.36	**$55,791.93**	**$3,032,079.29**
# of Claims	**172**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$37,535.09**	**$755.31**	**$38,290.40**
Indemnity				**$792,820.08**	**$0.00**	**$792,820.08**
Medical				**$682,667.12**	**$59,247.49**	**$741,914.61**
				$1,513,022.29	**$60,002.80**	**$1,573,025.09**
# of Claims	**156**					
# Open	**1**	**Recovery Amount:**	**-$1,784.49**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$42,235.37**	**$2,992.00**	**$45,227.37**
Indemnity				**$737,918.00**	**$0.00**	**$737,918.00**
Medical				**$1,034,462.40**	**$422,722.67**	**$1,457,185.07**
				$1,814,615.77	**$425,714.67**	**$2,240,330.44**
# of Claims	**120**					
# Open	**2**	**Recovery Amount:**	**-$2,977.18**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$48,670.67	$4,567.86	$53,238.53
Indemnity.....	.....			$551,601.44	$0.00	$551,601.44
Medical.....	.....			$929,061.85	$906,482.04	$1,835,543.89
				$1,529,333.96	$911,049.90	$2,440,383.86
# of Claims	216					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$110,938.59	$221.90	$111,160.49
Indemnity.....	.....			$1,530,497.96	$0.00	$1,530,497.96
Medical.....	.....			$1,056,829.05	$30,046.03	$1,086,875.08
				$2,698,265.60	$30,267.93	$2,728,533.53
# of Claims	276					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			$18,551.08	$3,241.40	$21,792.48
Indemnity.....	.....			$397,991.90	$0.00	$397,991.90
Medical.....	.....			$568,940.68	$242,186.72	$811,127.40
				$985,483.66	$245,428.12	$1,230,911.78
# of Claims	331					
# Open	2	Recovery Amount:	-$24,920.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$62,239.81	$0.00	$62,239.81
Indemnity.....	.....			$753,653.50	$0.00	$753,653.50
Medical.....	.....			$405,585.44	$0.00	$405,585.44
				$1,221,478.75	$0.00	$1,221,478.75
# of Claims	310					
# Open	0	Recovery Amount:	-$89.57			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$60,330.25	$106.82	$60,437.07
Indemnity.....	.....			$1,068,064.86	$0.00	$1,068,064.86
Medical.....	.....			$1,214,737.60	$243,261.80	$1,457,999.40
				$2,343,132.71	$243,368.62	$2,586,501.33
# of Claims	263					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$27,383.89	$37,138.87	$64,522.76
Indemnity.....	.....			$313,135.57	$0.00	$313,135.57
Medical.....	.....			$497,410.88	$379,999.18	$877,410.06
				$837,930.34	$417,138.05	$1,255,068.39
# of Claims	267					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			$30,010.68	$2,294.16	$32,304.84
Indemnity.....	.....			$671,973.34	$0.00	$671,973.34
Medical.....	.....			$1,083,239.05	$447,100.44	$1,530,339.49
				$1,785,223.07	$449,394.60	$2,234,617.67
# of Claims	259					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$16,908.01	$0.00	$16,908.01
Indemnity.....	.....			$222,099.13	$0.00	$222,099.13
Medical.....	.....			$266,045.72	$25,836.06	$291,881.78
				$505,052.86	$25,836.06	$530,888.92
# of Claims	209					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$32,550.21	$56.64	$32,606.85
Indemnity.....	.....			$710,487.98	$0.00	$710,487.98
Medical.....	.....			$584,847.87	$236,566.41	$821,414.28
				$1,327,886.06	$236,623.05	$1,564,509.11
# of Claims	291					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$16,369.56	$4,157.15	$20,526.71
Indemnity.....	.....			$417,971.47	$29,499.09	$447,470.56
Medical.....	.....			$300,157.94	$42,348.98	$342,506.92
				$734,498.97	$76,005.22	$810,504.19
# of Claims	245					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$7,880.10**	**$0.00**	**$7,880.10**
Indemnity				**$221,479.08**	**$0.00**	**$221,479.08**
Medical				**$284,910.95**	**$0.00**	**$284,910.95**
				$514,270.13	**$0.00**	**$514,270.13**
# of Claims	**241**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$25,427.79**	**$1,976.00**	**$27,403.79**
Indemnity				**$431,216.16**	**$170,227.95**	**$601,444.11**
Medical				**$461,783.39**	**$115,658.31**	**$577,441.70**
				$918,427.34	**$287,862.26**	**$1,206,289.60**
# of Claims	**168**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$12,145.68**	**$13,217.92**	**$25,363.60**
Indemnity				**$575,057.82**	**$218,881.00**	**$793,938.82**
Medical				**$512,026.50**	**$333,342.53**	**$845,369.03**
				$1,099,230.00	**$565,441.45**	**$1,664,671.45**
# of Claims	**170**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$31,527.12**	**$2,499.42**	**$34,026.54**
Indemnity				**$324,168.05**	**$200,778.67**	**$524,946.72**
Medical				**$323,842.46**	**$3,382.79**	**$327,225.25**
				$679,537.63	**$206,660.88**	**$886,198.51**
# of Claims	**180**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$16,299.85**	**$13,312.65**	**$29,612.50**
Indemnity				**$373,111.03**	**$286,655.12**	**$659,766.15**
Medical				**$644,098.96**	**$179,522.65**	**$823,621.61**
				$1,033,509.84	**$479,490.42**	**$1,513,000.26**
# of Claims	**195**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

704 - DBHDS \ Eastern State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$15,315.84	$19,834.25	$35,150.09
Indemnity.....	.....			$416,997.56	$205,092.67	$622,090.23
Medical.....	.....			$429,026.07	$657,456.17	$1,086,482.24
				$861,339.47	$882,383.09	$1,743,722.56
# of Claims	194					
# Open	5	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$4,098.08	$8,747.54	$12,845.62
Indemnity.....	.....			$89,909.80	$96,715.29	$186,625.09
Medical.....	.....			$145,938.03	$110,906.36	$256,844.39
				$239,945.91	$216,369.19	$456,315.10
# of Claims	146					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$4,856.28	$13,439.00	$18,295.28
Indemnity.....	.....			$93,553.94	$96,260.14	$189,814.08
Medical.....	.....			$96,776.79	$186,480.15	$283,256.94
				$195,187.01	$296,179.29	$491,366.30
# of Claims	111					
# Open	16	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,087,603.34	$149,616.35	$1,237,219.69
Indemnity.....	.....			$23,649,493.51	$1,304,109.95	$24,953,603.46
Medical.....	.....			$29,025,510.91	$6,188,797.68	$35,214,308.59
				$53,762,607.76	$7,642,523.98	$61,405,131.74
# of Claims	10,324					
# Open	68	Recovery Amount:	-$43,204.88			

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$170.22**	**$0.00**	**$170.22**
Medical				**$1,965.33**	**$0.00**	**$1,965.33**
				$2,135.55	**$0.00**	**$2,135.55**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$4,051.75**	**$0.00**	**$4,051.75**
Indemnity		**$19,182.27**	**$0.00**	**$19,182.27**
Medical		**$68,768.11**	**$0.00**	**$68,768.11**
		$92,002.13	**$0.00**	**$92,002.13**
# of Claims	**108**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$10,819.94**	**$0.00**	**$10,819.94**
Indemnity		**$244,308.96**	**$0.00**	**$244,308.96**
Medical		**$492,704.66**	**$7,941.63**	**$500,646.29**
		$747,833.56	**$7,941.63**	**$755,775.19**
# of Claims	**124**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$657.60**	**$0.00**	**$657.60**
Indemnity		**$141,278.03**	**$0.00**	**$141,278.03**
Medical		**$97,852.74**	**$0.00**	**$97,852.74**
		$239,788.37	**$0.00**	**$239,788.37**
# of Claims	**147**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$376.55**	**$0.00**	**$376.55**
Indemnity		**$255,413.19**	**$0.00**	**$255,413.19**
Medical		**$174,181.47**	**$0.00**	**$174,181.47**
		$429,971.21	**$0.00**	**$429,971.21**
# of Claims	**134**			
# Open	**0**	**Recovery Amount:**	**-$500.21**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$27,016.36	$0.00	$27,016.36
Medical.....	.....			$60,221.91	$0.00	$60,221.91
				$87,238.27	$0.00	$87,238.27
# of Claims	86					
# Open	0	Recovery Amount:	-$531.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,297.23	$0.00	$1,297.23
Indemnity.....	.....			$592,133.05	$0.00	$592,133.05
Medical.....	.....			$235,331.00	$0.00	$235,331.00
				$828,761.28	$0.00	$828,761.28
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32,523.46	$0.00	$32,523.46
Medical.....	.....			$88,144.45	$0.00	$88,144.45
				$120,667.91	$0.00	$120,667.91
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,940.00	$0.00	$2,940.00
Indemnity.....	.....			$267,764.87	$0.00	$267,764.87
Medical.....	.....			$266,482.21	$0.00	$266,482.21
				$537,187.08	$0.00	$537,187.08
# of Claims	111					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$622.22	$0.00	$622.22
Indemnity.....	.....			$139,167.81	$0.00	$139,167.81
Medical.....	.....			$278,037.69	$0.00	$278,037.69
				$417,827.72	$0.00	$417,827.72
# of Claims	117					
# Open	0	Recovery Amount:	-$292.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$208.71	$0.00	$208.71
Indemnity.....	.....			$51,983.24	$0.00	$51,983.24
Medical.....	.....			$185,297.53	$0.00	$185,297.53
				$237,489.48	$0.00	$237,489.48
# of Claims	70					
# Open	0	Recovery Amount:	-$6,611.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$8,734.35	$48.00	$8,782.35
Indemnity.....	.....			$432,485.51	$0.00	$432,485.51
Medical.....	.....			$244,316.27	$59,306.31	$303,622.58
				$685,536.13	$59,354.31	$744,890.44
# of Claims	170					
# Open	1	Recovery Amount:	-$1,082.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$14,699.93	$934.07	$15,634.00
Indemnity.....	.....			$328,087.86	$0.00	$328,087.86
Medical.....	.....			$527,940.73	$298,767.93	$826,708.66
				$870,728.52	$299,702.00	$1,170,430.52
# of Claims	235					
# Open	2	Recovery Amount:	-$23.82			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$21,267.04	$56.46	$21,323.50
Indemnity.....	.....			$624,237.06	$0.00	$624,237.06
Medical.....	.....			$557,897.19	$84,979.35	$642,876.54
				$1,203,401.29	$85,035.81	$1,288,437.10
# of Claims	208					
# Open	1	Recovery Amount:	-$329.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$4,696.00	$40.00	$4,736.00
Indemnity.....	.....			$120,222.18	$0.00	$120,222.18
Medical.....	.....			$243,184.07	$96,406.96	$339,591.03
				$368,102.25	$96,446.96	$464,549.21
# of Claims	178					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$22,161.65	$0.00	$22,161.65
				$22,161.65	$0.00	$22,161.65
# of Claims	150					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$59,802.89	$0.00	$59,802.89
Medical.....	.....			$152,163.79	$0.00	$152,163.79
				$211,974.68	$0.00	$211,974.68
# of Claims	203					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$19,957.38	$0.00	$19,957.38
Indemnity.....	.....			$144,308.53	$0.00	$144,308.53
Medical.....	.....			$284,056.67	$0.00	$284,056.67
				$448,322.58	$0.00	$448,322.58
# of Claims	228					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$2,507.56	$0.00	$2,507.56
Indemnity.....	.....			$59,123.85	$0.00	$59,123.85
Medical.....	.....			$142,727.02	$0.00	$142,727.02
				$204,358.43	$0.00	$204,358.43
# of Claims	241					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,283.10	$0.00	$1,283.10
Indemnity.....	.....			$22,079.46	$0.00	$22,079.46
Medical.....	.....			$168,174.08	$0.00	$168,174.08
				$191,536.64	$0.00	$191,536.64
# of Claims	216					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$6,465.91	$2,276.66	$8,742.57
Indemnity.....	.....			$47,516.01	$0.00	$47,516.01
Medical.....	.....			$316,662.36	$180,266.57	$496,928.93
				$370,644.28	$182,543.23	$553,187.51
# of Claims	176					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,826.37	$0.00	$4,826.37
Indemnity.....	.....			$8,448.78	$0.00	$8,448.78
Medical.....	.....			$166,178.78	$0.00	$166,178.78
				$179,453.93	$0.00	$179,453.93
# of Claims	250					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,676.57	$0.00	$1,676.57
Indemnity.....	.....			$19,212.69	$0.00	$19,212.69
Medical.....	.....			$173,010.14	$0.00	$173,010.14
				$193,899.40	$0.00	$193,899.40
# of Claims	182					
# Open	0	Recovery Amount:	-$1,007.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$190.01	$0.00	$190.01
Indemnity.....	.....			$5,463.68	$0.00	$5,463.68
Medical.....	.....			$79,698.72	$0.00	$79,698.72
				$85,352.41	$0.00	$85,352.41
# of Claims	185					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$4,143.79	$0.00	$4,143.79
Medical.....	.....			$111,757.95	$0.00	$111,757.95
				$115,925.74	$0.00	$115,925.74
# of Claims	272					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$6,863.37	$0.00	$6,863.37
Indemnity.....	.....			$159,308.52	$0.00	$159,308.52
Medical.....	.....			$353,775.94	$0.00	$353,775.94
				$519,947.83	$0.00	$519,947.83
# of Claims	230					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$155.75	$0.00	$155.75
Indemnity.....	.....			$21,005.51	$0.00	$21,005.51
Medical.....	.....			$147,113.13	$0.00	$147,113.13
				$168,274.39	$0.00	$168,274.39
# of Claims	248					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$3,102.45	$8.00	$3,110.45
Indemnity.....	.....			$48,012.75	$0.00	$48,012.75
Medical.....	.....			$245,996.16	$43,303.50	$289,299.66
				$297,111.36	$43,311.50	$340,422.86
# of Claims	308					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,049.71	$0.00	$1,049.71
Indemnity.....	.....			$23,167.72	$0.00	$23,167.72
Medical.....	.....			$205,064.01	$0.00	$205,064.01
				$229,281.44	$0.00	$229,281.44
# of Claims	256					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$24,559.11	$15,060.92	$39,620.03
Indemnity.....	.....			$526,746.30	$11,458.25	$538,204.55
Medical.....	.....			$435,191.12	$254,037.31	$689,228.43
				$986,496.53	$280,556.48	$1,267,053.01
# of Claims	207					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$996.58	$0.00	$996.58
Indemnity.....	.....			$20,763.70	$0.00	$20,763.70
Medical.....	.....			$120,385.37	$0.00	$120,385.37
				$142,145.65	$0.00	$142,145.65
# of Claims	162					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$1,202.91	$0.00	$1,202.91
Indemnity.....	.....			$20,979.13	$0.00	$20,979.13
Medical.....	.....			$119,834.81	$0.00	$119,834.81
				$142,016.85	$0.00	$142,016.85
# of Claims	204					
# Open	0	Recovery Amount:	-$90.37			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$7,985.79	$3,968.91	$11,954.70
Indemnity.....	.....			$131,532.08	$45,755.13	$177,287.21
Medical.....	.....			$265,871.20	$63,078.25	$328,949.45
				$405,389.07	$112,802.29	$518,191.36
# of Claims	160					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

705 - DBHDS \ SWVMHI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,481.61	$1,306.20	$7,787.81
Indemnity.....	.....			$127,721.91	$54,628.56	$182,350.47
Medical.....	.....			$240,780.70	$39,120.00	$279,900.70
				$374,984.22	$95,054.76	$470,038.98
# of Claims	184					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$594.63	$4,469.59	$5,064.22
Indemnity.....	.....			$7,713.40	$4,962.17	$12,675.57
Medical.....	.....			$81,551.31	$49,122.58	$130,673.89
				$89,859.34	$58,554.34	$148,413.68
# of Claims	221					
# Open	9	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$160,302.13	$28,168.81	$188,470.94
Indemnity.....	.....			$4,733,024.77	$116,804.11	$4,849,828.88
Medical.....	.....			$7,354,480.27	$1,176,330.39	$8,530,810.66
				$12,247,807.17	$1,321,303.31	$13,569,110.48
# of Claims	6,139					
# Open	22	Recovery Amount:	-$10,467.49			

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$283.71	$39.85	$323.56
Indemnity.....	.....			$671.03	$0.00	$671.03
Medical.....	.....			$67,239.97	$68,870.97	$136,110.94
				$68,194.71	$68,910.82	$137,105.53
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$37,172.45	$200.85	$37,373.30
Indemnity.....	.....			$78,654.22	$0.00	$78,654.22
Medical.....	.....			$1,129,451.00	$268,151.22	$1,397,602.22
				$1,245,277.67	$268,352.07	$1,513,629.74
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$8,105.80	$83.23	$8,189.03
Indemnity.....	.....			$123,231.74	$0.00	$123,231.74
Medical.....	.....			$1,304,263.60	$198,866.75	$1,503,130.35
				$1,435,601.14	$198,949.98	$1,634,551.12
# of Claims	14					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$25,686.68	$0.00	$25,686.68
Indemnity.....	.....			$322,305.26	$0.00	$322,305.26
Medical.....	.....			$612,070.28	$74,070.13	$686,140.41
				$960,062.22	$74,070.13	$1,034,132.35
# of Claims	260					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$23,302.47	$1,057.67	$24,360.14
Indemnity.....	.....			$735,572.12	$0.00	$735,572.12
Medical.....	.....			$2,286,145.11	$486,239.59	$2,772,384.70
				$3,045,019.70	$487,297.26	$3,532,316.96
# of Claims	225					
# Open	2	Recovery Amount:	-$4.14			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$45,657.75	$161.84	$45,819.59
Indemnity.....	.....			$816,646.71	$0.00	$816,646.71
Medical.....	.....			$1,956,548.63	$102,115.90	$2,058,664.53
				$2,818,853.09	$102,277.74	$2,921,130.83
# of Claims	214					
# Open	2	Recovery Amount:	-$1,285.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,273.24	$50.60	$2,323.84
Indemnity.....	.....			$142,721.84	$0.00	$142,721.84
Medical.....	.....			$272,302.16	$152,977.23	$425,279.39
				$417,297.24	$153,027.83	$570,325.07
# of Claims	206					
# Open	1	Recovery Amount:	-$281.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$302,200.63	$0.00	$302,200.63
Medical.....	.....			$194,558.38	$0.00	$194,558.38
				$496,759.01	$0.00	$496,759.01
# of Claims	199					
# Open	0	Recovery Amount:	-$702.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$77,237.52	$0.00	$77,237.52
Medical.....	.....			$250,616.03	$0.00	$250,616.03
				$327,861.55	$0.00	$327,861.55
# of Claims	171					
# Open	0	Recovery Amount:	-$328.06			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$88.00	$0.00	$88.00
Indemnity.....	.....			$72,033.45	$0.00	$72,033.45
Medical.....	.....			$90,943.89	$0.00	$90,943.89
				$163,065.34	$0.00	$163,065.34
# of Claims	127					
# Open	0	Recovery Amount:	-$50.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6,850.25	$899.15	$7,749.40
Indemnity.....	.....			$270,947.14	$0.00	$270,947.14
Medical.....	.....			$1,374,035.47	$307,815.79	$1,681,851.26
				$1,651,832.86	$308,714.94	$1,960,547.80
# of Claims	118					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$16,111.59	$56,710.92	$72,822.51
Indemnity.....	.....			$564,686.85	$0.00	$564,686.85
Medical.....	.....			$969,352.21	$435,122.53	$1,404,474.74
				$1,550,150.65	$491,833.45	$2,041,984.10
# of Claims	98					
# Open	2	Recovery Amount:	-$13,694.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$2,860.07	$0.00	$2,860.07
Indemnity.....	.....			$257,630.91	$0.00	$257,630.91
Medical.....	.....			$297,772.17	$0.00	$297,772.17
				$558,263.15	$0.00	$558,263.15
# of Claims	85					
# Open	0	Recovery Amount:	-$777.47			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$72.89	$0.00	$72.89
Indemnity.....	.....			$15,599.34	$0.00	$15,599.34
Medical.....	.....			$105,939.61	$0.00	$105,939.61
				$121,611.84	$0.00	$121,611.84
# of Claims	117					
# Open	0	Recovery Amount:	-$1,300.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$6,648.12	$0.00	$6,648.12
Indemnity.....	.....			$167,493.09	$0.00	$167,493.09
Medical.....	.....			$696,873.80	$0.00	$696,873.80
				$871,015.01	$0.00	$871,015.01
# of Claims	259					
# Open	0	Recovery Amount:	-$1,229.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$9,248.00	$26.00	$9,274.00
Indemnity.....	.....			$643,852.06	$0.00	$643,852.06
Medical.....	.....			$519,252.29	$17,687.76	$536,940.05
				$1,172,352.35	$17,713.76	$1,190,066.11
# of Claims	412					
# Open	1	Recovery Amount:	-$307.84			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8,416.86	$0.00	$8,416.86
Indemnity.....	.....			$211,381.33	$0.00	$211,381.33
Medical.....	.....			$168,871.20	$0.00	$168,871.20
				$388,669.39	$0.00	$388,669.39
# of Claims	438					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$7,490.00**	**$0.00**	**$7,490.00**
Indemnity				**$164,938.46**	**$0.00**	**$164,938.46**
Medical				**$144,192.16**	**$0.00**	**$144,192.16**
				$316,620.62	**$0.00**	**$316,620.62**
# of Claims	**369**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$6,475.25**	**$3,549.89**	**$10,025.14**
Indemnity				**$192,305.11**	**$0.00**	**$192,305.11**
Medical				**$193,795.57**	**$92,462.28**	**$286,257.85**
				$392,575.93	**$96,012.17**	**$488,588.10**
# of Claims	**323**					
# Open	**1**	**Recovery Amount:**	**-$152.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$31,002.52**	**$376.15**	**$31,378.67**
Indemnity				**$402,772.98**	**$0.00**	**$402,772.98**
Medical				**$499,412.33**	**$25,140.75**	**$524,553.08**
				$933,187.83	**$25,516.90**	**$958,704.73**
# of Claims	**276**					
# Open	**1**	**Recovery Amount:**	**-$1,119.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$2,643.89**	**$0.00**	**$2,643.89**
Indemnity				**$24,338.19**	**$0.00**	**$24,338.19**
Medical				**$52,608.63**	**$0.00**	**$52,608.63**
				$79,590.71	**$0.00**	**$79,590.71**
# of Claims	**278**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,541.46	$0.00	$1,541.46
Indemnity.....	.....			$53,974.07	$0.00	$53,974.07
Medical.....	.....			$403,980.48	$0.00	$403,980.48
				$459,496.01	$0.00	$459,496.01
# of Claims	296					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$6,982.35	$0.00	$6,982.35
Indemnity.....	.....			$384,932.65	$0.00	$384,932.65
Medical.....	.....			$153,773.67	$0.00	$153,773.67
				$545,688.67	$0.00	$545,688.67
# of Claims	301					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$5,395.21	$0.00	$5,395.21
Indemnity.....	.....			$141,173.80	$0.00	$141,173.80
Medical.....	.....			$292,277.30	$0.00	$292,277.30
				$438,846.31	$0.00	$438,846.31
# of Claims	296					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$13,553.10	$40.39	$13,593.49
Indemnity.....	.....			$179,872.04	$0.00	$179,872.04
Medical.....	.....			$189,748.14	$417,869.03	$607,617.17
				$383,173.28	$417,909.42	$801,082.70
# of Claims	245					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$18,274.07**	**$0.00**	**$18,274.07**
Indemnity				**$411,586.34**	**$0.00**	**$411,586.34**
Medical				**$325,608.76**	**$0.00**	**$325,608.76**
				$755,469.17	**$0.00**	**$755,469.17**
# of Claims	**271**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$12,196.11**	**$11,074.57**	**$23,270.68**
Indemnity				**$356,652.19**	**$0.00**	**$356,652.19**
Medical				**$507,362.06**	**$212,771.65**	**$720,133.71**
				$876,210.36	**$223,846.22**	**$1,100,056.58**
# of Claims	**249**					
# Open	**1**	**Recovery Amount:**	**-$2,591.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$18,813.86**	**$75.24**	**$18,889.10**
Indemnity				**$199,523.51**	**$1,566.80**	**$201,090.31**
Medical				**$302,814.40**	**$555.05**	**$303,369.45**
				$521,151.77	**$2,197.09**	**$523,348.86**
# of Claims	**272**					
# Open	**1**	**Recovery Amount:**	**-$468.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$4,829.60**	**$5,940.40**	**$10,770.00**
Indemnity				**$284,902.96**	**$50,538.22**	**$335,441.18**
Medical				**$409,944.84**	**$937,954.10**	**$1,347,898.94**
				$699,677.40	**$994,432.72**	**$1,694,110.12**
# of Claims	**253**					
# Open	**2**	**Recovery Amount:**	**-$30,000.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$8,027.14	$0.00	$8,027.14
Indemnity.....	.....			$167,171.21	$0.00	$167,171.21
Medical.....	.....			$178,132.51	$0.00	$178,132.51
				$353,330.86	$0.00	$353,330.86
# of Claims	220					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8,940.59	$3,673.01	$12,613.60
Indemnity.....	.....			$192,354.99	$61,241.91	$253,596.90
Medical.....	.....			$372,437.50	$201,158.17	$573,595.67
				$573,733.08	$266,073.09	$839,806.17
# of Claims	282					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$5,418.95	$200.00	$5,618.95
Indemnity.....	.....			$200,798.18	$0.00	$200,798.18
Medical.....	.....			$234,459.73	$17,863.67	$252,323.40
				$440,676.86	$18,063.67	$458,740.53
# of Claims	225					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$12,869.77	$3,919.34	$16,789.11
Indemnity.....	.....			$127,074.09	$93,066.13	$220,140.22
Medical.....	.....			$319,519.05	$100,436.04	$419,955.09
				$459,462.91	$197,421.51	$656,884.42
# of Claims	251					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

706 - DBHDS \ Western State Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$26,763.02	$23.76	$26,786.78
Indemnity.....	.....			$310,009.02	$0.00	$310,009.02
Medical.....	.....			$311,007.25	$35,442.31	$346,449.56
				$647,779.29	$35,466.07	$683,245.36
# of Claims	226					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$25,394.87	$9,852.13	$35,247.00
Indemnity.....	.....			$186,875.89	$122,825.71	$309,701.60
Medical.....	.....			$378,904.00	$145,741.30	$524,645.30
				$591,174.76	$278,419.14	$869,593.90
# of Claims	209					
# Open	6	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$17,823.59	$12,464.58	$30,288.17
Indemnity.....	.....			$260,819.32	$174,296.11	$435,115.43
Medical.....	.....			$261,023.01	$312,008.58	$573,031.59
				$539,665.92	$498,769.27	$1,038,435.19
# of Claims	178					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$765.04	$6,511.69	$7,276.73
Indemnity.....	.....			$99,767.85	$264,411.18	$364,179.03
Medical.....	.....			$176,672.74	$516,456.02	$693,128.76
				$277,205.63	$787,378.89	$1,064,584.52
# of Claims	180					
# Open	44	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$427,986.27	$116,931.26	$544,917.53
Indemnity.....	.....			$9,144,708.09	$767,946.06	$9,912,654.15
Medical.....	.....			$18,003,909.93	$5,127,776.82	$23,131,686.75
				$27,576,604.29	$6,012,654.14	$33,589,258.43
# of Claims	8,146					
# Open	80	Recovery Amount:	-$54,292.22			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$9,830.01	$86.20	$9,916.21
Indemnity.....	.....			$179,021.05	$0.00	$179,021.05
Medical.....	.....			$457,219.34	$122,559.02	$579,778.36
				$646,070.40	$122,645.22	$768,715.62
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$8,228.92	$177.84	$8,406.76
Indemnity.....	.....			$7,050.43	$0.00	$7,050.43
Medical.....	.....			$642,438.88	$3,089,099.93	$3,731,538.81
				$657,718.23	$3,089,277.77	$3,746,996.00
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$12,329.57	$28.00	$12,357.57
Indemnity.....	.....			$8,888.57	$0.00	$8,888.57
Medical.....	.....			$172,147.50	$205,907.26	$378,054.76
				$193,365.64	$205,935.26	$399,300.90
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$36,980.89	$0.00	$36,980.89
Indemnity.....	.....			$1,376,354.77	$0.00	$1,376,354.77
Medical.....	.....			$1,188,782.64	$0.00	$1,188,782.64
				$2,602,118.30	$0.00	$2,602,118.30
# of Claims	298					
# Open	0	Recovery Amount:	-$61,763.83			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense.....	.....			$78,841.38	$300.00	$79,141.38
Indemnity.....	.....			$1,011,289.99	$0.00	$1,011,289.99
Medical.....	.....			$1,112,486.78	$12,807.02	$1,125,293.80
				$2,202,618.15	$13,107.02	$2,215,725.17
# of Claims	285					
# Open	1	Recovery Amount:	-$806.94			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense.....	.....			$66,838.37	$0.00	$66,838.37
Indemnity.....	.....			$1,115,962.37	$0.00	$1,115,962.37
Medical.....	.....			$1,091,048.83	$0.00	$1,091,048.83
				$2,273,849.57	$0.00	$2,273,849.57
# of Claims	268					
# Open	0	Recovery Amount:	-$34.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense.....	.....			$16,701.95	$30,022.22	$46,724.17
Indemnity.....	.....			$864,562.07	$0.00	$864,562.07
Medical.....	.....			$1,563,559.93	$603,281.90	$2,166,841.83
				$2,444,823.95	$633,304.12	$3,078,128.07
# of Claims	244					
# Open	2	Recovery Amount:	-$4,919.29			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$2,669.39	$0.00	$2,669.39
Indemnity.....	.....			$1,068,493.42	$0.00	$1,068,493.42
Medical.....	.....			$872,389.56	$0.00	$872,389.56
				$1,943,552.37	$0.00	$1,943,552.37
# of Claims	273					
# Open	0	Recovery Amount:	-$3,093.40			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$1,637.62	$640.77	$2,278.39
Indemnity.....	.....			$241,960.25	$0.00	$241,960.25
Medical.....	.....			$283,120.46	$32,318.04	$315,438.50
				$526,718.33	$32,958.81	$559,677.14
# of Claims	192					
# Open	1	Recovery Amount:	-$516.21			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$13,589.86	$10,244.13	$23,833.99
Indemnity.....	.....			$630,538.39	$0.00	$630,538.39
Medical.....	.....			$2,250,051.29	$634,583.92	$2,884,635.21
				$2,894,179.54	$644,828.05	$3,539,007.59
# of Claims	161					
# Open	5	Recovery Amount:	-$747.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$7,651.00	$40.00	$7,691.00
Indemnity.....	.....			$321,347.19	$0.00	$321,347.19
Medical.....	.....			$264,857.20	$4,591.27	$269,448.47
				$593,855.39	$4,631.27	$598,486.66
# of Claims	186					
# Open	1	Recovery Amount:	-$50.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$14,984.35	$14,164.97	$29,149.32
Indemnity.....	.....			$589,160.75	$0.00	$589,160.75
Medical.....	.....			$834,102.38	$257,659.47	$1,091,761.85
				$1,438,247.48	$271,824.44	$1,710,071.92
# of Claims	161					
# Open	4	Recovery Amount:	-$1,681.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$29,360.92	$2,444.30	$31,805.22
Indemnity.....	.....			$872,039.03	$0.00	$872,039.03
Medical.....	.....			$1,204,682.85	$556,505.58	$1,761,188.43
				$2,106,082.80	$558,949.88	$2,665,032.68
# of Claims	223					
# Open	3	Recovery Amount:	-$929.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$28,959.92	$24.00	$28,983.92
Indemnity.....	.....			$769,587.30	$0.00	$769,587.30
Medical.....	.....			$1,014,238.26	$533,244.37	$1,547,482.63
				$1,812,785.48	$533,268.37	$2,346,053.85
# of Claims	403					
# Open	2	Recovery Amount:	-$14,473.43			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$17,448.00**	**$0.00**	**$17,448.00**
Indemnity				**$720,487.93**	**$0.00**	**$720,487.93**
Medical				**$411,031.53**	**$0.00**	**$411,031.53**
				$1,148,967.46	**$0.00**	**$1,148,967.46**
# of Claims	**443**					
# Open	**0**	**Recovery Amount:**	**-$5,754.20**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$68,739.64**	**$649.95**	**$69,389.59**
Indemnity				**$1,474,585.29**	**$0.00**	**$1,474,585.29**
Medical				**$1,287,099.74**	**$787,168.48**	**$2,074,268.22**
				$2,830,424.67	**$787,818.43**	**$3,618,243.10**
# of Claims	**473**					
# Open	**4**	**Recovery Amount:**	**-$97.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$25,801.98**	**$2,332.00**	**$28,133.98**
Indemnity				**$400,225.63**	**$0.00**	**$400,225.63**
Medical				**$351,661.99**	**$153,261.80**	**$504,923.79**
				$777,689.60	**$155,593.80**	**$933,283.40**
# of Claims	**416**					
# Open	**1**	**Recovery Amount:**	**-$10,597.69**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$103,943.86**	**$204.83**	**$104,148.69**
Indemnity				**$1,129,736.31**	**$0.00**	**$1,129,736.31**
Medical				**$1,139,579.83**	**$1,125,351.76**	**$2,264,931.59**
				$2,373,260.00	**$1,125,556.59**	**$3,498,816.59**
# of Claims	**518**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$81,037.60**	**$926.64**	**$81,964.24**
Indemnity				**$1,042,693.01**	**$0.00**	**$1,042,693.01**
Medical				**$1,238,009.47**	**$435,250.23**	**$1,673,259.70**
				$2,361,740.08	**$436,176.87**	**$2,797,916.95**
# of Claims	**423**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$77,140.98	$1,353.03	$78,494.01
Indemnity.....	.....			$676,130.78	$0.00	$676,130.78
Medical.....	.....			$1,159,267.26	$157,172.14	$1,316,439.40
				$1,912,539.02	$158,525.17	$2,071,064.19
# of Claims	405					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$108,674.97	$5,571.05	$114,246.02
Indemnity.....	.....			$1,701,511.07	$0.00	$1,701,511.07
Medical.....	.....			$2,334,504.05	$1,945,261.10	$4,279,765.15
				$4,144,690.09	$1,950,832.15	$6,095,522.24
# of Claims	449					
# Open	6	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$89,315.09	$7,556.91	$96,872.00
Indemnity.....	.....			$851,398.77	$0.00	$851,398.77
Medical.....	.....			$1,078,065.43	$818,919.78	$1,896,985.21
				$2,018,779.29	$826,476.69	$2,845,255.98
# of Claims	371					
# Open	7	Recovery Amount:	-$577.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$24,682.93	$0.00	$24,682.93
Indemnity.....	.....			$425,326.77	$0.00	$425,326.77
Medical.....	.....			$767,461.75	$0.00	$767,461.75
				$1,217,471.45	$0.00	$1,217,471.45
# of Claims	417					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$74,776.65	$0.00	$74,776.65
Indemnity.....	.....			$765,316.00	$0.00	$765,316.00
Medical.....	.....			$931,033.19	$128,221.85	$1,059,255.04
				$1,771,125.84	$128,221.85	$1,899,347.69
# of Claims	324					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$1,697.87	$0.00	$1,697.87
Indemnity.....	.....			$216,273.35	$0.00	$216,273.35
Medical.....	.....			$374,527.82	$0.00	$374,527.82
				$592,499.04	$0.00	$592,499.04
# of Claims	301					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$53,863.25	$2,498.74	$56,361.99
Indemnity.....	.....			$1,023,436.13	$4,510.71	$1,027,946.84
Medical.....	.....			$574,954.96	$124,510.21	$699,465.17
				$1,652,254.34	$131,519.66	$1,783,774.00
# of Claims	318					
# Open	3	Recovery Amount:	-$20,011.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$15,801.16	$7,379.86	$23,181.02
Indemnity.....	.....			$336,933.78	$0.00	$336,933.78
Medical.....	.....			$586,388.15	$420,596.77	$1,006,984.92
				$939,123.09	$427,976.63	$1,367,099.72
# of Claims	241					
# Open	4	Recovery Amount:	-$111.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$38,680.05	$13,190.02	$51,870.07
Indemnity.....	.....			$893,323.85	$17,308.47	$910,632.32
Medical.....	.....			$1,296,797.14	$286,983.19	$1,583,780.33
				$2,228,801.04	$317,481.68	$2,546,282.72
# of Claims	232					
# Open	4	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$67,183.80	$24,801.56	$91,985.36
Indemnity.....	.....			$803,482.39	$109,528.13	$913,010.52
Medical.....	.....			$978,048.31	$1,130,814.95	$2,108,863.26
				$1,848,714.50	$1,265,144.64	$3,113,859.14
# of Claims	200					
# Open	6	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$7,051.19	$1,084.00	$8,135.19
Indemnity.....	.....			$224,915.23	$0.00	$224,915.23
Medical.....	.....			$344,321.45	$216,437.81	$560,759.26
				$576,287.87	$217,521.81	$793,809.68
# of Claims	118					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$18,336.14	$0.00	$18,336.14
Indemnity.....	.....			$437,658.58	$0.00	$437,658.58
Medical.....	.....			$233,894.65	$0.00	$233,894.65
				$689,889.37	$0.00	$689,889.37
# of Claims	97					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$16,192.72	$0.00	$16,192.72
Medical.....	.....			$24,194.75	$0.00	$24,194.75
				$40,411.47	$0.00	$40,411.47
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,550.86	$4,591.68	$8,142.54
Indemnity.....	.....			$178,557.76	$0.00	$178,557.76
Medical.....	.....			$110,248.58	$137,097.61	$247,346.19
				$292,357.20	$141,689.29	$434,046.49
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$2,236.94	$0.00	$2,236.94
Indemnity.....	.....			$6,792.32	$0.00	$6,792.32
Medical.....	.....			$13,446.46	$0.00	$13,446.46
				$22,475.72	$0.00	$22,475.72
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Grand Totals

Expense			**$1,208,591.11**	**$130,312.70**	**$1,338,903.81**
Indemnity			**$22,381,233.25**	**$131,347.31**	**$22,512,580.56**
Medical			**$28,185,662.41**	**$13,919,605.46**	**$42,105,267.87**
			$51,775,486.77	**$14,181,265.47**	**$65,956,752.24**
# of Claims	**8,571**				
# Open	**68**	**Recovery Amount:**	**-$126,165.69**		

708 - DBHDS \ CCCA (DeJarnette)

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$6,451.14**	**$0.00**	**$6,451.14**
Indemnity				**$149,518.10**	**$0.00**	**$149,518.10**
Medical				**$848,245.99**	**$0.00**	**$848,245.99**
				$1,004,215.23	**$0.00**	**$1,004,215.23**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**-$219.67**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$9,603.26**	**$0.00**	**$9,603.26**
Medical				**$35,268.80**	**$0.00**	**$35,268.80**
				$44,872.06	**$0.00**	**$44,872.06**
# of Claims	**46**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$10.00**	**$0.00**	**$10.00**
Indemnity				**$15,848.24**	**$0.00**	**$15,848.24**
Medical				**$79,450.53**	**$0.00**	**$79,450.53**
				$95,308.77	**$0.00**	**$95,308.77**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,921.06	$0.00	$15,921.06
Medical.....	.....			$59,003.18	$0.00	$59,003.18
				$74,924.24	$0.00	$74,924.24
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$525.60	$0.00	$525.60
Indemnity.....	.....			$285,840.61	$0.00	$285,840.61
Medical.....	.....			$372,112.14	$0.00	$372,112.14
				$658,478.35	$0.00	$658,478.35
# of Claims	50					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$112.76	$0.00	$112.76
Indemnity.....	.....			$210.50	$0.00	$210.50
Medical.....	.....			$35,207.48	$0.00	$35,207.48
				$35,530.74	$0.00	$35,530.74
# of Claims	46					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,376.43	$0.00	$10,376.43
Medical.....	.....			$16,429.46	$0.00	$16,429.46
				$26,805.89	$0.00	$26,805.89
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$760.08	$0.00	$760.08
Medical.....	.....			$11,657.23	$0.00	$11,657.23
				$12,417.31	$0.00	$12,417.31
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,165.50	$82.00	$2,247.50
Indemnity.....	.....			$143,970.41	$0.00	$143,970.41
Medical.....	.....			$486,486.26	$326,324.30	$812,810.56
				$632,622.17	$326,406.30	$959,028.47
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,781.04	$0.00	$1,781.04
Medical.....	.....			$41,718.67	$0.00	$41,718.67
				$43,499.71	$0.00	$43,499.71
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$26,094.25	$28,147.17	$54,241.42
Indemnity.....	.....			$142,638.25	$0.00	$142,638.25
Medical.....	.....			$492,642.23	$282,257.81	$774,900.04
				$661,374.73	$310,404.98	$971,779.71
# of Claims	29					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,144.46	$0.00	$3,144.46
Indemnity.....	.....			$225,383.71	$0.00	$225,383.71
Medical.....	.....			$244,010.15	$0.00	$244,010.15
				$472,538.32	$0.00	$472,538.32
# of Claims	140					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,085.98	$0.00	$1,085.98
Medical.....	.....			$30,323.01	$0.00	$30,323.01
				$31,408.99	$0.00	$31,408.99
# of Claims	211					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$6,094.41	$0.00	$6,094.41
Indemnity.....	.....			$275,568.48	$0.00	$275,568.48
Medical.....	.....			$308,282.28	$0.00	$308,282.28
				$589,945.17	$0.00	$589,945.17
# of Claims	202					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$3,996.11	$0.00	$3,996.11
Indemnity.....	.....			$125,786.89	$0.00	$125,786.89
Medical.....	.....			$315,600.19	$0.00	$315,600.19
				$445,383.19	$0.00	$445,383.19
# of Claims	176					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$10,174.09	$0.00	$10,174.09
Indemnity.....	.....			$288,340.13	$0.00	$288,340.13
Medical.....	.....			$478,954.53	$244,072.16	$723,026.69
				$777,468.75	$244,072.16	$1,021,540.91
# of Claims	179					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$741.00	$0.00	$741.00
Indemnity.....	.....			$5,908.27	$0.00	$5,908.27
Medical.....	.....			$101,839.16	$0.00	$101,839.16
				$108,488.43	$0.00	$108,488.43
# of Claims	296					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,966.29	$0.00	$1,966.29
Indemnity.....	.....			$27,203.52	$0.00	$27,203.52
Medical.....	.....			$158,549.02	$0.00	$158,549.02
				$187,718.83	$0.00	$187,718.83
# of Claims	245					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,386.02	$0.00	$3,386.02
Indemnity.....	.....			$102,776.23	$0.00	$102,776.23
Medical.....	.....			$58,066.90	$0.00	$58,066.90
				$164,229.15	$0.00	$164,229.15
# of Claims	263					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,023.78	$0.00	$9,023.78
Medical.....	.....			$37,778.63	$0.00	$37,778.63
				$46,802.41	$0.00	$46,802.41
# of Claims	224					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$15,750.66	$0.00	$15,750.66
Indemnity.....	.....			$196,061.01	$0.00	$196,061.01
Medical.....	.....			$105,703.59	$0.00	$105,703.59
				$317,515.26	$0.00	$317,515.26
# of Claims	199					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$4,801.26	$0.00	$4,801.26
Indemnity.....	.....			$79,471.00	$0.00	$79,471.00
Medical.....	.....			$218,916.06	$0.00	$218,916.06
				$303,188.32	$0.00	$303,188.32
# of Claims	235					
# Open	1	Recovery Amount:	-$2,800.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$355.92	$0.00	$355.92
Indemnity.....	.....			$11,249.90	$0.00	$11,249.90
Medical.....	.....			$87,668.80	$0.00	$87,668.80
				$99,274.62	$0.00	$99,274.62
# of Claims	205					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,655.63	$0.00	$2,655.63
Indemnity.....	.....			$40,021.76	$0.00	$40,021.76
Medical.....	.....			$113,819.71	$0.00	$113,819.71
				$156,497.10	$0.00	$156,497.10
# of Claims	154					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,213.73	$0.00	$2,213.73
Indemnity.....	.....			$123,198.48	$0.00	$123,198.48
Medical.....	.....			$104,676.24	$0.00	$104,676.24
				$230,088.45	$0.00	$230,088.45
# of Claims	184					
# Open	0	Recovery Amount:	-$2,661.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11,644.59	$114,597.35	$126,241.94
Indemnity.....	.....			$151,124.43	$0.00	$151,124.43
Medical.....	.....			$208,503.54	$142,489.33	$350,992.87
				$371,272.56	$257,086.68	$628,359.24
# of Claims	281					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$843.12	$0.00	$843.12
Indemnity.....	.....			$18,659.29	$0.00	$18,659.29
Medical.....	.....			$93,419.58	$0.00	$93,419.58
				$112,921.99	$0.00	$112,921.99
# of Claims	260					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$2,478.27	$0.00	$2,478.27
Indemnity.....	.....			$14,019.04	$0.00	$14,019.04
Medical.....	.....			$87,475.86	$0.00	$87,475.86
				$103,973.17	$0.00	$103,973.17
# of Claims	112					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$12,734.43	$0.00	$12,734.43
Indemnity.....	.....			$370,248.21	$0.00	$370,248.21
Medical.....	.....			$147,632.32	$0.00	$147,632.32
				$530,614.96	$0.00	$530,614.96
# of Claims	192					
# Open	0	Recovery Amount:	-$1,367.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$17,919.22	$548.26	$18,467.48
Indemnity.....	.....			$204,458.87	$126,259.06	$330,717.93
Medical.....	.....			$206,099.44	$49,405.73	$255,505.17
				$428,477.53	$176,213.05	$604,690.58
# of Claims	141					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,005.43	$0.00	$3,005.43
Indemnity.....	.....			$46,233.15	$0.00	$46,233.15
Medical.....	.....			$274,513.49	$0.00	$274,513.49
				$323,752.07	$0.00	$323,752.07
# of Claims	163					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

708 - DBHDS \ CCCA (DeJarnette)

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,340.41	$0.00	$3,340.41
Indemnity.....	.....			$21,177.33	$0.00	$21,177.33
Medical.....	.....			$134,128.16	$0.00	$134,128.16
				$158,645.90	$0.00	$158,645.90
# of Claims	137					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$13,568.52	$1,182.49	$14,751.01
Indemnity.....	.....			$41,311.07	$26,099.53	$67,410.60
Medical.....	.....			$111,184.95	$32,867.09	$144,052.04
				$166,064.54	$60,149.11	$226,213.65
# of Claims	93					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$3,723.83	$1,800.88	$5,524.71
Indemnity.....	.....			$48,881.31	$31,735.49	$80,616.80
Medical.....	.....			$71,903.07	$145,574.59	$217,477.66
				$124,508.21	$179,110.96	$303,619.17
# of Claims	92					
# Open	28	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$159,896.65	$146,358.15	$306,254.80
Indemnity.....	.....			$3,203,659.82	$184,094.08	$3,387,753.90
Medical.....	.....			$6,177,270.65	$1,222,991.01	$7,400,261.66
				$9,540,827.12	$1,553,443.24	$11,094,270.36
# of Claims	4,844					
# Open	35	Recovery Amount:	-$7,049.24			

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$183.00**	**$0.00**	**$183.00**
				$183.00	**$0.00**	**$183.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$2,589.72**	**$0.00**	**$2,589.72**
Medical		**$9,713.91**	**$0.00**	**$9,713.91**
		$12,303.63	**$0.00**	**$12,303.63**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,995.12**	**$0.00**	**$3,995.12**
Medical		**$22,004.61**	**$0.00**	**$22,004.61**
		$25,999.73	**$0.00**	**$25,999.73**
# of Claims	**9**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$6,001.50**	**$0.00**	**$6,001.50**
Medical		**$24,593.52**	**$0.00**	**$24,593.52**
		$30,595.02	**$0.00**	**$30,595.02**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$959.51**	**$0.00**	**$959.51**
Medical		**$4,477.21**	**$0.00**	**$4,477.21**
		$5,436.72	**$0.00**	**$5,436.72**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**-$5,436.72**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$665.71	$0.00	$665.71
Medical.....	.....			$3,032.09	$0.00	$3,032.09
				$3,697.80	$0.00	$3,697.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$190.21	$0.00	$190.21
				$190.21	$0.00	$190.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,308.86	$0.00	$1,308.86
Medical.....	.....			$1,836.24	$0.00	$1,836.24
				$3,145.10	$0.00	$3,145.10
# of Claims	9					
# Open	0	Recovery Amount:	-$376.80			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,022.10	$0.00	$1,022.10
Medical.....	.....			$3,374.27	$0.00	$3,374.27
				$4,396.37	$0.00	$4,396.37
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,131.60	$0.00	$1,131.60
				$1,131.60	$0.00	$1,131.60
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,305.55	$0.00	$1,305.55
Medical.....	.....			$13,566.61	$0.00	$13,566.61
				$14,872.16	$0.00	$14,872.16
# of Claims	14					
# Open	0	Recovery Amount:	-$41.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,630.83	$0.00	$1,630.83
				$1,630.83	$0.00	$1,630.83
# of Claims	15					
# Open	0	Recovery Amount:	-$392.40			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,569.07	$0.00	$2,569.07
Medical.....	.....			$3,126.95	$0.00	$3,126.95
				$5,696.02	$0.00	$5,696.02
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,234.98	$0.00	$3,234.98
				$3,234.98	$0.00	$3,234.98
# of Claims	8					
# Open	0	Recovery Amount:	-$1,874.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,401.37	$0.00	$6,401.37
Medical.....	.....			$11,211.75	$0.00	$11,211.75
				$17,613.12	$0.00	$17,613.12
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,356.00	$0.00	$2,356.00
Indemnity.....	.....			$11,492.48	$0.00	$11,492.48
Medical.....	.....			$216,308.31	$0.00	$216,308.31
				$230,156.79	$0.00	$230,156.79
# of Claims	7					
# Open	0	Recovery Amount:	-$2,171.02			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,522.12	$0.00	$2,522.12
Medical.....	.....			$5,944.76	$0.00	$5,944.76
				$8,466.88	$0.00	$8,466.88
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.20	$0.00	$720.20
				$720.20	$0.00	$720.20
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$848.65	$0.00	$848.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,184.06	$0.00	$8,184.06
				$9,032.71	$0.00	$9,032.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$538.56	$0.00	$538.56
Medical.....	.....			$10,111.82	$0.00	$10,111.82
				$10,650.38	$0.00	$10,650.38
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$25,538.88	$0.00	$25,538.88
Medical.....	.....			$273,524.80	$0.00	$273,524.80
				$299,079.68	$0.00	$299,079.68
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,962.72	$0.00	$2,962.72
				$2,962.72	$0.00	$2,962.72
# of Claims	4					
# Open	0	Recovery Amount:	-$199.56			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,143.07	$0.00	$11,143.07
Medical.....	.....			$18,561.29	$0.00	$18,561.29
				$29,704.36	$0.00	$29,704.36
# of Claims	3					
# Open	0	Recovery Amount:	-$19,481.87			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$45,991.09	$0.00	$45,991.09
Medical.....	.....			$66,393.69	$0.00	$66,393.69
				$112,408.78	$0.00	$112,408.78
# of Claims	12					
# Open	0	Recovery Amount:	-$21,817.15			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,573.10	$0.00	$1,573.10
				$1,573.10	$0.00	$1,573.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$166.05	$0.00	$166.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$763.42	$0.00	$763.42
				$929.47	$0.00	$929.47
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$324.81	$0.00	$324.81
				$324.81	$0.00	$324.81
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$97.71	$0.00	$97.71
Medical.....	.....			$15,620.05	$0.00	$15,620.05
				$15,733.76	$0.00	$15,733.76
# of Claims	12					
# Open	0	Recovery Amount:	-$13,221.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$244.49	$0.00	$244.49
Indemnity.....	.....			$224,650.58	$326,355.71	$551,006.29
Medical.....	.....			$130,240.20	$0.00	$130,240.20
				$355,135.27	$326,355.71	$681,490.98
# of Claims	8					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$27.60	$0.00	$27.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$27.60	$0.00	$27.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

720 - DBHDS - ADMIN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$3,698.79	$0.00	$3,698.79
Indemnity.....	.....			$348,793.00	$326,355.71	$675,148.71
Medical.....	.....			$854,541.01	$0.00	$854,541.01
				$1,207,032.80	$326,355.71	$1,533,388.51
# of Claims	198					
# Open	1	Recovery Amount:	-$65,012.96			

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$500.50	$0.00	$500.50
				$500.50	$0.00	$500.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$25,826.70	$0.00	$25,826.70
Indemnity.....	.....			$197,093.82	$0.00	$197,093.82
Medical.....	.....			$74,100.16	$0.00	$74,100.16
				$297,020.68	$0.00	$297,020.68
# of Claims	75					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$1,420.74	$0.00	$1,420.74
Indemnity.....	.....			$5,664.40	$0.00	$5,664.40
Medical.....	.....			$47,730.58	$0.00	$47,730.58
				$54,815.72	$0.00	$54,815.72
# of Claims	127					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$16,735.07	$0.00	$16,735.07
Indemnity.....	.....			$254,250.45	$0.00	$254,250.45
Medical.....	.....			$290,789.20	$0.00	$290,789.20
				$561,774.72	$0.00	$561,774.72
# of Claims	120					
# Open	0	Recovery Amount:	-$711.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$3,382.10	$0.00	$3,382.10
Indemnity.....	.....			$144,338.22	$0.00	$144,338.22
Medical.....	.....			$712,135.53	$0.00	$712,135.53
				$859,855.85	$0.00	$859,855.85
# of Claims	87					
# Open	0	Recovery Amount:	-$714.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,987.49	$0.00	$1,987.49
Indemnity.....	.....			$281,172.22	$0.00	$281,172.22
Medical.....	.....			$348,898.73	$0.00	$348,898.73
				$632,058.44	$0.00	$632,058.44
# of Claims	116					
# Open	0	Recovery Amount:	-$770.22			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$109.01**	**$0.00**	**$109.01**
Indemnity				**$89,934.40**	**$0.00**	**$89,934.40**
Medical				**$94,130.91**	**$0.00**	**$94,130.91**
				$184,174.32	**$0.00**	**$184,174.32**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**-$239.35**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$124,717.05**	**$0.00**	**$124,717.05**
Medical				**$90,240.73**	**$0.00**	**$90,240.73**
				$214,957.78	**$0.00**	**$214,957.78**
# of Claims	**109**					
# Open	**0**	**Recovery Amount:**	**-$9,365.23**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$1,110.00**	**$0.00**	**$1,110.00**
Indemnity				**$158,106.42**	**$0.00**	**$158,106.42**
Medical				**$260,905.60**	**$0.00**	**$260,905.60**
				$420,122.02	**$0.00**	**$420,122.02**
# of Claims	**119**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$6,953.74**	**$0.00**	**$6,953.74**
Indemnity				**$87,376.73**	**$0.00**	**$87,376.73**
Medical				**$104,145.35**	**$0.00**	**$104,145.35**
				$198,475.82	**$0.00**	**$198,475.82**
# of Claims	**78**					
# Open	**0**	**Recovery Amount:**	**-$2,990.69**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$3,300.00**	**$0.00**	**$3,300.00**
Indemnity				**$50,272.89**	**$0.00**	**$50,272.89**
Medical				**$107,577.34**	**$0.00**	**$107,577.34**
				$161,150.23	**$0.00**	**$161,150.23**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**-$144.50**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$9,517.30**	**$0.00**	**$9,517.30**
Indemnity				**$252,777.79**	**$0.00**	**$252,777.79**
Medical				**$127,578.91**	**$27,122.10**	**$154,701.01**
				$389,874.00	**$27,122.10**	**$416,996.10**
# of Claims	**85**					
# Open	**1**	**Recovery Amount:**	**-$90.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$699.30**	**$0.00**	**$699.30**
Medical				**$36,378.56**	**$0.00**	**$36,378.56**
				$37,077.86	**$0.00**	**$37,077.86**
# of Claims	**114**					
# Open	**0**	**Recovery Amount:**	**-$446.36**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$2,085.78**	**$0.00**	**$2,085.78**
Indemnity				**$9,558.64**	**$0.00**	**$9,558.64**
Medical				**$310,672.11**	**$0.00**	**$310,672.11**
				$322,316.53	**$0.00**	**$322,316.53**
# of Claims	**174**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$123,409.07**	**$0.00**	**$123,409.07**
Medical				**$143,845.21**	**$0.00**	**$143,845.21**
				$267,254.28	**$0.00**	**$267,254.28**
# of Claims	**165**					
# Open	**0**	**Recovery Amount:**	**-$8,601.59**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$5,436.96**	**$0.00**	**$5,436.96**
Indemnity				**$249,792.38**	**$0.00**	**$249,792.38**
Medical				**$120,995.02**	**$0.00**	**$120,995.02**
				$376,224.36	**$0.00**	**$376,224.36**
# of Claims	**191**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$9,829.70**	**$0.00**	**$9,829.70**
Indemnity				**$282,941.17**	**$0.00**	**$282,941.17**
Medical				**$127,450.74**	**$0.00**	**$127,450.74**
				$420,221.61	**$0.00**	**$420,221.61**
# of Claims	**163**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$971.01**	**$32.00**	**$1,003.01**
Indemnity				**$17,303.06**	**$0.00**	**$17,303.06**
Medical				**$187,618.67**	**$1,979.67**	**$189,598.34**
				$205,892.74	**$2,011.67**	**$207,904.41**
# of Claims	**130**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$55.50**	**$0.00**	**$55.50**
Indemnity				**$348.39**	**$0.00**	**$348.39**
Medical				**$78,638.74**	**$0.00**	**$78,638.74**
				$79,042.63	**$0.00**	**$79,042.63**
# of Claims	**147**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$5,629.99**	**$0.00**	**$5,629.99**
Indemnity				**$45,307.70**	**$0.00**	**$45,307.70**
Medical				**$128,346.20**	**$0.00**	**$128,346.20**
				$179,283.89	**$0.00**	**$179,283.89**
# of Claims	**141**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$58.41**	**$0.00**	**$58.41**
Indemnity				**$10,913.71**	**$0.00**	**$10,913.71**
Medical				**$135,964.62**	**$0.00**	**$135,964.62**
				$146,936.74	**$0.00**	**$146,936.74**
# of Claims	**115**					
# Open	**0**	**Recovery Amount:**	**-$10,680.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$84.00**	**$0.00**	**$84.00**
Indemnity				**$5,535.18**	**$0.00**	**$5,535.18**
Medical				**$87,758.29**	**$0.00**	**$87,758.29**
				$93,377.47	**$0.00**	**$93,377.47**
# of Claims	**138**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$5,077.96	$0.00	$5,077.96
Indemnity.....	.....			$122,534.83	$0.00	$122,534.83
Medical.....	.....			$109,149.75	$0.00	$109,149.75
				$236,762.54	$0.00	$236,762.54
# of Claims	162					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$4,178.16	$0.00	$4,178.16
Indemnity.....	.....			$287,865.31	$0.00	$287,865.31
Medical.....	.....			$197,367.65	$0.00	$197,367.65
				$489,411.12	$0.00	$489,411.12
# of Claims	101					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8,670.59	$0.00	$8,670.59
Indemnity.....	.....			$118,859.89	$0.00	$118,859.89
Medical.....	.....			$213,652.42	$0.00	$213,652.42
				$341,182.90	$0.00	$341,182.90
# of Claims	105					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,192.83	$0.00	$3,192.83
Indemnity.....	.....			$86,490.21	$0.00	$86,490.21
Medical.....	.....			$54,707.87	$0.00	$54,707.87
				$144,390.91	$0.00	$144,390.91
# of Claims	107					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$71.25**	**$0.00**	**$71.25**
Indemnity				**$1,938.69**	**$0.00**	**$1,938.69**
Medical				**$97,370.17**	**$0.00**	**$97,370.17**
				$99,380.11	**$0.00**	**$99,380.11**
# of Claims	**115**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$4,607.58**	**$0.00**	**$4,607.58**
Medical				**$69,312.95**	**$0.00**	**$69,312.95**
				$73,952.53	**$0.00**	**$73,952.53**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$48.00**	**$0.00**	**$48.00**
Indemnity				**$14,353.93**	**$0.00**	**$14,353.93**
Medical				**$71,624.95**	**$0.00**	**$71,624.95**
				$86,026.88	**$0.00**	**$86,026.88**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$2,389.45**	**$0.00**	**$2,389.45**
Indemnity				**$2,453.30**	**$0.00**	**$2,453.30**
Medical				**$66,185.91**	**$0.00**	**$66,185.91**
				$71,028.66	**$0.00**	**$71,028.66**
# of Claims	**81**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$97.42	$131.18	$228.60
Indemnity.....	.....			$42,432.56	$0.00	$42,432.56
Medical.....	.....			$133,534.18	$6,218.06	$139,752.24
				$176,064.16	$6,349.24	$182,413.40
# of Claims	66					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$2,552.88	$7,779.19	$10,332.07
Indemnity.....	.....			$111,507.07	$19,347.92	$130,854.99
Medical.....	.....			$300,377.59	$177,248.64	$477,626.23
				$414,437.54	$204,375.75	$618,813.29
# of Claims	71					
# Open	3	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,552.50	$1,579.50	$5,132.00
Indemnity.....	.....			$36,762.94	$35,048.93	$71,811.87
Medical.....	.....			$94,077.78	$50,177.02	$144,254.80
				$134,393.22	$86,805.45	$221,198.67
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,398.21	$0.00	$3,398.21
Indemnity.....	.....			$18,349.63	$0.00	$18,349.63
Medical.....	.....			$47,808.04	$0.00	$47,808.04
				$69,555.88	$0.00	$69,555.88
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

723 - DBHDS \Southeast VA Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$185.63	$300.00	$485.63
Indemnity.....	.....			$11,862.44	$5,000.00	$16,862.44
Medical.....	.....			$24,778.96	$15,349.91	$40,128.87
				$36,827.03	$20,649.91	$57,476.94
# of Claims	65					
# Open	5	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$127,940.38	$9,821.87	$137,762.25
Indemnity.....	.....			$3,251,531.37	$59,396.85	$3,310,928.22
Medical.....	.....			$5,096,349.92	$278,095.40	$5,374,445.32
				$8,475,821.67	$347,314.12	$8,823,135.79
# of Claims	3,642					
# Open	12	Recovery Amount:	-$34,754.29			

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$17,458.48	$363.42	$17,821.90
Indemnity.....	.....			$114,020.45	$0.00	$114,020.45
Medical.....	.....			$527,647.94	$82,646.86	$610,294.80
				$659,126.87	$83,010.28	$742,137.15
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$5,176.75	$0.00	$5,176.75
Indemnity.....	.....			$133,755.87	$0.00	$133,755.87
Medical.....	.....			$103,957.15	$0.00	$103,957.15
				$242,889.77	$0.00	$242,889.77
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$3,859.98	$0.00	$3,859.98
Indemnity.....	.....			$173,217.42	$0.00	$173,217.42
Medical.....	.....			$265,363.00	$0.00	$265,363.00
				$442,440.40	$0.00	$442,440.40
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,523.96	$0.00	$8,523.96
Medical.....	.....			$25,539.77	$0.00	$25,539.77
				$34,063.73	$0.00	$34,063.73
# of Claims	73					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,061.07	$0.00	$2,061.07
Medical.....	.....			$15,385.37	$0.00	$15,385.37
				$17,446.44	$0.00	$17,446.44
# of Claims	73					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$7,868.21	$37.24	$7,905.45
Indemnity.....	.....			$383,254.76	$0.00	$383,254.76
Medical.....	.....			$1,031,901.50	$374,549.43	$1,406,450.93
				$1,423,024.47	$374,586.67	$1,797,611.14
# of Claims	116					
# Open	1	Recovery Amount:	-$261.63			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,397.88	$424.12	$3,822.00
Indemnity.....	.....			$106,000.95	$0.00	$106,000.95
Medical.....	.....			$583,816.66	$693,746.12	$1,277,562.78
				$693,215.49	$694,170.24	$1,387,385.73
# of Claims	71					
# Open	1	Recovery Amount:	-$47.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$8,947.68	$15,007.81	$23,955.49
Indemnity.....	.....			$780,804.14	$0.00	$780,804.14
Medical.....	.....			$672,747.11	$103,551.28	$776,298.39
				$1,462,498.93	$118,559.09	$1,581,058.02
# of Claims	74					
# Open	3	Recovery Amount:	-$96.55			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,993.26	$0.00	$12,993.26
Medical.....	.....			$38,476.89	$0.00	$38,476.89
				$51,470.15	$0.00	$51,470.15
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,841.58	$0.00	$4,841.58
Medical.....	.....			$38,112.58	$0.00	$38,112.58
				$42,954.16	$0.00	$42,954.16
# of Claims	89					
# Open	0	Recovery Amount:	-$223.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,953.00	$32.00	$1,985.00
Indemnity.....	.....			$183,577.48	$0.00	$183,577.48
Medical.....	.....			$399,516.03	$69,930.30	$469,446.33
				$585,046.51	$69,962.30	$655,008.81
# of Claims	74					
# Open	1	Recovery Amount:	-$1,427.70			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$4,660.34	$136.00	$4,796.34
Indemnity.....	.....			$7,960.17	$0.00	$7,960.17
Medical.....	.....			$342,068.31	$199,826.38	$541,894.69
				$354,688.82	$199,962.38	$554,651.20
# of Claims	58					
# Open	1	Recovery Amount:	-$247.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,892.25	$0.00	$2,892.25
Medical.....	.....			$21,243.31	$0.00	$21,243.31
				$24,135.56	$0.00	$24,135.56
# of Claims	38					
# Open	0	Recovery Amount:	-$30.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$171,011.63	$0.00	$171,011.63
Medical.....	.....			$281,857.59	$0.00	$281,857.59
				$452,869.22	$0.00	$452,869.22
# of Claims	138					
# Open	0	Recovery Amount:	-$117.05			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,666.84	$0.00	$3,666.84
Medical.....	.....			$65,858.28	$0.00	$65,858.28
				$69,525.12	$0.00	$69,525.12
# of Claims	260					
# Open	0	Recovery Amount:	-$89.42			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,285.32	$0.00	$4,285.32
Medical.....	.....			$29,247.91	$0.00	$29,247.91
				$33,533.23	$0.00	$33,533.23
# of Claims	110					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,904.51	$0.00	$15,904.51
Medical.....	.....			$67,862.90	$0.00	$67,862.90
				$83,767.41	$0.00	$83,767.41
# of Claims	173					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$21,819.17	$0.00	$21,819.17
Indemnity.....	.....			$194,441.24	$0.00	$194,441.24
Medical.....	.....			$725,778.13	$209,796.10	$935,574.23
				$942,038.54	$209,796.10	$1,151,834.64
# of Claims	124					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$236.93	$0.00	$236.93
Medical.....	.....			$14,959.09	$0.00	$14,959.09
				$15,196.02	$0.00	$15,196.02
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$10.89	$0.00	$10.89
Indemnity.....	.....			$2,259.23	$0.00	$2,259.23
Medical.....	.....			$25,985.14	$0.00	$25,985.14
				$28,255.26	$0.00	$28,255.26
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$19.91	$0.00	$19.91
Indemnity.....	.....			$2,366.45	$0.00	$2,366.45
Medical.....	.....			$52,838.37	$0.00	$52,838.37
				$55,224.73	$0.00	$55,224.73
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,979.94	$0.00	$6,979.94
Medical.....	.....			$60,150.46	$0.00	$60,150.46
				$67,130.40	$0.00	$67,130.40
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$384.63	$0.00	$384.63
Indemnity.....	.....			$3,501.91	$0.00	$3,501.91
Medical.....	.....			$51,377.97	$0.00	$51,377.97
				$55,264.51	$0.00	$55,264.51
# of Claims	120					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$6,821.89	$2,207.52	$9,029.41
Indemnity.....	.....			$164,540.01	$19,606.72	$184,146.73
Medical.....	.....			$198,911.81	$49,545.48	$248,457.29
				$370,273.71	$71,359.72	$441,633.43
# of Claims	166					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$8,912.56	$0.00	$8,912.56
Indemnity.....	.....			$134,158.25	$0.00	$134,158.25
Medical.....	.....			$58,409.05	$0.00	$58,409.05
				$201,479.86	$0.00	$201,479.86
# of Claims	114					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$20.25	$0.00	$20.25
Indemnity.....	.....			$5,980.50	$0.00	$5,980.50
Medical.....	.....			$38,919.10	$0.00	$38,919.10
				$44,919.85	$0.00	$44,919.85
# of Claims	131					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$497.75	$0.00	$497.75
Indemnity.....	.....			$290,758.17	$0.00	$290,758.17
Medical.....	.....			$51,985.88	$0.00	$51,985.88
				$343,241.80	$0.00	$343,241.80
# of Claims	103					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$97.75	$0.00	$97.75
Indemnity.....	.....			$4,731.77	$0.00	$4,731.77
Medical.....	.....			$69,083.95	$0.00	$69,083.95
				$73,913.47	$0.00	$73,913.47
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$1,360.68	$0.00	$1,360.68
Indemnity.....	.....			$84,765.05	$0.00	$84,765.05
Medical.....	.....			$474,724.76	$0.00	$474,724.76
				$560,850.49	$0.00	$560,850.49
# of Claims	100					
# Open	0	Recovery Amount:	-$273.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$1,148.31	$0.00	$1,148.31
Indemnity.....	.....			$328.32	$0.00	$328.32
Medical.....	.....			$66,068.90	$0.00	$66,068.90
				$67,545.53	$0.00	$67,545.53
# of Claims	122					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$117.38	$0.00	$117.38
Indemnity.....	.....			$5,995.70	$0.00	$5,995.70
Medical.....	.....			$45,240.90	$0.00	$45,240.90
				$51,353.98	$0.00	$51,353.98
# of Claims	120					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$2,902.30	$0.00	$2,902.30
Indemnity.....	.....			$14,334.37	$0.00	$14,334.37
Medical.....	.....			$65,669.48	$0.00	$65,669.48
				$82,906.15	$0.00	$82,906.15
# of Claims	150					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$1,001.92	$5,192.00	$6,193.92
Indemnity.....	.....			$80,426.49	$170,030.00	$250,456.49
Medical.....	.....			$130,855.10	$1,340.72	$132,195.82
				$212,283.51	$176,562.72	$388,846.23
# of Claims	156					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$10,993.02	$5,565.87	$16,558.89
Indemnity.....	.....			$162,224.08	$46,173.85	$208,397.93
Medical.....	.....			$187,004.84	$53,998.47	$241,003.31
				$360,221.94	$105,738.19	$465,960.13
# of Claims	95					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

724 - DBHDS \ Catawba Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$1,109.73	$0.00	$1,109.73
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,331.00	$0.00	$20,331.00
				$21,440.73	$0.00	$21,440.73
# of Claims	134					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$338.71	$264.66	$603.37
Indemnity.....	.....			$5,771.65	$66,858.30	$72,629.95
Medical.....	.....			$13,802.66	$90,766.67	$104,569.33
				$19,913.02	$157,889.63	$177,802.65
# of Claims	143					
# Open	5	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$110,879.17	$29,230.64	$140,109.81
Indemnity.....	.....			$3,272,571.72	$302,668.87	$3,575,240.59
Medical.....	.....			$6,862,698.89	$1,929,697.81	$8,792,396.70
				$10,246,149.78	$2,261,597.32	$12,507,747.10
# of Claims	3,612					
# Open	17	Recovery Amount:	-$2,813.58			

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,173.50	$0.00	$1,173.50
Medical.....	.....			$4,292.02	$0.00	$4,292.02
				$5,465.52	$0.00	$5,465.52
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$19,240.94	$0.00	$19,240.94
Indemnity.....	.....			$334,526.47	$0.00	$334,526.47
Medical.....	.....			$343,534.90	$0.00	$343,534.90
				$697,302.31	$0.00	$697,302.31
# of Claims	304					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$2,362.98	$0.00	$2,362.98
Indemnity.....	.....			$111,519.78	$0.00	$111,519.78
Medical.....	.....			$503,257.52	$111,652.09	$614,909.61
				$617,140.28	$111,652.09	$728,792.37
# of Claims	223					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$12,447.08	$0.00	$12,447.08
Indemnity.....	.....			$118,414.25	$0.00	$118,414.25
Medical.....	.....			$151,364.23	$0.00	$151,364.23
				$282,225.56	$0.00	$282,225.56
# of Claims	198					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$2,356.00	$224.00	$2,580.00
Indemnity.....	.....			$141,042.79	$0.00	$141,042.79
Medical.....	.....			$784,978.28	$1,125,124.83	$1,910,103.11
				$928,377.07	$1,125,348.83	$2,053,725.90
# of Claims	187					
# Open	1	Recovery Amount:	-$58.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$33,563.57	$0.00	$33,563.57
Medical.....	.....			$119,432.30	$0.00	$119,432.30
				$152,995.87	$0.00	$152,995.87
# of Claims	130					
# Open	0	Recovery Amount:	-$10,720.10			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,326.00	$0.00	$1,326.00
Indemnity.....	.....			$272,373.13	$0.00	$272,373.13
Medical.....	.....			$341,465.46	$0.00	$341,465.46
				$615,164.59	$0.00	$615,164.59
# of Claims	175					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$76.00	$0.00	$76.00
Indemnity.....	.....			$301,398.58	$0.00	$301,398.58
Medical.....	.....			$130,050.98	$0.00	$130,050.98
				$431,525.56	$0.00	$431,525.56
# of Claims	161					
# Open	0	Recovery Amount:	-$258.70			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$25,326.81	$0.00	$25,326.81
Medical.....	.....			$197,020.29	$0.00	$197,020.29
				$222,355.10	$0.00	$222,355.10
# of Claims	108					
# Open	0	Recovery Amount:	-$204.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$158.95	$0.00	$158.95
Indemnity.....	.....			$6,697.37	$0.00	$6,697.37
Medical.....	.....			$56,241.26	$0.00	$56,241.26
				$63,097.58	$0.00	$63,097.58
# of Claims	126					
# Open	0	Recovery Amount:	-$144.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$82.89	$0.00	$82.89
Indemnity.....	.....			$11,656.04	$0.00	$11,656.04
Medical.....	.....			$50,729.25	$0.00	$50,729.25
				$62,468.18	$0.00	$62,468.18
# of Claims	102					
# Open	0	Recovery Amount:	-$447.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,220.86	$0.00	$16,220.86
Medical.....	.....			$60,846.15	$0.00	$60,846.15
				$77,067.01	$0.00	$77,067.01
# of Claims	108					
# Open	0	Recovery Amount:	-$596.58			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$350.00	$0.00	$350.00
Indemnity.....	.....			$118,116.66	$0.00	$118,116.66
Medical.....	.....			$147,974.59	$0.00	$147,974.59
				$266,441.25	$0.00	$266,441.25
# of Claims	140					
# Open	0	Recovery Amount:	-$1,865.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$121,286.71	$0.00	$121,286.71
Medical.....	.....			$136,092.47	$0.00	$136,092.47
				$257,387.18	$0.00	$257,387.18
# of Claims	164					
# Open	0	Recovery Amount:	-$1,160.98			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$48,858.47	$0.00	$48,858.47
Medical.....	.....			$90,874.54	$0.00	$90,874.54
				$139,741.01	$0.00	$139,741.01
# of Claims	148					
# Open	0	Recovery Amount:	-$174.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$2,873.00	$183.00	$3,056.00
Indemnity.....	.....			$178,040.03	$0.00	$178,040.03
Medical.....	.....			$403,318.17	$172,890.46	$576,208.63
				$584,231.20	$173,073.46	$757,304.66
# of Claims	144					
# Open	1	Recovery Amount:	-$514.01			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

725 - DBHDS \Northern VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,221.93	$0.00	$2,221.93
Medical.....	.....			$34,013.82	$0.00	$34,013.82
				$36,235.75	$0.00	$36,235.75
# of Claims	105					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,466.76	$0.00	$2,466.76
Medical.....	.....			$83,633.27	$0.00	$83,633.27
				$86,100.03	$0.00	$86,100.03
# of Claims	119					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,572.95	$0.00	$1,572.95
Medical.....	.....			$31,108.95	$0.00	$31,108.95
				$32,689.90	$0.00	$32,689.90
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$125.00	$0.00	$125.00
Indemnity.....	.....			$14,887.51	$0.00	$14,887.51
Medical.....	.....			$73,177.27	$0.00	$73,177.27
				$88,189.78	$0.00	$88,189.78
# of Claims	111					
# Open	0	Recovery Amount:	-$2,035.34			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$2,278.26	$0.00	$2,278.26
Indemnity.....	.....			$47,064.69	$0.00	$47,064.69
Medical.....	.....			$171,135.97	$0.00	$171,135.97
				$220,478.92	$0.00	$220,478.92
# of Claims	99					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$8,709.37	$0.00	$8,709.37
Indemnity.....	.....			$305,173.68	$0.00	$305,173.68
Medical.....	.....			$156,848.07	$0.00	$156,848.07
				$470,731.12	$0.00	$470,731.12
# of Claims	129					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$363.44	$0.00	$363.44
Indemnity.....	.....			$36,547.24	$0.00	$36,547.24
Medical.....	.....			$145,563.63	$0.00	$145,563.63
				$182,474.31	$0.00	$182,474.31
# of Claims	120					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$150.75	$149.25	$300.00
Indemnity.....	.....			$1,055.57	$0.00	$1,055.57
Medical.....	.....			$46,497.95	$63,237.65	$109,735.60
				$47,704.27	$63,386.90	$111,091.17
# of Claims	82					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$60.10**	**$0.00**	**$60.10**
Medical				**$29,501.91**	**$0.00**	**$29,501.91**
				$29,562.01	**$0.00**	**$29,562.01**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$136.00**	**$0.00**	**$136.00**
Indemnity				**$6,372.47**	**$0.00**	**$6,372.47**
Medical				**$48,147.70**	**$0.00**	**$48,147.70**
				$54,656.17	**$0.00**	**$54,656.17**
# of Claims	**82**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$23,379.56**	**$0.00**	**$23,379.56**
Medical				**$93,866.38**	**$0.00**	**$93,866.38**
				$117,277.94	**$0.00**	**$117,277.94**
# of Claims	**44**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,407.71**	**$0.00**	**$13,407.71**
				$13,407.71	**$0.00**	**$13,407.71**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$53,100.66**	**$556.25**	**$53,656.91**
Indemnity				**$2,281,017.48**	**$0.00**	**$2,281,017.48**
Medical				**$4,448,375.04**	**$1,472,905.03**	**$5,921,280.07**
				$6,782,493.18	**$1,473,461.28**	**$8,255,954.46**
# of Claims	**3,484**					
# Open	**4**	**Recovery Amount:**	**-$18,180.76**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$1,196.00	$0.00	$1,196.00
Indemnity.....	.....			$7,700.42	$0.00	$7,700.42
Medical.....	.....			$11,205.18	$0.00	$11,205.18
				$20,101.60	$0.00	$20,101.60
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$17,993.84	$0.00	$17,993.84
Indemnity.....	.....			$103,453.28	$0.00	$103,453.28
Medical.....	.....			$282,522.73	$0.00	$282,522.73
				$403,969.85	$0.00	$403,969.85
# of Claims	385					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$30,468.41	$672.90	$31,141.31
Indemnity.....	.....			$414,116.72	$1,731.00	$415,847.72
Medical.....	.....			$976,611.67	$68,241.39	$1,044,853.06
				$1,421,196.80	$70,645.29	$1,491,842.09
# of Claims	397					
# Open	2	Recovery Amount:	-$794.97			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$25,422.95	$34.00	$25,456.95
Indemnity.....	.....			$469,230.71	$0.00	$469,230.71
Medical.....	.....			$542,511.31	$19,485.07	$561,996.38
				$1,037,164.97	$19,519.07	$1,056,684.04
# of Claims	376					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$2,804.09**	**$123.41**	**$2,927.50**
Indemnity				**$280,707.34**	**$0.00**	**$280,707.34**
Medical				**$595,720.82**	**$29,048.83**	**$624,769.65**
				$879,232.25	**$29,172.24**	**$908,404.49**
# of Claims	**381**					
# Open	**1**	**Recovery Amount:**	**-$857.14**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$7,619.12**	**$64.00**	**$7,683.12**
Indemnity				**$679,001.18**	**$0.00**	**$679,001.18**
Medical				**$1,176,043.66**	**$110,845.39**	**$1,286,889.05**
				$1,862,663.96	**$110,909.39**	**$1,973,573.35**
# of Claims	**394**					
# Open	**2**	**Recovery Amount:**	**-$95,880.57**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$100.00**	**$0.00**	**$100.00**
Indemnity				**$45,834.18**	**$0.00**	**$45,834.18**
Medical				**$179,728.46**	**$0.00**	**$179,728.46**
				$225,662.64	**$0.00**	**$225,662.64**
# of Claims	**315**					
# Open	**0**	**Recovery Amount:**	**-$333.65**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1,164.61**	**$64.00**	**$1,228.61**
Indemnity				**$422,356.15**	**$0.00**	**$422,356.15**
Medical				**$565,576.45**	**$43,368.56**	**$608,945.01**
				$989,097.21	**$43,432.56**	**$1,032,529.77**
# of Claims	**307**					
# Open	**1**	**Recovery Amount:**	**-$1,211.86**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$9,791.07**	**$13,702.73**	**$23,493.80**
Indemnity				**$737,405.80**	**$0.00**	**$737,405.80**
Medical				**$854,883.93**	**$68,526.84**	**$923,410.77**
				$1,602,080.80	**$82,229.57**	**$1,684,310.37**
# of Claims	**391**					
# Open	**2**	**Recovery Amount:**	**-$2,610.77**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense.....	.....			$2,617.16	$64.00	$2,681.16
Indemnity.....	.....			$225,500.86	$0.00	$225,500.86
Medical.....	.....			$1,356,219.66	$300,633.56	$1,656,853.22
				$1,584,337.68	$300,697.56	$1,885,035.24
# of Claims	344					
# Open	1	Recovery Amount:	-$2,792.39			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense.....	.....			$10,904.24	$40.00	$10,944.24
Indemnity.....	.....			$424,694.21	$0.00	$424,694.21
Medical.....	.....			$705,822.52	$25,511.70	$731,334.22
				$1,141,420.97	$25,551.70	$1,166,972.67
# of Claims	245					
# Open	1	Recovery Amount:	-$270.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense.....	.....			$3,647.04	$122.96	$3,770.00
Indemnity.....	.....			$106,489.82	$0.00	$106,489.82
Medical.....	.....			$286,217.73	$59,034.40	$345,252.13
				$396,354.59	$59,157.36	$455,511.95
# of Claims	185					
# Open	1	Recovery Amount:	-$1,347.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense.....	.....			$6,739.50	$0.00	$6,739.50
Indemnity.....	.....			$401,486.84	$0.00	$401,486.84
Medical.....	.....			$483,378.58	$0.00	$483,378.58
				$891,604.92	$0.00	$891,604.92
# of Claims	424					
# Open	0	Recovery Amount:	-$312.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense.....	.....			$2,078.50	$0.00	$2,078.50
Indemnity.....	.....			$145,860.46	$0.00	$145,860.46
Medical.....	.....			$266,393.90	$0.00	$266,393.90
				$414,332.86	$0.00	$414,332.86
# of Claims	399					
# Open	0	Recovery Amount:	-$37.88			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$30,729.66**	**$304.00**	**$31,033.66**
Indemnity				**$670,635.03**	**$0.00**	**$670,635.03**
Medical				**$1,384,838.67**	**$487,923.36**	**$1,872,762.03**
				$2,086,203.36	**$488,227.36**	**$2,574,430.72**
# of Claims	**404**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$79,205.24**	**$0.00**	**$79,205.24**
Medical				**$251,952.04**	**$0.00**	**$251,952.04**
				$331,157.28	**$0.00**	**$331,157.28**
# of Claims	**406**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$12,779.79**	**$160.00**	**$12,939.79**
Indemnity				**$318,868.01**	**$0.00**	**$318,868.01**
Medical				**$1,073,263.85**	**$2,239,787.22**	**$3,313,051.07**
				$1,404,911.65	**$2,239,947.22**	**$3,644,858.87**
# of Claims	**338**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$47,293.27**	**$0.00**	**$47,293.27**
Indemnity				**$529,687.08**	**$0.00**	**$529,687.08**
Medical				**$2,190,174.29**	**$2,200,453.83**	**$4,390,628.12**
				$2,767,154.64	**$2,200,453.83**	**$4,967,608.47**
# of Claims	**334**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$14,441.63**	**$0.00**	**$14,441.63**
Indemnity				**$218,400.28**	**$0.00**	**$218,400.28**
Medical				**$699,450.01**	**$0.00**	**$699,450.01**
				$932,291.92	**$0.00**	**$932,291.92**
# of Claims	**303**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$59,616.41**	**$32.00**	**$59,648.41**
Indemnity				**$608,630.25**	**$0.00**	**$608,630.25**
Medical				**$1,622,850.38**	**$1,152,274.75**	**$2,775,125.13**
				$2,291,097.04	**$1,152,306.75**	**$3,443,403.79**
# of Claims	**299**					
# Open	**3**	**Recovery Amount:**	**-$7,762.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$17,672.79**	**$0.00**	**$17,672.79**
Indemnity				**$211,924.30**	**$0.00**	**$211,924.30**
Medical				**$531,242.52**	**$0.00**	**$531,242.52**
				$760,839.61	**$0.00**	**$760,839.61**
# of Claims	**276**					
# Open	**0**	**Recovery Amount:**	**-$10,000.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$12,939.00**	**$0.00**	**$12,939.00**
Indemnity				**$735,227.93**	**$0.00**	**$735,227.93**
Medical				**$1,232,600.95**	**$0.00**	**$1,232,600.95**
				$1,980,767.88	**$0.00**	**$1,980,767.88**
# of Claims	**254**					
# Open	**0**	**Recovery Amount:**	**-$10,298.63**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$64,186.48**	**$2,492.00**	**$66,678.48**
Indemnity				**$570,348.70**	**$0.00**	**$570,348.70**
Medical				**$922,541.24**	**$1,202,157.54**	**$2,124,698.78**
				$1,557,076.42	**$1,204,649.54**	**$2,761,725.96**
# of Claims	**219**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$52,620.18**	**$424.68**	**$53,044.86**
Indemnity				**$957,619.26**	**$1,695.70**	**$959,314.96**
Medical				**$1,142,165.48**	**$1,002,019.37**	**$2,144,184.85**
				$2,152,404.92	**$1,004,139.75**	**$3,156,544.67**
# of Claims	**198**					
# Open	**4**	**Recovery Amount:**	**-$10,707.74**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$19,403.72**	**$0.00**	**$19,403.72**
Indemnity				**$223,523.83**	**$0.00**	**$223,523.83**
Medical				**$311,438.42**	**$0.00**	**$311,438.42**
				$554,365.97	**$0.00**	**$554,365.97**
# of Claims	**141**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$14,683.51**	**$0.00**	**$14,683.51**
Indemnity				**$100,508.17**	**$0.00**	**$100,508.17**
Medical				**$139,178.28**	**$4,718.48**	**$143,896.76**
				$254,369.96	**$4,718.48**	**$259,088.44**
# of Claims	**73**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$468,912.97**	**$18,300.68**	**$487,213.65**
Indemnity				**$9,688,416.05**	**$3,426.70**	**$9,691,842.75**
Medical				**$19,784,532.73**	**$9,014,030.29**	**$28,798,563.02**
				$29,941,861.75	**$9,035,757.67**	**$38,977,619.42**
# of Claims	**7,800**					
# Open	**26**	**Recovery Amount:**	**-$145,217.61**			

727 - VA TREATMENT CENTER FOR CHILDREN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

727 - VA TREATMENT CENTER FOR CHILDREN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$391.81**	**$0.00**	**$391.81**
Medical				**$1,173.89**	**$0.00**	**$1,173.89**
				$1,565.70	**$0.00**	**$1,565.70**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,427.25**	**$0.00**	**$2,427.25**
Medical				**$9,222.40**	**$0.00**	**$9,222.40**
				$11,649.65	**$0.00**	**$11,649.65**
# of Claims	**16**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$112.55**	**$0.00**	**$112.55**
				$112.55	**$0.00**	**$112.55**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,819.06**	**$0.00**	**$2,819.06**
Medical				**$10,508.84**	**$0.00**	**$10,508.84**
				$13,327.90	**$0.00**	**$13,327.90**
# of Claims	**23**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$3,711.52	$0.00	$3,711.52
Indemnity.....	.....			$43,229.34	$0.00	$43,229.34
Medical.....	.....			$417,790.03	$111,228.38	$529,018.41
				$464,730.89	$111,228.38	$575,959.27
# of Claims	53					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$21,916.38	$0.00	$21,916.38
Indemnity.....	.....			$223,584.65	$0.00	$223,584.65
Medical.....	.....			$287,482.13	$0.00	$287,482.13
				$532,983.16	$0.00	$532,983.16
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,736.28	$0.00	$10,736.28
Medical.....	.....			$15,417.05	$0.00	$15,417.05
				$26,153.33	$0.00	$26,153.33
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,787.76	$0.00	$7,787.76
Medical.....	.....			$58,264.68	$0.00	$58,264.68
				$66,052.44	$0.00	$66,052.44
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,942.01	$0.00	$5,942.01
Medical.....	.....			$12,143.19	$0.00	$12,143.19
				$18,085.20	$0.00	$18,085.20
# of Claims	28					
# Open	0	Recovery Amount:	-$233.82			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense.....	.....			$1,447.89	$0.00	$1,447.89
Indemnity.....	.....			$360,335.95	$0.00	$360,335.95
Medical.....	.....			$217,651.52	$0.00	$217,651.52
				$579,435.36	$0.00	$579,435.36
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense.....	.....			$1,040.00	$0.00	$1,040.00
Indemnity.....	.....			$240,637.65	$0.00	$240,637.65
Medical.....	.....			$90,301.32	$0.00	$90,301.32
				$331,978.97	$0.00	$331,978.97
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense.....	.....			$1,439.00	$0.00	$1,439.00
Indemnity.....	.....			$273,618.01	$0.00	$273,618.01
Medical.....	.....			$165,970.70	$0.00	$165,970.70
				$441,027.71	$0.00	$441,027.71
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$15.50	$0.00	$15.50
Indemnity.....	.....			$7,300.15	$0.00	$7,300.15
Medical.....	.....			$49,521.09	$0.00	$49,521.09
				$56,836.74	$0.00	$56,836.74
# of Claims	43					
# Open	0	Recovery Amount:	-$307.24			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45,766.52	$0.00	$45,766.52
Medical.....	.....			$90,077.88	$0.00	$90,077.88
				$135,844.40	$0.00	$135,844.40
# of Claims	59					
# Open	0	Recovery Amount:	-$305.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$67,937.59	$0.00	$67,937.59
Medical.....	.....			$68,926.24	$0.00	$68,926.24
				$136,863.83	$0.00	$136,863.83
# of Claims	68					
# Open	0	Recovery Amount:	-$1,118.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$4,432.65	$8.00	$4,440.65
Indemnity.....	.....			$349,449.08	$0.00	$349,449.08
Medical.....	.....			$773,920.57	$237,158.96	$1,011,079.53
				$1,127,802.30	$237,166.96	$1,364,969.26
# of Claims	84					
# Open	1	Recovery Amount:	-$107.25			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,598.92	$0.00	$5,598.92
Medical.....	.....			$33,761.78	$0.00	$33,761.78
				$39,360.70	$0.00	$39,360.70
# of Claims	152					
# Open	0	Recovery Amount:	-$154.40			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense.....	.....			$5,759.60	$0.00	$5,759.60
Indemnity.....	.....			$333,201.80	$0.00	$333,201.80
Medical.....	.....			$126,576.50	$0.00	$126,576.50
				$465,537.90	$0.00	$465,537.90
# of Claims	111					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$32,192.25	$0.00	$32,192.25
Medical.....	.....			$59,883.91	$0.00	$59,883.91
				$92,076.16	$0.00	$92,076.16
# of Claims	125					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense.....	.....			$744.00	$0.00	$744.00
Indemnity.....	.....			$42,817.49	$0.00	$42,817.49
Medical.....	.....			$34,323.31	$0.00	$34,323.31
				$77,884.80	$0.00	$77,884.80
# of Claims	129					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense.....	.....			$18,962.50	$4,444.60	$23,407.10
Indemnity.....	.....			$547,471.38	$515,706.08	$1,063,177.46
Medical.....	.....			$300,629.87	$51,931.11	$352,560.98
				$867,063.75	$572,081.79	$1,439,145.54
# of Claims	159					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,032.88	$0.00	$1,032.88
Medical.....	.....			$44,812.04	$0.00	$44,812.04
				$45,844.92	$0.00	$45,844.92
# of Claims	155					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$249.30**	**$0.00**	**$249.30**
Indemnity				**$62,852.24**	**$0.00**	**$62,852.24**
Medical				**$155,929.52**	**$0.00**	**$155,929.52**
				$219,031.06	**$0.00**	**$219,031.06**
# of Claims	**124**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$338.00**	**$0.00**	**$338.00**
Indemnity				**$32,496.16**	**$0.00**	**$32,496.16**
Medical				**$114,291.92**	**$0.00**	**$114,291.92**
				$147,126.08	**$0.00**	**$147,126.08**
# of Claims	**127**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$8,036.72**	**$0.00**	**$8,036.72**
Indemnity				**$238,222.34**	**$0.00**	**$238,222.34**
Medical				**$346,442.19**	**$0.00**	**$346,442.19**
				$592,701.25	**$0.00**	**$592,701.25**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$56.00**	**$0.00**	**$56.00**
Indemnity				**$12,165.64**	**$0.00**	**$12,165.64**
Medical				**$98,837.79**	**$0.00**	**$98,837.79**
				$111,059.43	**$0.00**	**$111,059.43**
# of Claims	**139**					
# Open	**0**	**Recovery Amount:**	**-$2,885.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$948.58**	**$0.00**	**$948.58**
Indemnity				**$54,026.82**	**$0.00**	**$54,026.82**
Medical				**$135,489.17**	**$0.00**	**$135,489.17**
				$190,464.57	**$0.00**	**$190,464.57**
# of Claims	**100**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense.....	.....			$81.05	$0.00	$81.05
Indemnity.....	.....			$34,087.14	$0.00	$34,087.14
Medical.....	.....			$76,494.28	$0.00	$76,494.28
				$110,662.47	$0.00	$110,662.47
# of Claims	104					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense.....	.....			$19,776.44	$931.19	$20,707.63
Indemnity.....	.....			$248,354.86	$135,495.27	$383,850.13
Medical.....	.....			$348,679.16	$617,383.78	$966,062.94
				$616,810.46	$753,810.24	$1,370,620.70
# of Claims	126					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$18,541.93	$0.00	$18,541.93
Indemnity.....	.....			$518,791.65	$0.00	$518,791.65
Medical.....	.....			$269,605.20	$0.00	$269,605.20
				$806,938.78	$0.00	$806,938.78
# of Claims	146					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$309.43	$189.76	$499.19
Indemnity.....	.....			$343,226.46	$0.00	$343,226.46
Medical.....	.....			$564,746.67	$133,661.50	$698,408.17
				$908,282.56	$133,851.26	$1,042,133.82
# of Claims	133					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$19,822.11	$6,775.98	$26,598.09
Indemnity.....	.....			$496,770.69	$92,046.22	$588,816.91
Medical.....	.....			$274,793.57	$117,540.66	$392,334.23
				$791,386.37	$216,362.86	$1,007,749.23
# of Claims	145					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$3,293.53**	**$957.63**	**$4,251.16**
Indemnity				**$24,239.83**	**$0.00**	**$24,239.83**
Medical				**$108,128.13**	**$7,323.11**	**$115,451.24**
				$135,661.49	**$8,280.74**	**$143,942.23**
# of Claims	**146**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$16.00**	**$0.00**	**$16.00**
Indemnity				**$21,378.68**	**$0.00**	**$21,378.68**
Medical				**$84,305.80**	**$0.00**	**$84,305.80**
				$105,700.48	**$0.00**	**$105,700.48**
# of Claims	**145**					
# Open	**0**	**Recovery Amount:**	**-$2,340.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$11,185.86**	**$7,581.36**	**$18,767.22**
Indemnity				**$341,915.99**	**$204,370.97**	**$546,286.96**
Medical				**$324,311.25**	**$391,838.47**	**$716,149.72**
				$677,413.10	**$603,790.80**	**$1,281,203.90**
# of Claims	**123**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$354.40**	**$50.00**	**$404.40**
Indemnity				**$22,178.85**	**$0.00**	**$22,178.85**
Medical				**$81,428.82**	**$1,200.00**	**$82,628.82**
				$103,962.07	**$1,250.00**	**$105,212.07**
# of Claims	**85**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$108.39**	**$4,092.00**	**$4,200.39**
Indemnity				**$73,088.10**	**$74,706.59**	**$147,794.69**
Medical				**$159,192.64**	**$273,736.20**	**$432,928.84**
				$232,389.13	**$352,534.79**	**$584,923.92**
# of Claims	**127**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

728 - DBHDS \N. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$374.81	$955.02	$1,329.83
Indemnity.....	.....			$16,835.45	$69,493.41	$86,328.86
Medical.....	.....			$49,993.92	$169,897.53	$219,891.45
				$67,204.18	$240,345.96	$307,550.14
# of Claims	113					
# Open	14	Recovery Amount:	-$2,805.00			
Grand Totals						
Expense.....	.....			$142,961.59	$25,985.54	$168,947.13
Indemnity.....	.....			$5,139,270.61	$1,091,818.54	$6,231,089.15
Medical.....	.....			$6,040,123.84	$2,112,899.70	$8,153,023.54
				$11,322,356.04	$3,230,703.78	$14,553,059.82
# of Claims	3,406					
# Open	26	Recovery Amount:	-$10,257.83			

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$141.50	$0.00	$141.50
				$141.50	$0.00	$141.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$3,859.18	$0.00	$3,859.18
Indemnity.....	.....			$53,670.35	$0.00	$53,670.35
Medical.....	.....			$95,177.19	$0.00	$95,177.19
				$152,706.72	$0.00	$152,706.72
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,275.28	$0.00	$2,275.28
Medical.....	.....			$4,578.55	$0.00	$4,578.55
				$6,853.83	$0.00	$6,853.83
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$1,017.71	$0.00	$1,017.71
Indemnity.....	.....			$7,369.48	$0.00	$7,369.48
Medical.....	.....			$29,315.88	$0.00	$29,315.88
				$37,703.07	$0.00	$37,703.07
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,735.54	$0.00	$8,735.54
Medical.....	.....			$17,198.82	$0.00	$17,198.82
				$25,934.36	$0.00	$25,934.36
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,641.22	$0.00	$21,641.22
Medical.....	.....			$40,774.27	$0.00	$40,774.27
				$62,415.49	$0.00	$62,415.49
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$21.20	$0.00	$21.20
Indemnity.....	.....			$146,522.41	$0.00	$146,522.41
Medical.....	.....			$196,419.40	$0.00	$196,419.40
				$342,963.01	$0.00	$342,963.01
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,342.00	$0.00	$3,342.00
Medical.....	.....			$12,494.79	$0.00	$12,494.79
				$15,836.79	$0.00	$15,836.79
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$550.50	$0.00	$550.50
Indemnity.....	.....			$214,645.33	$0.00	$214,645.33
Medical.....	.....			$27,484.07	$0.00	$27,484.07
				$242,679.90	$0.00	$242,679.90
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$3,337.88	$0.00	$3,337.88
Indemnity.....	.....			$291,745.85	$0.00	$291,745.85
Medical.....	.....			$135,859.22	$0.00	$135,859.22
				$430,942.95	$0.00	$430,942.95
# of Claims	22					
# Open	0	Recovery Amount:	-$1,396.43			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$10,190.33	$0.00	$10,190.33
Indemnity.....	.....			$467,697.22	$0.00	$467,697.22
Medical.....	.....			$252,325.42	$0.00	$252,325.42
				$730,212.97	$0.00	$730,212.97
# of Claims	24					
# Open	0	Recovery Amount:	-$3,677.72			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$119.88	$0.00	$119.88
Indemnity.....	.....			$22,639.74	$0.00	$22,639.74
Medical.....	.....			$79,028.62	$0.00	$79,028.62
				$101,788.24	$0.00	$101,788.24
# of Claims	15					
# Open	0	Recovery Amount:	-$1,161.48			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$647.85	$0.00	$647.85
Medical.....	.....			$5,842.94	$0.00	$5,842.94
				$6,490.79	$0.00	$6,490.79
# of Claims	86					
# Open	0	Recovery Amount:	-$84.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$5,522.80	$3,173.70	$8,696.50
Indemnity.....	.....			$2,162.29	$0.00	$2,162.29
Medical.....	.....			$421,343.54	$299,629.89	$720,973.43
				$429,028.63	$302,803.59	$731,832.22
# of Claims	148					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,287.10	$0.00	$11,287.10
Medical.....	.....			$68,383.52	$0.00	$68,383.52
				$79,670.62	$0.00	$79,670.62
# of Claims	165					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$4,112.98	$19,839.02	$23,952.00
Indemnity.....	.....			$3,117.52	$0.00	$3,117.52
Medical.....	.....			$199,742.01	$183,304.43	$383,046.44
				$206,972.51	$203,143.45	$410,115.96
# of Claims	126					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$15,908.02	$0.00	$15,908.02
Indemnity.....	.....			$131,816.97	$0.00	$131,816.97
Medical.....	.....			$70,864.17	$90,201.33	$161,065.50
				$218,589.16	$90,201.33	$308,790.49
# of Claims	121					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$130.27	$0.00	$130.27
Indemnity.....	.....			$14,135.77	$0.00	$14,135.77
Medical.....	.....			$51,497.80	$0.00	$51,497.80
				$65,763.84	$0.00	$65,763.84
# of Claims	162					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$1,040.00	$0.00	$1,040.00
Indemnity.....	.....			$4,434.82	$0.00	$4,434.82
Medical.....	.....			$23,978.02	$0.00	$23,978.02
				$29,452.84	$0.00	$29,452.84
# of Claims	98					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$43.76	$0.00	$43.76
Indemnity.....	.....			$4,534.60	$0.00	$4,534.60
Medical.....	.....			$30,126.72	$0.00	$30,126.72
				$34,705.08	$0.00	$34,705.08
# of Claims	102					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$344.09	$0.00	$344.09
Indemnity.....	.....			$12,054.38	$0.00	$12,054.38
Medical.....	.....			$115,447.45	$0.00	$115,447.45
				$127,845.92	$0.00	$127,845.92
# of Claims	180					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$19,496.84	$0.00	$19,496.84
Indemnity.....	.....			$208,469.94	$0.00	$208,469.94
Medical.....	.....			$332,455.36	$0.00	$332,455.36
				$560,422.14	$0.00	$560,422.14
# of Claims	170					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$22,610.52	$0.00	$22,610.52
Indemnity.....	.....			$337,189.28	$0.00	$337,189.28
Medical.....	.....			$566,932.94	$0.00	$566,932.94
				$926,732.74	$0.00	$926,732.74
# of Claims	166					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$1,984.16	$19.00	$2,003.16
Indemnity.....	.....			$11,734.23	$0.00	$11,734.23
Medical.....	.....			$105,890.38	$18,657.82	$124,548.20
				$119,608.77	$18,676.82	$138,285.59
# of Claims	122					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$56.05	$0.00	$56.05
Indemnity.....	.....			$6,682.18	$0.00	$6,682.18
Medical.....	.....			$48,413.20	$0.00	$48,413.20
				$55,151.43	$0.00	$55,151.43
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$124.00	$0.00	$124.00
Indemnity.....	.....			$7,285.31	$0.00	$7,285.31
Medical.....	.....			$20,750.88	$0.00	$20,750.88
				$28,160.19	$0.00	$28,160.19
# of Claims	90					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$5,210.29**	**$0.00**	**$5,210.29**
Indemnity				**$173,478.89**	**$0.00**	**$173,478.89**
Medical				**$161,020.46**	**$0.00**	**$161,020.46**
				$339,709.64	**$0.00**	**$339,709.64**
# of Claims	**117**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$100.50**	**$0.00**	**$100.50**
Indemnity				**$823.08**	**$0.00**	**$823.08**
Medical				**$41,807.11**	**$0.00**	**$41,807.11**
				$42,730.69	**$0.00**	**$42,730.69**
# of Claims	**132**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$7,917.30**	**$3,025.69**	**$10,942.99**
Indemnity				**$123,751.52**	**$52,954.24**	**$176,705.76**
Medical				**$70,542.36**	**$136,767.61**	**$207,309.97**
				$202,211.18	**$192,747.54**	**$394,958.72**
# of Claims	**101**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$467.45**	**$0.00**	**$467.45**
Indemnity				**$82,405.02**	**$0.00**	**$82,405.02**
Medical				**$84,685.19**	**$0.00**	**$84,685.19**
				$167,557.66	**$0.00**	**$167,557.66**
# of Claims	**85**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$503.96	$0.00	$503.96
Indemnity.....	.....			$13,840.85	$0.00	$13,840.85
Medical.....	.....			$53,273.56	$0.00	$53,273.56
				$67,618.37	$0.00	$67,618.37
# of Claims	138					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$246.84	$92.82	$339.66
Indemnity.....	.....			$2,959.50	$16,530.00	$19,489.50
Medical.....	.....			$74,948.94	$68,583.15	$143,532.09
				$78,155.28	$85,205.97	$163,361.25
# of Claims	87					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$81.40	$0.00	$81.40
Indemnity.....	.....			$20,628.43	$0.00	$20,628.43
Medical.....	.....			$46,462.69	$0.00	$46,462.69
				$67,172.52	$0.00	$67,172.52
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$317.40	$0.00	$317.40
Indemnity.....	.....			$37,530.44	$0.00	$37,530.44
Medical.....	.....			$23,769.87	$0.00	$23,769.87
				$61,617.71	$0.00	$61,617.71
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

729 - DBHDS \Piedmont Geriatric Hospital

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$102.10**	**$3,783.36**	**$3,885.46**
Indemnity				**$11,491.08**	**$84,800.12**	**$96,291.20**
Medical				**$41,306.42**	**$188,863.21**	**$230,169.63**
				$52,899.60	**$277,446.69**	**$330,346.29**
# of Claims	**52**					
# Open	**7**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$105,417.41**	**$29,933.59**	**$135,351.00**
Indemnity				**$2,462,745.47**	**$154,284.36**	**$2,617,029.83**
Medical				**$3,550,283.26**	**$986,007.44**	**$4,536,290.70**
				$6,118,446.14	**$1,170,225.39**	**$7,288,671.53**
# of Claims	**2,826**					
# Open	**15**	**Recovery Amount:**	**-$6,319.63**			

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$2,414.99**	**$0.00**	**$2,414.99**
Indemnity				**$155,024.66**	**$0.00**	**$155,024.66**
Medical				**$864,698.47**	**$0.00**	**$864,698.47**
				$1,022,138.12	**$0.00**	**$1,022,138.12**
# of Claims	**71**					
# Open	**0**	**Recovery Amount:**	**-$94.82**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$23,643.54**	**$0.00**	**$23,643.54**
Medical				**$41,135.08**	**$0.00**	**$41,135.08**
				$64,778.62	**$0.00**	**$64,778.62**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,172.11**	**$0.00**	**$10,172.11**
Medical				**$37,526.68**	**$0.00**	**$37,526.68**
				$47,698.79	**$0.00**	**$47,698.79**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,721.74**	**$0.00**	**$10,721.74**
Medical				**$47,401.60**	**$0.00**	**$47,401.60**
				$58,123.34	**$0.00**	**$58,123.34**
# of Claims	**96**					
# Open	**0**	**Recovery Amount:**	**-$447.62**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$229.15**	**$0.00**	**$229.15**
Indemnity				**$212,368.84**	**$0.00**	**$212,368.84**
Medical				**$168,926.78**	**$0.00**	**$168,926.78**
				$381,524.77	**$0.00**	**$381,524.77**
# of Claims	**71**					
# Open	**0**	**Recovery Amount:**	**-$3,462.35**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,683.96**	**$0.00**	**$15,683.96**
Medical				**$62,495.45**	**$0.00**	**$62,495.45**
				$78,179.41	**$0.00**	**$78,179.41**
# of Claims	**74**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1,560.62**	**$0.00**	**$1,560.62**
Indemnity				**$103,333.93**	**$0.00**	**$103,333.93**
Medical				**$127,841.64**	**$0.00**	**$127,841.64**
				$232,736.19	**$0.00**	**$232,736.19**
# of Claims	**54**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$2,044.93**	**$0.00**	**$2,044.93**
Indemnity				**$104,807.11**	**$0.00**	**$104,807.11**
Medical				**$327,691.43**	**$0.00**	**$327,691.43**
				$434,543.47	**$0.00**	**$434,543.47**
# of Claims	**76**					
# Open	**0**	**Recovery Amount:**	**-$169.34**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$398.25**	**$0.00**	**$398.25**
Indemnity				**$31,418.47**	**$0.00**	**$31,418.47**
Medical				**$129,996.35**	**$0.00**	**$129,996.35**
				$161,813.07	**$0.00**	**$161,813.07**
# of Claims	**70**					
# Open	**0**	**Recovery Amount:**	**-$6,690.78**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$1,992.90**	**$0.00**	**$1,992.90**
Indemnity				**$335,771.31**	**$0.00**	**$335,771.31**
Medical				**$333,655.05**	**$0.00**	**$333,655.05**
				$671,419.26	**$0.00**	**$671,419.26**
# of Claims	**53**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$5,531.43**	**$217.13**	**$5,748.56**
Indemnity				**$134,954.44**	**$0.00**	**$134,954.44**
Medical				**$425,855.02**	**$180,799.65**	**$606,654.67**
				$566,340.89	**$181,016.78**	**$747,357.67**
# of Claims	**47**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$6,002.30**	**$312.00**	**$6,314.30**
Indemnity				**$323,606.79**	**$0.00**	**$323,606.79**
Medical				**$285,815.18**	**$10,706.39**	**$296,521.57**
				$615,424.27	**$11,018.39**	**$626,442.66**
# of Claims	**111**					
# Open	**1**	**Recovery Amount:**	**-$525.64**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$9,690.23**	**$0.00**	**$9,690.23**
Indemnity				**$514,472.61**	**$0.00**	**$514,472.61**
Medical				**$194,216.80**	**$0.00**	**$194,216.80**
				$718,379.64	**$0.00**	**$718,379.64**
# of Claims	**193**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$7,766.86**	**$2,169.14**	**$9,936.00**
Indemnity				**$246,613.39**	**$0.00**	**$246,613.39**
Medical				**$451,574.38**	**$33,703.00**	**$485,277.38**
				$705,954.63	**$35,872.14**	**$741,826.77**
# of Claims	**143**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,369.59**	**$0.00**	**$11,369.59**
Medical				**$47,787.12**	**$0.00**	**$47,787.12**
				$59,156.71	**$0.00**	**$59,156.71**
# of Claims	**151**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$3,242.72**	**$0.00**	**$3,242.72**
Indemnity				**$150,005.46**	**$0.00**	**$150,005.46**
Medical				**$106,575.15**	**$0.00**	**$106,575.15**
				$259,823.33	**$0.00**	**$259,823.33**
# of Claims	**147**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$2,619.12**	**$0.00**	**$2,619.12**
Indemnity				**$21,710.73**	**$0.00**	**$21,710.73**
Medical				**$228,939.72**	**$0.00**	**$228,939.72**
				$253,269.57	**$0.00**	**$253,269.57**
# of Claims	**179**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$11,513.51**	**$0.00**	**$11,513.51**
Indemnity				**$116,468.87**	**$0.00**	**$116,468.87**
Medical				**$229,835.85**	**$0.00**	**$229,835.85**
				$357,818.23	**$0.00**	**$357,818.23**
# of Claims	**131**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$11,770.11**	**$0.00**	**$11,770.11**
Indemnity				**$84,298.79**	**$0.00**	**$84,298.79**
Medical				**$163,367.58**	**$0.00**	**$163,367.58**
				$259,436.48	**$0.00**	**$259,436.48**
# of Claims	**99**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$15,671.22**	**$0.00**	**$15,671.22**
Medical				**$99,622.79**	**$0.00**	**$99,622.79**
				$115,294.01	**$0.00**	**$115,294.01**
# of Claims	**122**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,451.19**	**$0.00**	**$1,451.19**
Medical				**$67,516.99**	**$0.00**	**$67,516.99**
				$68,968.18	**$0.00**	**$68,968.18**
# of Claims	**98**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$819.70	$0.00	$819.70
Indemnity.....	.....			$14,186.34	$0.00	$14,186.34
Medical.....	.....			$167,631.23	$0.00	$167,631.23
				$182,637.27	$0.00	$182,637.27
# of Claims	71					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$5,780.65	$0.00	$5,780.65
Indemnity.....	.....			$157,527.69	$0.00	$157,527.69
Medical.....	.....			$40,891.04	$10,935.72	$51,826.76
				$204,199.38	$10,935.72	$215,135.10
# of Claims	58					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$38,376.89	$0.00	$38,376.89
				$38,416.89	$0.00	$38,416.89
# of Claims	71					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$56.00	$0.00	$56.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31,268.43	$0.00	$31,268.43
				$31,324.43	$0.00	$31,324.43
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$169.80	$0.00	$169.80
Indemnity.....	.....			$9,865.79	$0.00	$9,865.79
Medical.....	.....			$62,670.53	$0.00	$62,670.53
				$72,706.12	$0.00	$72,706.12
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$3,563.00	$8.00	$3,571.00
Indemnity.....	.....			$29,539.13	$0.00	$29,539.13
Medical.....	.....			$326,850.10	$13,410.72	$340,260.82
				$359,952.23	$13,418.72	$373,370.95
# of Claims	41					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$610.12	$0.00	$610.12
Medical.....	.....			$9,985.92	$0.00	$9,985.92
				$10,620.04	$0.00	$10,620.04
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$84.00	$0.00	$84.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,981.06	$0.00	$14,981.06
				$15,065.06	$0.00	$15,065.06
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

738 - DBHDS \SW VA Training Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,679.27	$0.00	$1,679.27
				$1,679.27	$0.00	$1,679.27
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,888.43	$0.00	$2,888.43
				$2,888.43	$0.00	$2,888.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$77,314.27	$2,706.27	$80,020.54
Indemnity.....	.....			$2,835,297.82	$0.00	$2,835,297.82
Medical.....	.....			$5,139,698.01	$249,555.48	$5,389,253.49
				$8,052,310.10	$252,261.75	$8,304,571.85
# of Claims	2,523					
# Open	5	Recovery Amount:	-$11,390.55			

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.35	$0.00	$186.35
				$186.35	$0.00	$186.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$523.00	$0.00	$523.00
				$523.00	$0.00	$523.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$4,291.39	$0.00	$4,291.39
Indemnity.....	.....			$135,952.86	$0.00	$135,952.86
Medical.....	.....			$162,654.37	$0.00	$162,654.37
				$302,898.62	$0.00	$302,898.62
# of Claims	19					
# Open	0	Recovery Amount:	-$60.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$3,490.00	$0.00	$3,490.00
Indemnity.....	.....			$6,628.03	$0.00	$6,628.03
Medical.....	.....			$14,472.84	$0.00	$14,472.84
				$24,590.87	$0.00	$24,590.87
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$16.00	$16.00	$32.00
Indemnity.....	.....			$14,142.49	$0.00	$14,142.49
Medical.....	.....			$171,297.56	$65,403.02	$236,700.58
				$185,456.05	$65,419.02	$250,875.07
# of Claims	30					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$6,897.76	$10,102.24	$17,000.00
Indemnity.....	.....			$190,509.12	$0.00	$190,509.12
Medical.....	.....			$503,610.03	$176,653.75	$680,263.78
				$701,016.91	$186,755.99	$887,772.90
# of Claims	22					
# Open	1	Recovery Amount:	-$228.41			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,854.75	$0.00	$5,854.75
Medical.....	.....			$13,388.93	$0.00	$13,388.93
				$19,243.68	$0.00	$19,243.68
# of Claims	25					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$3,950.28	$176.00	$4,126.28
Indemnity.....	.....			$283,669.98	$0.00	$283,669.98
Medical.....	.....			$677,752.99	$409,418.25	$1,087,171.24
				$965,373.25	$409,594.25	$1,374,967.50
# of Claims	28					
# Open	1	Recovery Amount:	-$986.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$2,026.32	$191.00	$2,217.32
Indemnity.....	.....			$272,522.21	$0.00	$272,522.21
Medical.....	.....			$630,992.17	$283,237.59	$914,229.76
				$905,540.70	$283,428.59	$1,188,969.29
# of Claims	22					
# Open	1	Recovery Amount:	-$1,470.25			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,849.07	$0.00	$9,849.07
Medical.....	.....			$16,336.23	$0.00	$16,336.23
				$26,185.30	$0.00	$26,185.30
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,263.69	$321.84	$2,585.53
Indemnity.....	.....			$166,116.82	$0.00	$166,116.82
Medical.....	.....			$194,675.89	$26,537.82	$221,213.71
				$363,056.40	$26,859.66	$389,916.06
# of Claims	32					
# Open	1	Recovery Amount:	-$198.13			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$5,556.03	$0.00	$5,556.03
Indemnity.....	.....			$146,429.78	$0.00	$146,429.78
Medical.....	.....			$653,347.41	$225,380.40	$878,727.81
				$805,333.22	$225,380.40	$1,030,713.62
# of Claims	26					
# Open	1	Recovery Amount:	-$20,030.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$238.90	$0.00	$238.90
Medical.....	.....			$7,017.04	$0.00	$7,017.04
				$7,255.94	$0.00	$7,255.94
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35.30	$0.00	$35.30
Medical.....	.....			$7,894.90	$0.00	$7,894.90
				$7,930.20	$0.00	$7,930.20
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,113.11	$0.00	$4,113.11
Medical.....	.....			$24,788.05	$0.00	$24,788.05
				$28,901.16	$0.00	$28,901.16
# of Claims	65					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,642.08	$0.00	$2,642.08
Medical.....	.....			$7,803.64	$0.00	$7,803.64
				$10,445.72	$0.00	$10,445.72
# of Claims	31					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,131.19	$0.00	$8,131.19
Medical.....	.....			$42,010.49	$0.00	$42,010.49
				$50,141.68	$0.00	$50,141.68
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$1,992.50**	**$0.00**	**$1,992.50**
Indemnity				**$12,846.43**	**$0.00**	**$12,846.43**
Medical				**$39,440.81**	**$0.00**	**$39,440.81**
				$54,279.74	**$0.00**	**$54,279.74**
# of Claims	**59**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,375.37**	**$0.00**	**$2,375.37**
				$2,375.37	**$0.00**	**$2,375.37**
# of Claims	**38**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$283.75**	**$0.00**	**$283.75**
Medical				**$8,656.73**	**$0.00**	**$8,656.73**
				$8,940.48	**$0.00**	**$8,940.48**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$6,935.48**	**$9,151.08**	**$16,086.56**
Indemnity				**$15,497.39**	**$0.00**	**$15,497.39**
Medical				**$95,304.37**	**$35,925.91**	**$131,230.28**
				$117,737.24	**$45,076.99**	**$162,814.23**
# of Claims	**52**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$990.00	$0.00	$990.00
Indemnity.....	.....			$635.18	$0.00	$635.18
Medical.....	.....			$19,974.87	$0.00	$19,974.87
				$21,600.05	$0.00	$21,600.05
# of Claims	64					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$15,937.49	$0.00	$15,937.49
Indemnity.....	.....			$422,346.28	$0.00	$422,346.28
Medical.....	.....			$230,039.44	$95,733.67	$325,773.11
				$668,323.21	$95,733.67	$764,056.88
# of Claims	46					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,231.86	$0.00	$15,231.86
				$15,231.86	$0.00	$15,231.86
# of Claims	70					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,195.36	$0.00	$3,195.36
				$3,195.36	$0.00	$3,195.36
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,514.76	$0.00	$10,514.76
				$10,514.76	$0.00	$10,514.76
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$50.29	$0.00	$50.29
Indemnity.....	.....			$531.58	$0.00	$531.58
Medical.....	.....			$16,341.23	$0.00	$16,341.23
				$16,923.10	$0.00	$16,923.10
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,886.25	$0.00	$4,886.25
				$4,886.25	$0.00	$4,886.25
# of Claims	42					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$2,201.35	$0.00	$2,201.35
Indemnity.....	.....			$199,941.03	$0.00	$199,941.03
Medical.....	.....			$107,946.20	$0.00	$107,946.20
				$310,088.58	$0.00	$310,088.58
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$64.94	$0.00	$64.94
Indemnity.....	.....			$8,012.61	$0.00	$8,012.61
Medical.....	.....			$24,263.27	$0.00	$24,263.27
				$32,340.82	$0.00	$32,340.82
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$54.68	$0.00	$54.68
Indemnity.....	.....			$3,163.05	$0.00	$3,163.05
Medical.....	.....			$6,902.24	$0.00	$6,902.24
				$10,119.97	$0.00	$10,119.97
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$3,802.00	$0.00	$3,802.00
Indemnity.....	.....			$9,882.01	$0.00	$9,882.01
Medical.....	.....			$14,380.56	$0.00	$14,380.56
				$28,064.57	$0.00	$28,064.57
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$71.50	$0.00	$71.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,798.05	$0.00	$6,798.05
				$6,869.55	$0.00	$6,869.55
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

739 - DBHDS \S. VA Mental Health Inst

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$9,693.77	$2,088.22	$11,781.99
Indemnity.....	.....			$44,827.32	$38,360.52	$83,187.84
Medical.....	.....			$12,665.95	$19,237.45	$31,903.40
				$67,187.04	$59,686.19	$126,873.23
# of Claims	55					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$225.51	$0.00	$225.51
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20,379.82	$0.00	$20,379.82
				$20,605.33	$0.00	$20,605.33
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$91.15	$185.03	$276.18
Indemnity.....	.....			$52,719.59	$10,628.16	$63,347.75
Medical.....	.....			$109,111.19	$34,102.23	$143,213.42
				$161,921.93	$44,915.42	$206,837.35
# of Claims	53					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$70,602.13	$22,231.41	$92,833.54
Indemnity.....	.....			$2,017,521.91	$48,988.68	$2,066,510.59
Medical.....	.....			$3,877,160.22	$1,371,630.09	$5,248,790.31
				$5,965,284.26	$1,442,850.18	$7,408,134.44
# of Claims	1,468					
# Open	13	Recovery Amount:	-$22,972.93			

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$649.81**	**$0.00**	**$649.81**
Medical				**$3,102.70**	**$0.00**	**$3,102.70**
				$3,752.51	**$0.00**	**$3,752.51**
# of Claims	**7**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**			
Expense		**$383.50**	**$0.00**	**$383.50**
Indemnity		**$6,892.69**	**$0.00**	**$6,892.69**
Medical		**$17,691.23**	**$0.00**	**$17,691.23**
		$24,967.42	**$0.00**	**$24,967.42**
# of Claims	**12**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**			
Expense		**$4,025.64**	**$0.00**	**$4,025.64**
Indemnity		**$20,229.56**	**$0.00**	**$20,229.56**
Medical		**$19,309.38**	**$0.00**	**$19,309.38**
		$43,564.58	**$0.00**	**$43,564.58**
# of Claims	**19**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$173.10**	**$0.00**	**$173.10**
Medical		**$4,336.95**	**$0.00**	**$4,336.95**
		$4,510.05	**$0.00**	**$4,510.05**
# of Claims	**15**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$12,478.98**	**$0.00**	**$12,478.98**
Medical		**$26,904.47**	**$0.00**	**$26,904.47**
		$39,383.45	**$0.00**	**$39,383.45**
# of Claims	**20**			
# Open	**0**	**Recovery Amount:**	**-$1,605.45**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,801.34	$0.00	$5,801.34
Medical.....	.....			$16,898.75	$0.00	$16,898.75
				$22,700.09	$0.00	$22,700.09
# of Claims	25					
# Open	0	Recovery Amount:	-$181.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,048.27	$0.00	$6,048.27
Medical.....	.....			$15,715.32	$0.00	$15,715.32
				$21,763.59	$0.00	$21,763.59
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$377.15	$0.00	$377.15
Medical.....	.....			$8,126.45	$0.00	$8,126.45
				$8,503.60	$0.00	$8,503.60
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,259.94	$0.00	$3,259.94
Medical.....	.....			$19,569.97	$0.00	$19,569.97
				$22,829.91	$0.00	$22,829.91
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,018.16	$0.00	$1,018.16
Medical.....	.....			$10,606.09	$0.00	$10,606.09
				$11,624.25	$0.00	$11,624.25
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,480.83	$0.00	$1,480.83
				$1,480.83	$0.00	$1,480.83
# of Claims	11					
# Open	0	Recovery Amount:	-$97.62			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,391.21	$0.00	$7,391.21
Medical.....	.....			$6,148.82	$0.00	$6,148.82
				$13,540.03	$0.00	$13,540.03
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$86.98	$0.00	$86.98
Medical.....	.....			$6,031.54	$0.00	$6,031.54
				$6,118.52	$0.00	$6,118.52
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$3,168.00	$0.00	$3,168.00
Indemnity.....	.....			$122,555.95	$0.00	$122,555.95
Medical.....	.....			$124,884.94	$0.00	$124,884.94
				$250,608.89	$0.00	$250,608.89
# of Claims	69					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$4,277.16	$0.00	$4,277.16
Indemnity.....	.....			$167,558.16	$0.00	$167,558.16
Medical.....	.....			$107,377.02	$0.00	$107,377.02
				$279,212.34	$0.00	$279,212.34
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,020.29	$0.00	$2,020.29
Medical.....	.....			$11,337.26	$0.00	$11,337.26
				$13,357.55	$0.00	$13,357.55
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$17,674.20	$0.00	$17,674.20
Indemnity.....	.....			$147,933.49	$0.00	$147,933.49
Medical.....	.....			$120,696.75	$0.00	$120,696.75
				$286,304.44	$0.00	$286,304.44
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$687.88	$0.00	$687.88
				$687.88	$0.00	$687.88
# of Claims	24					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,797.47	$0.00	$2,797.47
Medical.....	.....			$18,545.10	$0.00	$18,545.10
				$21,342.57	$0.00	$21,342.57
# of Claims	47					
# Open	0	Recovery Amount:	-$2,777.35			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,391.59	$0.00	$14,391.59
				$14,391.59	$0.00	$14,391.59
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,793.80	$0.00	$15,793.80
				$15,793.80	$0.00	$15,793.80
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$30,573.63	$797.32	$31,370.95
Indemnity.....	.....			$396,868.17	$0.00	$396,868.17
Medical.....	.....			$530,148.63	$44,560.20	$574,708.83
				$957,590.43	$45,357.52	$1,002,947.95
# of Claims	42					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$10,122.24	$0.00	$10,122.24
Medical.....	.....			$35,020.04	$0.00	$35,020.04
				$45,150.28	$0.00	$45,150.28
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$21,820.16	$0.00	$21,820.16
				$21,820.16	$0.00	$21,820.16
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$10,098.78	$0.00	$10,098.78
Indemnity.....	.....			$144,175.01	$0.00	$144,175.01
Medical.....	.....			$40,888.97	$0.00	$40,888.97
				$195,162.76	$0.00	$195,162.76
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$6,657.79	$0.00	$6,657.79
Indemnity.....	.....			$343,131.03	$0.00	$343,131.03
Medical.....	.....			$88,151.25	$0.00	$88,151.25
				$437,940.07	$0.00	$437,940.07
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$11,188.39	$6,114.56	$17,302.95
Indemnity.....	.....			$184,512.09	$20,560.10	$205,072.19
Medical.....	.....			$535,041.57	$244,075.42	$779,116.99
				$730,742.05	$270,750.08	$1,001,492.13
# of Claims	41					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$7,382.56	$0.00	$7,382.56
Indemnity.....	.....			$133,544.32	$0.00	$133,544.32
Medical.....	.....			$97,227.22	$0.00	$97,227.22
				$238,154.10	$0.00	$238,154.10
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$79,482.61	$11,870.31	$91,352.92
Indemnity.....	.....			$834,080.06	$139,165.28	$973,245.34
Medical.....	.....			$405,217.04	$381,166.30	$786,383.34
				$1,318,779.71	$532,201.89	$1,850,981.60
# of Claims	50					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$9,088.86	$0.00	$9,088.86
Indemnity.....	.....			$133,287.01	$0.00	$133,287.01
Medical.....	.....			$136,725.37	$0.00	$136,725.37
				$279,101.24	$0.00	$279,101.24
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8,924.04	$0.00	$8,924.04
Indemnity.....	.....			$217,966.91	$0.00	$217,966.91
Medical.....	.....			$315,778.29	$0.00	$315,778.29
				$542,669.24	$0.00	$542,669.24
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$9,785.27	$0.00	$9,785.27
Indemnity.....	.....			$25,651.65	$0.00	$25,651.65
Medical.....	.....			$27,251.30	$0.00	$27,251.30
				$62,688.22	$0.00	$62,688.22
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$3,754.89	$3,500.00	$7,254.89
Indemnity.....	.....			$94,153.07	$1,950.00	$96,103.07
Medical.....	.....			$61,180.08	$24,697.60	$85,877.68
				$159,088.04	$30,147.60	$189,235.64
# of Claims	45					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

748 - DBHDS \ Hiram Davis Medical Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$388.33	$49.50	$437.83
Indemnity.....	.....			$21,915.37	$0.00	$21,915.37
Medical.....	.....			$150,821.88	$8,945.90	$159,767.78
				$173,125.58	$8,995.40	$182,120.98
# of Claims	37					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$221.96	$3,931.18	$4,153.14
Indemnity.....	.....			$0.00	$16,839.76	$16,839.76
Medical.....	.....			$6,126.04	$24,433.99	$30,560.03
				$6,348.00	$45,204.93	$51,552.93
# of Claims	22					
# Open	4	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$207,083.61	$26,262.87	$233,346.48
Indemnity.....	.....			$3,046,679.48	$178,515.14	$3,225,194.62
Medical.....	.....			$3,021,034.68	$727,879.41	$3,748,914.09
				$6,274,797.77	$932,657.42	$7,207,455.19
# of Claims	1,075					
# Open	10	Recovery Amount:	-$4,662.15			

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,054.67	$0.00	$9,054.67
				$9,054.67	$0.00	$9,054.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$229.44	$0.00	$229.44
				$229.44	$0.00	$229.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$20,034.27	$1,695.01	$21,729.28
Indemnity.....	.....			$181,323.76	$0.00	$181,323.76
Medical.....	.....			$1,640,070.95	$1,165,333.65	$2,805,404.60
				$1,841,428.98	$1,167,028.66	$3,008,457.64
# of Claims	11					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$303.85	$0.00	$303.85
				$303.85	$0.00	$303.85
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,011.30	$0.00	$5,011.30
				$5,011.30	$0.00	$5,011.30
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$88.50	$0.00	$88.50
Indemnity.....	.....			$4,821.99	$0.00	$4,821.99
Medical.....	.....			$43,833.25	$0.00	$43,833.25
				$48,743.74	$0.00	$48,743.74
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,456.16	$0.00	$4,456.16
Indemnity.....	.....			$53,552.49	$0.00	$53,552.49
Medical.....	.....			$113,528.87	$0.00	$113,528.87
				$171,537.52	$0.00	$171,537.52
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,007.44	$0.00	$3,007.44
Medical.....	.....			$16,167.40	$0.00	$16,167.40
				$19,174.84	$0.00	$19,174.84
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$16,524.02	$0.00	$16,524.02
Indemnity.....	.....			$190,137.16	$0.00	$190,137.16
Medical.....	.....			$251,308.04	$0.00	$251,308.04
				$457,969.22	$0.00	$457,969.22
# of Claims	95					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$3,342.65	$0.00	$3,342.65
Indemnity.....	.....			$145,876.51	$0.00	$145,876.51
Medical.....	.....			$119,337.29	$0.00	$119,337.29
				$268,556.45	$0.00	$268,556.45
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$9,542.51	$17,179.90	$26,722.41
Indemnity.....	.....			$137,951.65	$855.60	$138,807.25
Medical.....	.....			$120,397.63	$133,127.00	$253,524.63
				$267,891.79	$151,162.50	$419,054.29
# of Claims	65					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8,919.81	$7,736.99	$16,656.80
Indemnity.....	.....			$170,429.94	$29,579.20	$200,009.14
Medical.....	.....			$303,472.44	$600,311.63	$903,784.07
				$482,822.19	$637,627.82	$1,120,450.01
# of Claims	71					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$39,593.14	$155,977.52	$195,570.66
Indemnity.....	.....			$477,836.30	$85,783.85	$563,620.15
Medical.....	.....			$1,625,750.30	$1,808,319.21	$3,434,069.51
				$2,143,179.74	$2,050,080.58	$4,193,260.32
# of Claims	46					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16,081.00	$13,842.16	$29,923.16
Indemnity.....	.....			$227,788.23	$106,084.62	$333,872.85
Medical.....	.....			$186,309.67	$45,436.68	$231,746.35
				$430,178.90	$165,363.46	$595,542.36
# of Claims	34					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$3,774.68	$9,935.81	$13,710.49
Indemnity.....	.....			$30,382.97	$0.00	$30,382.97
Medical.....	.....			$561,993.42	$186,036.42	$748,029.84
				$596,151.07	$195,972.23	$792,123.30
# of Claims	31					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$626.23	$0.00	$626.23
Indemnity.....	.....			$33,912.25	$0.00	$33,912.25
Medical.....	.....			$54,251.01	$0.00	$54,251.01
				$88,789.49	$0.00	$88,789.49
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$6,973.93	$3,777.27	$10,751.20
Indemnity.....	.....			$199,407.70	$356,704.12	$556,111.82
Medical.....	.....			$660,552.81	$163,374.31	$823,927.12
				$866,934.44	$523,855.70	$1,390,790.14
# of Claims	40					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

794 - DBHDS \VA Ctr for Behavioral Rehab

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$256.37	$3,733.93	$3,990.30
Indemnity.....	.....			$12,960.17	$25,108.10	$38,068.27
Medical.....	.....			$71,702.20	$41,756.39	$113,458.59
				$84,918.74	$70,598.42	$155,517.16
# of Claims	47					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$6,998.38	$0.00	$6,998.38
Indemnity.....	.....			$28,193.85	$0.00	$28,193.85
Medical.....	.....			$48,966.19	$0.00	$48,966.19
				$84,158.42	$0.00	$84,158.42
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$128.86	$4,031.18	$4,160.04
Indemnity.....	.....			$17,456.11	$30,106.42	$47,562.53
Medical.....	.....			$16,290.09	$128,735.15	$145,025.24
				$33,875.06	$162,872.75	$196,747.81
# of Claims	32					
# Open	9	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$137,340.51	$217,909.77	$355,250.28
Indemnity.....	.....			$1,915,038.52	$634,221.91	$2,549,260.43
Medical.....	.....			$5,848,530.82	$4,272,430.44	$10,120,961.26
				$7,900,909.85	$5,124,562.12	$13,025,471.97
# of Claims	799					
# Open	22	Recovery Amount:	$0.00			

S720 - Behavioral Health & Developmental

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

S720 - Behavioral Health & Developmental

WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$202,348.36**	**$0.00**	**$202,348.36**
Indemnity				**$2,416,428.40**	**$0.00**	**$2,416,428.40**
Medical				**$2,508,458.82**	**$0.00**	**$2,508,458.82**
				$5,127,235.58	**$0.00**	**$5,127,235.58**
# of Claims	**2,355**					
# Open	**0**	**Recovery Amount:**	**-$1,994.37**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$260,468.85**	**$0.00**	**$260,468.85**
Indemnity				**$2,821,852.95**	**$0.00**	**$2,821,852.95**
Medical				**$2,779,623.18**	**$0.00**	**$2,779,623.18**
				$5,861,944.98	**$0.00**	**$5,861,944.98**
# of Claims	**2,581**					
# Open	**0**	**Recovery Amount:**	**-$5,174.44**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$306,868.69**	**$0.00**	**$306,868.69**
Indemnity				**$3,923,086.36**	**$0.00**	**$3,923,086.36**
Medical				**$2,794,662.30**	**$0.00**	**$2,794,662.30**
				$7,024,617.35	**$0.00**	**$7,024,617.35**
# of Claims	**2,404**					
# Open	**0**	**Recovery Amount:**	**-$17,583.96**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	**7/1/1989 - 6/30/1990**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,008.15**	**$0.00**	**$2,008.15**
Medical				**$6,886.48**	**$0.00**	**$6,886.48**
				$8,894.63	**$0.00**	**$8,894.63**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$308.22**	**$0.00**	**$308.22**
				$308.22	**$0.00**	**$308.22**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

S720 - Behavioral Health & Developmental

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,706.82	$0.00	$12,706.82
Medical.....	.....			$8,842.51	$0.00	$8,842.51
				$21,549.33	$0.00	$21,549.33
# of Claims	18					
# Open	0	Recovery Amount:	-$8,483.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,447.88	$0.00	$1,447.88
Medical.....	.....			$11,652.04	$0.00	$11,652.04
				$13,099.92	$0.00	$13,099.92
# of Claims	37					
# Open	0	Recovery Amount:	-$334.83			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,466.29	$0.00	$3,466.29
Medical.....	.....			$29,628.35	$0.00	$29,628.35
				$33,094.64	$0.00	$33,094.64
# of Claims	35					
# Open	0	Recovery Amount:	-$25.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,042.92	$0.00	$1,042.92
Medical.....	.....			$8,083.31	$0.00	$8,083.31
				$9,126.23	$0.00	$9,126.23
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

S720 - Behavioral Health & Developmental

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$300.00	$0.00	$300.00
Medical.....	.....			$2,118.93	$0.00	$2,118.93
				$2,418.93	$0.00	$2,418.93
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$930.52	$0.00	$930.52
Medical.....	.....			$1,525.20	$0.00	$1,525.20
				$2,455.72	$0.00	$2,455.72
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$123.72	$0.00	$123.72
Medical.....	.....			$7,606.98	$0.00	$7,606.98
				$7,730.70	$0.00	$7,730.70
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$781.50	$0.00	$781.50
				$781.50	$0.00	$781.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

S720 - Behavioral Health & Developmental

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$29.20	$0.00	$29.20
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,384.73	$0.00	$2,384.73
				$2,413.93	$0.00	$2,413.93
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$9,940.85	$13,684.81	$23,625.66
Indemnity.....	.....			$298,625.21	$145,336.73	$443,961.94
Medical.....	.....			$974,679.32	$1,214,577.84	$2,189,257.16
				$1,283,245.38	$1,373,599.38	$2,656,844.76
# of Claims	27					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$45.16	$0.00	$45.16
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,927.84	$0.00	$5,927.84
				$5,973.00	$0.00	$5,973.00
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$140.25	$0.00	$140.25
Medical.....	.....			$855.28	$0.00	$855.28
				$1,003.53	$0.00	$1,003.53
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

720 - Behavioral Health & Develop. Svcs.

S720 - Behavioral Health & Developmental

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$73.40	$0.00	$73.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,464.92	$0.00	$3,464.92
				$3,538.32	$0.00	$3,538.32
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$779,782.51	$13,734.81	$793,517.32
Indemnity.....	.....			$9,482,159.47	$145,336.73	$9,627,496.20
Medical.....	.....			$9,147,489.91	$1,215,777.84	$10,363,267.75
				$19,409,431.89	$1,374,849.38	$20,784,281.27
# of Claims	7,564					
# Open	2	Recovery Amount:	-$33,597.23			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

721 - Virginia DBHDS Consigned Claims

728 - Northern VA Mental Health Inst.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1978	**7/1/1977 - 6/30/1978**					
Expense.....	.....			**$18.82**	**$0.00**	**$18.82**
Indemnity.....	.....			**$584.66**	**$5,015.74**	**$5,600.40**
Medical.....	.....			**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$18.82**	**$0.00**	**$18.82**
Indemnity.....	.....			**$584.66**	**$5,015.74**	**$5,600.40**
Medical.....	.....			**$11,700.62**	**$362,873.38**	**$374,574.00**
				$12,304.10	**$367,889.12**	**$380,193.22**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$16,765.93	$53.76	$16,819.69
Indemnity.....	.....			$6,841.10	$0.00	$6,841.10
Medical.....	.....			$212,949.08	$65,830.66	$278,779.74
				$236,556.11	$65,884.42	$302,440.53
# of Claims	42					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,135.63	$0.00	$11,135.63
Medical.....	.....			$24,058.04	$0.00	$24,058.04
				$35,193.67	$0.00	$35,193.67
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,749.42	$0.00	$15,749.42
Medical.....	.....			$28,105.29	$0.00	$28,105.29
				$43,854.71	$0.00	$43,854.71
# of Claims	32					
# Open	0	Recovery Amount:	-$1,542.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$1,116.09	$0.00	$1,116.09
Indemnity.....	.....			$25,782.20	$0.00	$25,782.20
Medical.....	.....			$75,290.65	$0.00	$75,290.65
				$102,188.94	$0.00	$102,188.94
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$61,887.05	$0.00	$61,887.05
Medical.....	.....			$144,815.35	$0.00	$144,815.35
				$206,702.40	$0.00	$206,702.40
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$68.61	$0.00	$68.61
Indemnity.....	.....			$54,421.34	$0.00	$54,421.34
Medical.....	.....			$142,535.72	$0.00	$142,535.72
				$197,025.67	$0.00	$197,025.67
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$519.00	$0.00	$519.00
Indemnity.....	.....			$209,550.94	$0.00	$209,550.94
Medical.....	.....			$117,666.58	$0.00	$117,666.58
				$327,736.52	$0.00	$327,736.52
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,260.69	$0.00	$14,260.69
Medical.....	.....			$12,554.28	$0.00	$12,554.28
				$26,814.97	$0.00	$26,814.97
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,536.82	$0.00	$1,536.82
Indemnity.....	.....			$125,956.49	$0.00	$125,956.49
Medical.....	.....			$373,749.84	$0.00	$373,749.84
				$501,243.15	$0.00	$501,243.15
# of Claims	54					
# Open	0	Recovery Amount:	-$610.38			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,556.66	$0.00	$8,556.66
Medical.....	.....			$26,306.19	$0.00	$26,306.19
				$34,862.85	$0.00	$34,862.85
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$473.14	$0.00	$473.14
Indemnity.....	.....			$273,794.68	$0.00	$273,794.68
Medical.....	.....			$176,565.44	$0.00	$176,565.44
				$450,833.26	$0.00	$450,833.26
# of Claims	27					
# Open	0	Recovery Amount:	-$1,475.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$18.00	$0.00	$18.00
Indemnity.....	.....			$59,132.55	$0.00	$59,132.55
Medical.....	.....			$57,216.52	$0.00	$57,216.52
				$116,367.07	$0.00	$116,367.07
# of Claims	35					
# Open	0	Recovery Amount:	-$150.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,266.48	$0.00	$8,266.48
Medical.....	.....			$32,051.88	$0.00	$32,051.88
				$40,318.36	$0.00	$40,318.36
# of Claims	42					
# Open	0	Recovery Amount:	-$1,978.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$45,391.84	$0.00	$45,391.84
Medical.....	.....			$86,236.68	$0.00	$86,236.68
				$131,628.52	$0.00	$131,628.52
# of Claims	54					
# Open	0	Recovery Amount:	-$867.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$12,865.53	$20,188.73	$33,054.26
Indemnity.....	.....			$448,499.37	$0.00	$448,499.37
Medical.....	.....			$707,588.78	$730,741.61	$1,438,330.39
				$1,168,953.68	$750,930.34	$1,919,884.02
# of Claims	58					
# Open	2	Recovery Amount:	-$7,523.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$10,682.67	$0.00	$10,682.67
Medical.....	.....			$33,293.00	$0.00	$33,293.00
				$43,975.67	$0.00	$43,975.67
# of Claims	44					
# Open	0	Recovery Amount:	-$302.26			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$2,611.59	$4,511.00	$7,122.59
Indemnity.....	.....			$219,078.51	$0.00	$219,078.51
Medical.....	.....			$335,768.00	$20,627.10	$356,395.10
				$557,458.10	$25,138.10	$582,596.20
# of Claims	49					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,884.63	$0.00	$12,884.63
Medical.....	.....			$37,087.92	$0.00	$37,087.92
				$49,972.55	$0.00	$49,972.55
# of Claims	38					
# Open	0	Recovery Amount:	-$3,204.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$8,365.56	$0.00	$8,365.56
Indemnity.....	.....			$380,094.03	$0.00	$380,094.03
Medical.....	.....			$88,776.76	$0.00	$88,776.76
				$477,236.35	$0.00	$477,236.35
# of Claims	43					
# Open	0	Recovery Amount:	-$20,737.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,222.81	$0.00	$11,222.81
Medical.....	.....			$78,091.48	$0.00	$78,091.48
				$89,314.29	$0.00	$89,314.29
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$20,931.09	$0.00	$20,931.09
Indemnity.....	.....			$427,167.33	$0.00	$427,167.33
Medical.....	.....			$153,977.29	$126,231.86	$280,209.15
				$602,075.71	$126,231.86	$728,307.57
# of Claims	39					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$66.00	$0.00	$66.00
Indemnity.....	.....			$20,003.45	$0.00	$20,003.45
Medical.....	.....			$33,387.33	$0.00	$33,387.33
				$53,456.78	$0.00	$53,456.78
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$318.00	$0.00	$318.00
Indemnity.....	.....			$20,238.79	$0.00	$20,238.79
Medical.....	.....			$41,405.70	$0.00	$41,405.70
				$61,962.49	$0.00	$61,962.49
# of Claims	35					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,379.44	$0.00	$1,379.44
Indemnity.....	.....			$3,449.42	$0.00	$3,449.42
Medical.....	.....			$50,202.82	$0.00	$50,202.82
				$55,031.68	$0.00	$55,031.68
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

750 - CORRECT'AL EDUCATION, DEPT. OF

S750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$11,203.08**	**$0.00**	**$11,203.08**
Medical				**$91,912.21**	**$0.00**	**$91,912.21**
				$103,115.29	**$0.00**	**$103,115.29**
# of Claims	**50**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$295.66**	**$0.00**	**$295.66**
Indemnity				**$9,958.18**	**$0.00**	**$9,958.18**
Medical				**$106,808.74**	**$0.00**	**$106,808.74**
				$117,062.58	**$0.00**	**$117,062.58**
# of Claims	**35**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$67,330.46**	**$24,753.49**	**$92,083.95**
Indemnity				**$2,495,209.34**	**$0.00**	**$2,495,209.34**
Medical				**$3,268,401.57**	**$943,431.23**	**$4,211,832.80**
				$5,830,941.37	**$968,184.72**	**$6,799,126.09**
# of Claims	**1,060**					
# Open	**5**	**Recovery Amount:**	**-$38,390.70**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

751 - DEAF & HARD/HEARING, DEPT. OF

S751 - DEAF & HARD/HEARING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$187.90	$0.00	$187.90
				$187.90	$0.00	$187.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.90	$0.00	$182.90
				$182.90	$0.00	$182.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

751 - DEAF & HARD/HEARING, DEPT. OF

S751 - DEAF & HARD/HEARING, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$86.60	$0.00	$86.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$86.60	$0.00	$86.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$86.60	$0.00	$86.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$370.80	$0.00	$370.80
				$457.40	$0.00	$457.40
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

751 - DEAF & HARD/HEARING, DEPT. OF

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

762 - Rights of Virginians wDisabilities

S762 - Rights of Virginians With Disabil

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$149.00	$0.00	$149.00
				$149.00	$0.00	$149.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$415.25	$0.00	$415.25
				$415.25	$0.00	$415.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,860.65	$0.00	$7,860.65
Medical.....	.....			$29,751.77	$0.00	$29,751.77
				$37,612.42	$0.00	$37,612.42
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

762 - Rights of Virginians wDisabilities

S762 - Rights of Virginians With Disabil

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$398.86	$0.00	$398.86
Indemnity.....	.....			$1,494.12	$0.00	$1,494.12
Medical.....	.....			$9,039.68	$0.00	$9,039.68
				$10,932.66	$0.00	$10,932.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,858.39	$0.00	$2,858.39
				$2,858.39	$0.00	$2,858.39
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

762 - Rights of Virginians wDisabilities

S762 - Rights of Virginians With Disabil

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$95.00	$0.00	$95.00
				$95.00	$0.00	$95.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$899.72	$0.00	$899.72
Medical.....	.....			$1,940.28	$0.00	$1,940.28
				$2,840.00	$0.00	$2,840.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,359.14	$0.00	$1,359.14
				$1,359.14	$0.00	$1,359.14
# of Claims	2					
# Open	0	Recovery Amount:	-$763.20			

Grand Totals						
Expense.....	.....			$398.86	$0.00	$398.86
Indemnity.....	.....			$10,254.49	$0.00	$10,254.49
Medical.....	.....			$45,673.51	$0.00	$45,673.51
				$56,326.86	$0.00	$56,326.86
# of Claims	24					
# Open	0	Recovery Amount:	-$763.20			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

762 - Rights of Virginians wDisabilities

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

11 - SOCIAL SRVS, DEPT OF - ESP WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$203.00	$0.00	$203.00
				$203.00	$0.00	$203.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82.90	$0.00	$82.90
				$82.90	$0.00	$82.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$946.14	$0.00	$946.14
Indemnity.....	.....			$700.72	$0.00	$700.72
Medical.....	.....			$71,728.20	$0.00	$71,728.20
				$73,375.06	$0.00	$73,375.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,027.13	$0.00	$1,027.13
Medical.....	.....			$1,434.00	$0.00	$1,434.00
				$2,461.13	$0.00	$2,461.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

11 - SOCIAL SRVS, DEPT OF - ESP WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$280.70	$0.00	$280.70
				$280.70	$0.00	$280.70
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$560.00	$0.00	$560.00
Indemnity.....	.....			$29,652.53	$0.00	$29,652.53
Medical.....	.....			$31,268.02	$0.00	$31,268.02
				$61,480.55	$0.00	$61,480.55
# of Claims	55					
# Open	0	Recovery Amount:	-$12,090.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,389.72	$0.00	$3,389.72
Indemnity.....	.....			$338,069.48	$0.00	$338,069.48
Medical.....	.....			$92,816.31	$0.00	$92,816.31
				$434,275.51	$0.00	$434,275.51
# of Claims	41					
# Open	0	Recovery Amount:	-$128.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,478.80	$0.00	$17,478.80
Medical.....	.....			$33,100.14	$0.00	$33,100.14
				$50,578.94	$0.00	$50,578.94
# of Claims	54					
# Open	0	Recovery Amount:	-$136.09			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

11 - SOCIAL SRVS, DEPT OF - ESP WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$12,201.31	$386.00	$12,587.31
Indemnity.....	.....			$158,323.26	$0.00	$158,323.26
Medical.....	.....			$488,837.02	$303,532.04	$792,369.06
				$659,361.59	$303,918.04	$963,279.63
# of Claims	46					
# Open	1	Recovery Amount:	-$6,244.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,725.80	$0.00	$1,725.80
				$1,725.80	$0.00	$1,725.80
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$23,376.99	$0.00	$23,376.99
Medical.....	.....			$31,792.95	$0.00	$31,792.95
				$55,206.94	$0.00	$55,206.94
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$136.46	$0.00	$136.46
Medical.....	.....			$5,421.09	$0.00	$5,421.09
				$5,557.55	$0.00	$5,557.55
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

11 - SOCIAL SRVS, DEPT OF - ESP WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$108.13	$0.00	$108.13
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$108.13	$0.00	$108.13
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.47	$0.00	$120.47
				$120.47	$0.00	$120.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

11 - SOCIAL SRVS, DEPT OF - ESP WORK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$93.43	$0.00	$93.43
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,815.22	$0.00	$2,815.22
				$2,908.65	$0.00	$2,908.65
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$158.93	$0.00	$158.93
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,760.51	$0.00	$6,760.51
				$6,919.44	$0.00	$6,919.44
# of Claims	4					
# Open	0	Recovery Amount:	-$1,539.20			

Grand Totals						
Expense.....	.....			$17,494.66	$386.00	$17,880.66
Indemnity.....	.....			$568,765.37	$0.00	$568,765.37
Medical.....	.....			$768,386.33	$303,532.04	$1,071,918.37
				$1,354,646.36	$303,918.04	$1,658,564.40
# of Claims	284					
# Open	1	Recovery Amount:	-$20,137.47			

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,487.28	$0.00	$4,487.28
Medical.....	.....			$7,094.21	$0.00	$7,094.21
				$11,581.49	$0.00	$11,581.49
# of Claims	60					
# Open	0	Recovery Amount:	-$752.75			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,934.37	$0.00	$12,934.37
Medical.....	.....			$35,347.51	$0.00	$35,347.51
				$48,281.88	$0.00	$48,281.88
# of Claims	62					
# Open	0	Recovery Amount:	-$2,767.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,544.93	$0.00	$3,544.93
Medical.....	.....			$40,846.62	$0.00	$40,846.62
				$44,391.55	$0.00	$44,391.55
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$622.25	$0.00	$622.25
Indemnity.....	.....			$291,587.21	$0.00	$291,587.21
Medical.....	.....			$160,328.34	$0.00	$160,328.34
				$452,537.80	$0.00	$452,537.80
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$48.42	$0.00	$48.42
Indemnity.....	.....			$32,419.74	$0.00	$32,419.74
Medical.....	.....			$80,268.77	$0.00	$80,268.77
				$112,736.93	$0.00	$112,736.93
# of Claims	60					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$133,546.77	$0.00	$133,546.77
Medical.....	.....			$38,369.35	$0.00	$38,369.35
				$171,916.12	$0.00	$171,916.12
# of Claims	49					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$43,747.55	$0.00	$43,747.55
Medical.....	.....			$111,604.73	$0.00	$111,604.73
				$155,352.28	$0.00	$155,352.28
# of Claims	79					
# Open	0	Recovery Amount:	-$92.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$230.80	$0.00	$230.80
Indemnity.....	.....			$432,181.57	$0.00	$432,181.57
Medical.....	.....			$338,782.30	$0.00	$338,782.30
				$771,194.67	$0.00	$771,194.67
# of Claims	79					
# Open	0	Recovery Amount:	-$34,874.92			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,741.29	$0.00	$1,741.29
Indemnity.....	.....			$196,262.75	$0.00	$196,262.75
Medical.....	.....			$232,347.73	$0.00	$232,347.73
				$430,351.77	$0.00	$430,351.77
# of Claims	61					
# Open	0	Recovery Amount:	-$4,438.87			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$1,741.88**	**$0.00**	**$1,741.88**
Indemnity				**$444,085.61**	**$0.00**	**$444,085.61**
Medical				**$223,115.49**	**$0.00**	**$223,115.49**
				$668,942.98	**$0.00**	**$668,942.98**
# of Claims	**56**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$8.50**	**$0.00**	**$8.50**
Indemnity				**$9,674.44**	**$0.00**	**$9,674.44**
Medical				**$20,527.65**	**$0.00**	**$20,527.65**
				$30,210.59	**$0.00**	**$30,210.59**
# of Claims	**47**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$7.05**	**$0.00**	**$7.05**
Indemnity				**$8,932.75**	**$0.00**	**$8,932.75**
Medical				**$13,206.49**	**$0.00**	**$13,206.49**
				$22,146.29	**$0.00**	**$22,146.29**
# of Claims	**51**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$94.98**	**$0.00**	**$94.98**
Indemnity				**$968.03**	**$0.00**	**$968.03**
Medical				**$10,536.42**	**$0.00**	**$10,536.42**
				$11,599.43	**$0.00**	**$11,599.43**
# of Claims	**48**					
# Open	**0**	**Recovery Amount:**	**-$260.34**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,414.44	$0.00	$4,414.44
				$4,414.44	$0.00	$4,414.44
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$4,210.00	$0.00	$4,210.00
Indemnity.....	.....			$107,825.45	$0.00	$107,825.45
Medical.....	.....			$258,870.51	$0.00	$258,870.51
				$370,905.96	$0.00	$370,905.96
# of Claims	41					
# Open	0	Recovery Amount:	-$10,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$14,662.78	$0.00	$14,662.78
Medical.....	.....			$66,934.82	$0.00	$66,934.82
				$81,634.60	$0.00	$81,634.60
# of Claims	38					
# Open	0	Recovery Amount:	-$11,257.59			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$32,547.38	$0.00	$32,547.38
Medical.....	.....			$101,909.27	$0.00	$101,909.27
				$134,493.65	$0.00	$134,493.65
# of Claims	54					
# Open	0	Recovery Amount:	-$59,133.86			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$6,118.63	$8.00	$6,126.63
Indemnity.....	.....			$239,450.14	$0.00	$239,450.14
Medical.....	.....			$435,351.74	$94,812.69	$530,164.43
				$680,920.51	$94,820.69	$775,741.20
# of Claims	44					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$60.50	$0.00	$60.50
Indemnity.....	.....			$28,970.28	$0.00	$28,970.28
Medical.....	.....			$104,721.52	$0.00	$104,721.52
				$133,752.30	$0.00	$133,752.30
# of Claims	27					
# Open	0	Recovery Amount:	-$7,294.11			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$845.94	$0.00	$845.94
Indemnity.....	.....			$17,654.37	$0.00	$17,654.37
Medical.....	.....			$265,671.94	$0.00	$265,671.94
				$284,172.25	$0.00	$284,172.25
# of Claims	24					
# Open	1	Recovery Amount:	-$3,045.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$42.01	$0.00	$42.01
Medical.....	.....			$18,875.06	$0.00	$18,875.06
				$18,961.07	$0.00	$18,961.07
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$127.90	$0.00	$127.90
Indemnity.....	.....			$7,890.12	$0.00	$7,890.12
Medical.....	.....			$30,150.22	$0.00	$30,150.22
				$38,168.24	$0.00	$38,168.24
# of Claims	31					
# Open	0	Recovery Amount:	-$17,074.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$65.73	$0.00	$65.73
Indemnity.....	.....			$9,497.73	$0.00	$9,497.73
Medical.....	.....			$35,205.96	$0.00	$35,205.96
				$44,769.42	$0.00	$44,769.42
# of Claims	56					
# Open	0	Recovery Amount:	-$6,590.86			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$6,384.38	$0.00	$6,384.38
Indemnity.....	.....			$162,603.42	$0.00	$162,603.42
Medical.....	.....			$69,166.05	$0.00	$69,166.05
				$238,153.85	$0.00	$238,153.85
# of Claims	35					
# Open	0	Recovery Amount:	-$6,601.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$3,844.75	$0.00	$3,844.75
Indemnity.....	.....			$55,804.77	$0.00	$55,804.77
Medical.....	.....			$59,417.13	$0.00	$59,417.13
				$119,066.65	$0.00	$119,066.65
# of Claims	25					
# Open	0	Recovery Amount:	-$2,874.96			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$2,549.27	$0.00	$2,549.27
Indemnity.....	.....			$19,033.57	$0.00	$19,033.57
Medical.....	.....			$21,347.21	$0.00	$21,347.21
				$42,930.05	$0.00	$42,930.05
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$63.50	$0.00	$63.50
Indemnity.....	.....			$73.80	$0.00	$73.80
Medical.....	.....			$11,586.42	$0.00	$11,586.42
				$11,723.72	$0.00	$11,723.72
# of Claims	26					
# Open	0	Recovery Amount:	-$1,918.07			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$186.22	$0.00	$186.22
Indemnity.....	.....			$2,315.11	$0.00	$2,315.11
Medical.....	.....			$4,562.23	$0.00	$4,562.23
				$7,063.56	$0.00	$7,063.56
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$195.83	$0.00	$195.83
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,669.96	$0.00	$13,669.96
				$13,865.79	$0.00	$13,865.79
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

S765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$675.65	$0.00	$675.65
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,103.56	$0.00	$12,103.56
				$12,779.21	$0.00	$12,779.21
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$86.05	$0.00	$86.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,145.69	$0.00	$6,145.69
				$6,231.74	$0.00	$6,231.74
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$104.25	$0.00	$104.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$703.57	$0.00	$703.57
				$807.82	$0.00	$807.82
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,796.67	$0.00	$7,796.67
				$7,804.67	$0.00	$7,804.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$30,139.77	$8.00	$30,147.77
Indemnity.....	.....			$2,312,743.93	$0.00	$2,312,743.93
Medical.....	.....			$2,840,979.58	$94,812.69	$2,935,792.27
				$5,183,863.28	$94,820.69	$5,278,683.97
# of Claims	1,322					
# Open	2	Recovery Amount:	-$168,977.44			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

765 - SOCIAL SERVICES, DEPT. OF

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

766 - VIRGINIA PAROLE BOARD

S766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$785.81	$0.00	$785.81
Medical.....	.....			$5,190.00	$0.00	$5,190.00
				$5,975.81	$0.00	$5,975.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$361.00	$0.00	$361.00
				$361.00	$0.00	$361.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$559.75	$0.00	$559.75
Indemnity.....	.....			$20,409.70	$0.00	$20,409.70
Medical.....	.....			$31,127.59	$0.00	$31,127.59
				$52,097.04	$0.00	$52,097.04
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$34.65	$0.00	$34.65
				$34.65	$0.00	$34.65
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

766 - VIRGINIA PAROLE BOARD

S766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,142.52	$0.00	$2,142.52
Medical.....	.....			$27,948.48	$0.00	$27,948.48
				$30,091.00	$0.00	$30,091.00
# of Claims	3					
# Open	0	Recovery Amount:	-$7,000.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$620.00	$0.00	$620.00
Medical.....	.....			$6,309.88	$0.00	$6,309.88
				$6,929.88	$0.00	$6,929.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$6,885.65	$0.00	$6,885.65
Medical.....	.....			$27,470.06	$0.00	$27,470.06
				$34,355.71	$0.00	$34,355.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$764.96	$0.00	$764.96
				$764.96	$0.00	$764.96
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

766 - VIRGINIA PAROLE BOARD

S766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$63.00	$0.00	$63.00
				$63.00	$0.00	$63.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$292.21	$0.00	$292.21
				$292.21	$0.00	$292.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

766 - VIRGINIA PAROLE BOARD

S766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,343.34	$0.00	$1,343.34
				$1,343.34	$0.00	$1,343.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$337.21	$0.00	$337.21
				$337.21	$0.00	$337.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

766 - VIRGINIA PAROLE BOARD

S766 - VIRGINIA PAROLE BOARD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$58.10**	**$0.00**	**$58.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$58.10	**$0.00**	**$58.10**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$617.85**	**$0.00**	**$617.85**
Indemnity				**$30,843.68**	**$0.00**	**$30,843.68**
Medical				**$101,242.38**	**$0.00**	**$101,242.38**
				$132,703.91	**$0.00**	**$132,703.91**
# of Claims	**36**					
# Open	**0**	**Recovery Amount:**	**-$7,000.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

501 - DJJ Central Offc.-Director's Staff

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$978.51	$0.00	$978.51
				$978.51	$0.00	$978.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,781.71	$0.00	$1,781.71
				$1,781.71	$0.00	$1,781.71
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,760.22	$0.00	$2,760.22
				$2,760.22	$0.00	$2,760.22
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

510 - DJJ Central Offc.-Administration

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

510 - DJJ Central Offc.-Administration

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$18.50**	**$0.00**	**$18.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$664.38**	**$0.00**	**$664.38**
				$682.88	**$0.00**	**$682.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$219.70**	**$0.00**	**$219.70**
		$219.70	**$0.00**	**$219.70**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**			
Expense		**$10.72**	**$0.00**	**$10.72**
Indemnity		**$61,274.55**	**$0.00**	**$61,274.55**
Medical		**$124,670.51**	**$0.00**	**$124,670.51**
		$185,955.78	**$0.00**	**$185,955.78**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**-$203.77**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$3,677.01**	**$0.00**	**$3,677.01**
Medical		**$3,685.94**	**$0.00**	**$3,685.94**
		$7,362.95	**$0.00**	**$7,362.95**
# of Claims	**3**			
# Open	**0**	**Recovery Amount:**	**-$3,996.65**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**			
Expense		**$162.85**	**$0.00**	**$162.85**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$221.36**	**$0.00**	**$221.36**
		$384.21	**$0.00**	**$384.21**
# of Claims	**4**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

510 - DJJ Central Offc.-Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,307.51	$0.00	$5,307.51
				$5,307.51	$0.00	$5,307.51
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,203.36	$0.00	$6,203.36
				$6,203.36	$0.00	$6,203.36
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$20.70	$0.00	$20.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,863.02	$0.00	$1,863.02
				$1,883.72	$0.00	$1,883.72
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$845.80	$0.00	$845.80
				$845.80	$0.00	$845.80
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

510 - DJJ Central Offc.-Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$1,743.00**	**$0.00**	**$1,743.00**
Indemnity				**$1,915.47**	**$0.00**	**$1,915.47**
Medical				**$18,641.33**	**$0.00**	**$18,641.33**
				$22,299.80	**$0.00**	**$22,299.80**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,803.40**	**$0.00**	**$3,803.40**
				$3,803.40	**$0.00**	**$3,803.40**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$531.98**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$92.37**	**$0.00**	**$92.37**
Indemnity				**$2,371.20**	**$0.00**	**$2,371.20**
Medical				**$13,730.00**	**$0.00**	**$13,730.00**
				$16,193.57	**$0.00**	**$16,193.57**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**-$7,762.18**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

510 - DJJ Central Offc.-Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$176.70	$0.00	$176.70
				$176.70	$0.00	$176.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$2,048.14	$0.00	$2,048.14
Indemnity.....	.....			$69,238.23	$0.00	$69,238.23
Medical.....	.....			$180,033.01	$0.00	$180,033.01
				$251,319.38	$0.00	$251,319.38
# of Claims	66					
# Open	0	Recovery Amount:	-$12,494.58			

530 - DJJ Central Offc.-Community Progs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,468.06	$0.00	$3,468.06
				$3,468.06	$0.00	$3,468.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

530 - DJJ Central Offc.-Community Progs.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$392.18	$0.00	$392.18
				$392.18	$0.00	$392.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,860.24	$0.00	$3,860.24
				$3,860.24	$0.00	$3,860.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

540 - DJJ Central Offc.-Institutions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,461.50	$0.00	$3,461.50
				$3,461.50	$0.00	$3,461.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

540 - DJJ Central Offc.-Institutions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$128.09	$0.00	$128.09
				$128.09	$0.00	$128.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$32.00	$0.00	$32.00
Indemnity.....	.....			$3,094.70	$0.00	$3,094.70
Medical.....	.....			$44,890.75	$0.00	$44,890.75
				$48,017.45	$0.00	$48,017.45
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$188.37	$0.00	$188.37
				$188.37	$0.00	$188.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,697.78	$0.00	$2,697.78
				$2,697.78	$0.00	$2,697.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

540 - DJJ Central Offc.-Institutions

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$868.06	$0.00	$868.06
				$876.06	$0.00	$876.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$40.00	$0.00	$40.00
Indemnity.....	.....			$3,094.70	$0.00	$3,094.70
Medical.....	.....			$52,234.55	$0.00	$52,234.55
				$55,369.25	$0.00	$55,369.25
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

601 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

601 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$319.40	$0.00	$319.40
				$319.40	$0.00	$319.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,202.67	$0.00	$9,202.67
Medical.....	.....			$22,013.89	$0.00	$22,013.89
				$31,216.56	$0.00	$31,216.56
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$3,348.00	$0.00	$3,348.00
Indemnity.....	.....			$136,875.67	$0.00	$136,875.67
Medical.....	.....			$70,712.01	$0.00	$70,712.01
				$210,935.68	$0.00	$210,935.68
# of Claims	70					
# Open	1	Recovery Amount:	-$800.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

601 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$3,386.00	$40.00	$3,426.00
Indemnity.....	.....			$245,001.65	$0.00	$245,001.65
Medical.....	.....			$316,429.25	$18,685.20	$335,114.45
				$564,816.90	$18,725.20	$583,542.10
# of Claims	79					
# Open	1	Recovery Amount:	-$307.43			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$4,638.00	$0.00	$4,638.00
Indemnity.....	.....			$404,064.28	$0.00	$404,064.28
Medical.....	.....			$260,306.96	$0.00	$260,306.96
				$669,009.24	$0.00	$669,009.24
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,560.00	$0.00	$1,560.00
Indemnity.....	.....			$201,772.70	$0.00	$201,772.70
Medical.....	.....			$256,816.05	$0.00	$256,816.05
				$460,148.75	$0.00	$460,148.75
# of Claims	53					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$7,605.16	$0.00	$7,605.16
Indemnity.....	.....			$274,759.12	$0.00	$274,759.12
Medical.....	.....			$27,979.56	$0.00	$27,979.56
				$310,343.84	$0.00	$310,343.84
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

601 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$10,420.10	$4,587.90	$15,008.00
Indemnity.....	.....			$326,476.42	$437,476.33	$763,952.75
Medical.....	.....			$160,801.47	$34,725.08	$195,526.55
				$497,697.99	$476,789.31	$974,487.30
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$30,957.26	$4,627.90	$35,585.16
Indemnity.....	.....			$1,598,152.51	$437,476.33	$2,035,628.84
Medical.....	.....			$1,115,378.59	$53,410.28	$1,168,788.87
				$2,744,488.36	$495,514.51	$3,240,002.87
# of Claims	311					
# Open	3	Recovery Amount:	-$1,107.43			

602 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$300.00	$0.00	$300.00
				$300.00	$0.00	$300.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$488.75	$0.00	$488.75
				$488.75	$0.00	$488.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

602 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$687.05**	**$0.00**	**$687.05**
				$687.05	**$0.00**	**$687.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$380.12**	**$0.00**	**$380.12**
Medical				**$2,824.56**	**$0.00**	**$2,824.56**
				$3,204.68	**$0.00**	**$3,204.68**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$483.66**	**$0.00**	**$483.66**
				$483.66	**$0.00**	**$483.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$525.28**	**$0.00**	**$525.28**
				$525.28	**$0.00**	**$525.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$380.12**	**$0.00**	**$380.12**
Medical				**$5,309.30**	**$0.00**	**$5,309.30**
				$5,689.42	**$0.00**	**$5,689.42**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

603 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$92.00	$0.00	$92.00
Indemnity.....	.....			$184.62	$0.00	$184.62
Medical.....	.....			$9,993.11	$0.00	$9,993.11
				$10,269.73	$0.00	$10,269.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$607.60	$0.00	$607.60
				$607.60	$0.00	$607.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

603 - DJJ YOUTH SERVICES

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$134.00**	**$0.00**	**$134.00**
				$134.00	**$0.00**	**$134.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,848.34**	**$0.00**	**$1,848.34**
Medical				**$647.59**	**$0.00**	**$647.59**
				$2,495.93	**$0.00**	**$2,495.93**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,274.33**	**$0.00**	**$1,274.33**
				$1,274.33	**$0.00**	**$1,274.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$92.00**	**$0.00**	**$92.00**
Indemnity				**$2,032.96**	**$0.00**	**$2,032.96**
Medical				**$12,656.63**	**$0.00**	**$12,656.63**
				$14,781.59	**$0.00**	**$14,781.59**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

712 - DJJ Bon Air Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$6,477.83	$0.00	$6,477.83
Indemnity.....	.....			$155,221.33	$0.00	$155,221.33
Medical.....	.....			$118,994.63	$0.00	$118,994.63
				$280,693.79	$0.00	$280,693.79
# of Claims	52					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$14,298.28	$4,969.20	$19,267.48
Indemnity.....	.....			$379,638.38	$0.00	$379,638.38
Medical.....	.....			$527,471.01	$272,030.03	$799,501.04
				$921,407.67	$276,999.23	$1,198,406.90
# of Claims	48					
# Open	1	Recovery Amount:	-$157.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$260.10	$0.00	$260.10
Indemnity.....	.....			$95,789.56	$0.00	$95,789.56
Medical.....	.....			$71,766.50	$0.00	$71,766.50
				$167,816.16	$0.00	$167,816.16
# of Claims	33					
# Open	0	Recovery Amount:	-$5,045.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,670.46	$0.00	$11,670.46
Medical.....	.....			$21,268.57	$0.00	$21,268.57
				$32,939.03	$0.00	$32,939.03
# of Claims	32					
# Open	0	Recovery Amount:	-$36.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$609.00	$0.00	$609.00
Indemnity.....	.....			$17,094.45	$0.00	$17,094.45
Medical.....	.....			$52,175.97	$0.00	$52,175.97
				$69,879.42	$0.00	$69,879.42
# of Claims	34					
# Open	0	Recovery Amount:	-$5,484.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$59,128.17	$0.00	$59,128.17
Medical.....	.....			$59,365.49	$0.00	$59,365.49
				$118,493.66	$0.00	$118,493.66
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$12,595.49	$0.00	$12,595.49
Medical.....	.....			$123,897.71	$0.00	$123,897.71
				$136,509.20	$0.00	$136,509.20
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$2,097.06	$0.00	$2,097.06
Indemnity.....	.....			$129,926.55	$0.00	$129,926.55
Medical.....	.....			$294,567.40	$109,818.27	$404,385.67
				$426,591.01	$109,818.27	$536,409.28
# of Claims	82					
# Open	1	Recovery Amount:	-$281.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$6,184.81	$448.50	$6,633.31
Indemnity.....	.....			$149,438.62	$0.00	$149,438.62
Medical.....	.....			$795,659.24	$423,329.09	$1,218,988.33
				$951,282.67	$423,777.59	$1,375,060.26
# of Claims	92					
# Open	1	Recovery Amount:	-$2,291.23			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$7,727.81	$192.00	$7,919.81
Indemnity.....	.....			$239,605.34	$144,372.68	$383,978.02
Medical.....	.....			$317,643.77	$44,437.07	$362,080.84
				$564,976.92	$189,001.75	$753,978.67
# of Claims	67					
# Open	1	Recovery Amount:	-$3,980.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$17,273.88	$13,582.37	$30,856.25
Indemnity.....	.....			$390,305.81	$0.00	$390,305.81
Medical.....	.....			$364,780.85	$241,849.96	$606,630.81
				$772,360.54	$255,432.33	$1,027,792.87
# of Claims	52					
# Open	1	Recovery Amount:	-$67.20			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$657.47	$258.53	$916.00
Indemnity.....	.....			$116,085.35	$0.05	$116,085.40
Medical.....	.....			$344,772.52	$161,951.20	$506,723.72
				$461,515.34	$162,209.78	$623,725.12
# of Claims	58					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$8,247.88	$0.00	$8,247.88
Indemnity.....	.....			$250,265.63	$0.00	$250,265.63
Medical.....	.....			$285,159.73	$0.00	$285,159.73
				$543,673.24	$0.00	$543,673.24
# of Claims	72					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$31,554.76	$1,562.56	$33,117.32
Indemnity.....	.....			$813,572.29	$418,224.26	$1,231,796.55
Medical.....	.....			$343,101.42	$142,753.79	$485,855.21
				$1,188,228.47	$562,540.61	$1,750,769.08
# of Claims	89					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$13,860.18**	**$0.00**	**$13,860.18**
Indemnity				**$243,877.98**	**$0.00**	**$243,877.98**
Medical				**$171,993.74**	**$0.00**	**$171,993.74**
				$429,731.90	**$0.00**	**$429,731.90**
# of Claims	**79**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$7,124.02**	**$0.00**	**$7,124.02**
Indemnity				**$91,341.67**	**$0.00**	**$91,341.67**
Medical				**$217,449.09**	**$0.00**	**$217,449.09**
				$315,914.78	**$0.00**	**$315,914.78**
# of Claims	**91**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$1,687.20**	**$0.00**	**$1,687.20**
Indemnity				**$153,858.56**	**$0.00**	**$153,858.56**
Medical				**$249,024.75**	**$0.00**	**$249,024.75**
				$404,570.51	**$0.00**	**$404,570.51**
# of Claims	**65**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,825.10**	**$0.00**	**$4,825.10**
Medical				**$126,731.38**	**$0.00**	**$126,731.38**
				$131,556.48	**$0.00**	**$131,556.48**
# of Claims	**68**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$23,945.77**	**$0.00**	**$23,945.77**
Indemnity				**$421,947.97**	**$0.00**	**$421,947.97**
Medical				**$315,627.42**	**$0.00**	**$315,627.42**
				$761,521.16	**$0.00**	**$761,521.16**
# of Claims	**111**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$46,485.87	$142.00	$46,627.87
Indemnity.....	.....			$690,555.91	$0.00	$690,555.91
Medical.....	.....			$255,803.85	$25,089.05	$280,892.90
				$992,845.63	$25,231.05	$1,018,076.68
# of Claims	106					
# Open	1	Recovery Amount:	-$19,024.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$4,762.91	$0.00	$4,762.91
Indemnity.....	.....			$198,193.76	$0.00	$198,193.76
Medical.....	.....			$206,456.18	$9,924.52	$216,380.70
				$409,412.85	$9,924.52	$419,337.37
# of Claims	142					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$92.00	$0.00	$92.00
Indemnity.....	.....			$22,069.88	$0.00	$22,069.88
Medical.....	.....			$92,888.09	$0.00	$92,888.09
				$115,049.97	$0.00	$115,049.97
# of Claims	113					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$28,704.91	$4,156.64	$32,861.55
Indemnity.....	.....			$321,335.75	$0.00	$321,335.75
Medical.....	.....			$1,214,200.87	$1,054,160.43	$2,268,361.30
				$1,564,241.53	$1,058,317.07	$2,622,558.60
# of Claims	220					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$45,360.39	$1,053.28	$46,413.67
Indemnity.....	.....			$1,063,103.62	$0.00	$1,063,103.62
Medical.....	.....			$714,133.96	$821,056.23	$1,535,190.19
				$1,822,597.97	$822,109.51	$2,644,707.48
# of Claims	148					
# Open	2	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$49,504.76	$19,230.46	$68,735.22
Indemnity.....	.....			$819,760.18	$58,282.86	$878,043.04
Medical.....	.....			$612,507.16	$32,956.22	$645,463.38
				$1,481,772.10	$110,469.54	$1,592,241.64
# of Claims	217					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$24,358.55	$6,627.84	$30,986.39
Indemnity.....	.....			$313,177.35	$78,661.09	$391,838.44
Medical.....	.....			$524,792.59	$185,993.09	$710,785.68
				$862,328.49	$271,282.02	$1,133,610.51
# of Claims	165					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$4,364.44	$0.00	$4,364.44
Indemnity.....	.....			$74,402.63	$0.00	$74,402.63
Medical.....	.....			$304,625.15	$0.00	$304,625.15
				$383,392.22	$0.00	$383,392.22
# of Claims	103					
# Open	0	Recovery Amount:	-$1,136.01			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$9,869.10	$8,754.86	$18,623.96
Indemnity.....	.....			$148,693.89	$49,830.23	$198,524.12
Medical.....	.....			$297,627.93	$127,535.30	$425,163.23
				$456,190.92	$186,120.39	$642,311.31
# of Claims	110					
# Open	2	Recovery Amount:	-$239.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$49,803.09	$15,844.73	$65,647.82
Indemnity.....	.....			$490,225.18	$301,567.88	$791,793.06
Medical.....	.....			$652,376.72	$2,384,525.43	$3,036,902.15
				$1,192,404.99	$2,701,938.04	$3,894,343.03
# of Claims	121					
# Open	3	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$48,341.31**	**$3,500.00**	**$51,841.31**
Indemnity				**$277,472.83**	**$2,000.36**	**$279,473.19**
Medical				**$317,141.54**	**$1,142.59**	**$318,284.13**
				$642,955.68	**$6,642.95**	**$649,598.63**
# of Claims	**110**					
# Open	**1**	**Recovery Amount:**	**-$4,681.99**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$64,446.06**	**$135.76**	**$64,581.82**
Indemnity				**$148,606.79**	**$9,320.50**	**$157,927.29**
Medical				**$231,251.44**	**$8,276.40**	**$239,527.84**
				$444,304.29	**$17,732.66**	**$462,036.95**
# of Claims	**71**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$21,547.69**	**$6,928.41**	**$28,476.10**
Indemnity				**$82,780.22**	**$16,733.25**	**$99,513.47**
Medical				**$161,114.01**	**$25,746.33**	**$186,860.34**
				$265,441.92	**$49,407.99**	**$314,849.91**
# of Claims	**81**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$38,237.58**	**$29,663.03**	**$67,900.61**
Indemnity				**$194,795.99**	**$209,489.45**	**$404,285.44**
Medical				**$199,735.45**	**$202,281.96**	**$402,017.41**
				$432,769.02	**$441,434.44**	**$874,203.46**
# of Claims	**112**					
# Open	**21**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$577,900.71**	**$117,050.17**	**$694,950.88**
Indemnity				**$8,581,362.69**	**$1,288,482.61**	**$9,869,845.30**
Medical				**$10,586,106.13**	**$6,274,856.96**	**$16,860,963.09**
				$19,745,369.53	**$7,680,389.74**	**$27,425,759.27**
# of Claims	**3,004**					
# Open	**46**	**Recovery Amount:**	**-$42,424.70**			

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$10,111.88**	**$0.00**	**$10,111.88**
Indemnity				**$79,425.17**	**$0.00**	**$79,425.17**
Medical				**$40,952.12**	**$0.00**	**$40,952.12**
				$130,489.17	**$0.00**	**$130,489.17**
# of Claims	**77**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$4,105.32**	**$0.00**	**$4,105.32**
Indemnity				**$108,803.92**	**$0.00**	**$108,803.92**
Medical				**$92,799.24**	**$0.00**	**$92,799.24**
				$205,708.48	**$0.00**	**$205,708.48**
# of Claims	**113**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$177.40**	**$0.00**	**$177.40**
Indemnity				**$216,086.25**	**$0.00**	**$216,086.25**
Medical				**$453,233.46**	**$0.00**	**$453,233.46**
				$669,497.11	**$0.00**	**$669,497.11**
# of Claims	**69**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$16.29**	**$0.00**	**$16.29**
Indemnity				**$25,258.09**	**$0.00**	**$25,258.09**
Medical				**$32,850.42**	**$0.00**	**$32,850.42**
				$58,124.80	**$0.00**	**$58,124.80**
# of Claims	**83**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$705.00	$0.00	$705.00
Indemnity.....	.....			$238,244.86	$0.00	$238,244.86
Medical.....	.....			$117,245.25	$0.00	$117,245.25
				$356,195.11	$0.00	$356,195.11
# of Claims	94					
# Open	0	Recovery Amount:	-$22.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$362.50	$0.00	$362.50
Indemnity.....	.....			$137,067.88	$0.00	$137,067.88
Medical.....	.....			$424,694.98	$0.00	$424,694.98
				$562,125.36	$0.00	$562,125.36
# of Claims	92					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$6,848.51	$0.00	$6,848.51
Indemnity.....	.....			$158,846.35	$0.00	$158,846.35
Medical.....	.....			$408,472.68	$54,143.61	$462,616.29
				$574,167.54	$54,143.61	$628,311.15
# of Claims	114					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$472.01	$0.00	$472.01
Indemnity.....	.....			$67,061.46	$0.00	$67,061.46
Medical.....	.....			$93,401.96	$0.00	$93,401.96
				$160,935.43	$0.00	$160,935.43
# of Claims	162					
# Open	0	Recovery Amount:	-$536.02			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$4,644.16	$0.00	$4,644.16
Indemnity.....	.....			$396,701.30	$0.00	$396,701.30
Medical.....	.....			$545,900.55	$0.00	$545,900.55
				$947,246.01	$0.00	$947,246.01
# of Claims	158					
# Open	0	Recovery Amount:	-$1,009.16			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$1,550.50	$0.00	$1,550.50
Indemnity.....	.....			$228,266.59	$0.00	$228,266.59
Medical.....	.....			$471,901.98	$112,513.07	$584,415.05
				$701,719.07	$112,513.07	$814,232.14
# of Claims	198					
# Open	1	Recovery Amount:	-$603.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$14,578.00	$24.00	$14,602.00
Indemnity.....	.....			$678,292.51	$0.00	$678,292.51
Medical.....	.....			$495,083.69	$40,139.73	$535,223.42
				$1,187,954.20	$40,163.73	$1,228,117.93
# of Claims	171					
# Open	1	Recovery Amount:	-$468.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$66.15	$0.00	$66.15
Indemnity.....	.....			$4,372.78	$0.00	$4,372.78
Medical.....	.....			$132,426.69	$0.00	$132,426.69
				$136,865.62	$0.00	$136,865.62
# of Claims	99					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$1,013.75	$0.00	$1,013.75
Indemnity.....	.....			$6,113.98	$0.00	$6,113.98
Medical.....	.....			$197,555.49	$0.00	$197,555.49
				$204,683.22	$0.00	$204,683.22
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$12,478.91	$0.00	$12,478.91
Medical.....	.....			$75,253.46	$0.00	$75,253.46
				$87,750.87	$0.00	$87,750.87
# of Claims	131					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$42,546.96	$3,727.63	$46,274.59
Indemnity.....	.....			$559,331.10	$0.00	$559,331.10
Medical.....	.....			$477,381.89	$114,937.99	$592,319.88
				$1,079,259.95	$118,665.62	$1,197,925.57
# of Claims	146					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$11,077.57	$0.00	$11,077.57
Indemnity.....	.....			$191,787.67	$0.00	$191,787.67
Medical.....	.....			$306,332.18	$0.00	$306,332.18
				$509,197.42	$0.00	$509,197.42
# of Claims	106					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,012.54	$0.00	$16,012.54
Medical.....	.....			$67,304.25	$0.00	$67,304.25
				$83,316.79	$0.00	$83,316.79
# of Claims	109					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$3,110.00	$0.00	$3,110.00
Indemnity.....	.....			$46,608.63	$0.00	$46,608.63
Medical.....	.....			$179,584.86	$0.00	$179,584.86
				$229,303.49	$0.00	$229,303.49
# of Claims	102					
# Open	0	Recovery Amount:	-$3,980.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$15,167.24	$192.00	$15,359.24
Indemnity.....	.....			$213,706.15	$0.00	$213,706.15
Medical.....	.....			$773,577.11	$315,971.68	$1,089,548.79
				$1,002,450.50	$316,163.68	$1,318,614.18
# of Claims	72					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,093.03	$0.00	$1,093.03
Indemnity.....	.....			$53,321.41	$0.00	$53,321.41
Medical.....	.....			$391,426.48	$0.00	$391,426.48
				$445,840.92	$0.00	$445,840.92
# of Claims	130					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$42,027.70	$0.00	$42,027.70
Indemnity.....	.....			$836,131.78	$0.00	$836,131.78
Medical.....	.....			$526,517.21	$11,398.30	$537,915.51
				$1,404,676.69	$11,398.30	$1,416,074.99
# of Claims	83					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$10,670.61	$0.00	$10,670.61
Indemnity.....	.....			$155,350.52	$0.00	$155,350.52
Medical.....	.....			$383,019.96	$271,632.30	$654,652.26
				$549,041.09	$271,632.30	$820,673.39
# of Claims	63					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,091.39	$0.00	$5,091.39
Indemnity.....	.....			$54,039.70	$0.00	$54,039.70
Medical.....	.....			$191,332.38	$0.00	$191,332.38
				$250,463.47	$0.00	$250,463.47
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$29,510.74	$0.00	$29,510.74
Indemnity.....	.....			$342,666.65	$0.00	$342,666.65
Medical.....	.....			$311,456.54	$0.00	$311,456.54
				$683,633.93	$0.00	$683,633.93
# of Claims	94					
# Open	0	Recovery Amount:	-$3,724.25			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

713 - DJJ BEAUMONT JUVENILE CRCTNL CNTR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense.....	.....			$2,271.56	$136.00	$2,407.56
Indemnity.....	.....			$87,335.59	$0.00	$87,335.59
Medical.....	.....			$150,868.24	$227,795.41	$378,663.65
				$240,475.39	$227,931.41	$468,406.80
# of Claims	67					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense.....	.....			$2,208.47	$0.00	$2,208.47
Indemnity.....	.....			$111,145.38	$0.00	$111,145.38
Medical.....	.....			$294,192.06	$0.00	$294,192.06
				$407,545.91	$0.00	$407,545.91
# of Claims	72					
# Open	1	Recovery Amount:	-$25.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense.....	.....			$121.36	$0.00	$121.36
Indemnity.....	.....			$5,557.82	$0.00	$5,557.82
Medical.....	.....			$69,031.41	$0.00	$69,031.41
				$74,710.59	$0.00	$74,710.59
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$415.18	$0.00	$415.18
				$415.18	$0.00	$415.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$209,566.60	$4,079.63	$213,646.23
Indemnity.....	.....			$5,030,014.99	$0.00	$5,030,014.99
Medical.....	.....			$7,704,211.72	$1,148,532.09	$8,852,743.81
				$12,943,793.31	$1,152,611.72	$14,096,405.03
# of Claims	2,808					
# Open	9	Recovery Amount:	-$10,370.50			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

714 - DJJ Barrett Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$13,901.18	$0.00	$13,901.18
Indemnity.....	.....			$128,670.73	$0.00	$128,670.73
Medical.....	.....			$20,613.73	$0.00	$20,613.73
				$163,185.64	$0.00	$163,185.64
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$9,858.70	$0.00	$9,858.70
Indemnity.....	.....			$229,162.21	$0.00	$229,162.21
Medical.....	.....			$42,394.29	$0.00	$42,394.29
				$281,415.20	$0.00	$281,415.20
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,500.15	$0.00	$11,500.15
Medical.....	.....			$14,523.46	$0.00	$14,523.46
				$26,023.61	$0.00	$26,023.61
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,562.72	$0.00	$1,562.72
Medical.....	.....			$6,186.62	$0.00	$6,186.62
				$7,749.34	$0.00	$7,749.34
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

714 - DJJ Barrett Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$36,008.50	$0.00	$36,008.50
Medical.....	.....			$6,967.34	$0.00	$6,967.34
				$42,975.84	$0.00	$42,975.84
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,444.04	$0.00	$3,444.04
Medical.....	.....			$50,052.27	$0.00	$50,052.27
				$53,496.31	$0.00	$53,496.31
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,578.06	$0.00	$1,578.06
Medical.....	.....			$2,714.36	$0.00	$2,714.36
				$4,292.42	$0.00	$4,292.42
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$85.88	$0.00	$85.88
Medical.....	.....			$2,496.51	$0.00	$2,496.51
				$2,582.39	$0.00	$2,582.39
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$421.47	$0.00	$421.47
Indemnity.....	.....			$148,530.00	$0.00	$148,530.00
Medical.....	.....			$318,690.16	$0.00	$318,690.16
				$467,641.63	$0.00	$467,641.63
# of Claims	21					
# Open	0	Recovery Amount:	-$116.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

714 - DJJ Barrett Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$49.68	$0.00	$49.68
Indemnity.....	.....			$42.57	$0.00	$42.57
Medical.....	.....			$7,419.90	$0.00	$7,419.90
				$7,512.15	$0.00	$7,512.15
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,206.00	$0.00	$2,206.00
Medical.....	.....			$5,525.23	$0.00	$5,525.23
				$7,731.23	$0.00	$7,731.23
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,327.93	$0.00	$12,327.93
Medical.....	.....			$42,867.79	$0.00	$42,867.79
				$55,195.72	$0.00	$55,195.72
# of Claims	21					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$65.40	$0.00	$65.40
Indemnity.....	.....			$44,890.99	$0.00	$44,890.99
Medical.....	.....			$42,929.40	$0.00	$42,929.40
				$87,885.79	$0.00	$87,885.79
# of Claims	13					
# Open	0	Recovery Amount:	-$10,659.02			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$45.81	$19.00	$64.81
Indemnity.....	.....			$59,239.19	$2.27	$59,241.46
Medical.....	.....			$125,260.17	$56,630.88	$181,891.05
				$184,545.17	$56,652.15	$241,197.32
# of Claims	20					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

714 - DJJ Barrett Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$22,612.19	$0.00	$22,612.19
Medical.....	.....			$40,041.70	$0.00	$40,041.70
				$62,653.89	$0.00	$62,653.89
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$24,342.24	$19.00	$24,361.24
Indemnity.....	.....			$701,861.16	$2.27	$701,863.43
Medical.....	.....			$728,682.93	$56,630.88	$785,313.81
				$1,454,886.33	$56,652.15	$1,511,538.48
# of Claims	265					
# Open	1	Recovery Amount:	-$10,775.02			

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$9,165.31	$0.00	$9,165.31
Medical.....	.....			$21,884.75	$0.00	$21,884.75
				$31,050.06	$0.00	$31,050.06
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,536.22	$0.00	$1,536.22
Medical.....	.....			$14,916.19	$0.00	$14,916.19
				$16,452.41	$0.00	$16,452.41
# of Claims	15					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,714.43	$0.00	$1,714.43
Medical.....	.....			$13,765.14	$0.00	$13,765.14
				$15,479.57	$0.00	$15,479.57
# of Claims	22					
# Open	0	Recovery Amount:	-$40.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,012.49	$0.00	$5,012.49
Medical.....	.....			$5,825.64	$0.00	$5,825.64
				$10,838.13	$0.00	$10,838.13
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,413.06	$0.00	$4,413.06
Medical.....	.....			$1,400.72	$0.00	$1,400.72
				$5,813.78	$0.00	$5,813.78
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$150.00	$0.00	$150.00
Indemnity.....	.....			$4,148.66	$0.00	$4,148.66
Medical.....	.....			$6,114.83	$0.00	$6,114.83
				$10,413.49	$0.00	$10,413.49
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$2,484.05	$18.85	$2,502.90
Indemnity.....	.....			$303,108.29	$0.00	$303,108.29
Medical.....	.....			$670,597.09	$5,000.00	$675,597.09
				$976,189.43	$5,018.85	$981,208.28
# of Claims	38					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$29.70	$0.00	$29.70
Indemnity.....	.....			$57,548.67	$0.00	$57,548.67
Medical.....	.....			$59,219.51	$0.00	$59,219.51
				$116,797.88	$0.00	$116,797.88
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$392,709.26	$0.00	$392,709.26
Medical.....	.....			$312,371.63	$0.00	$312,371.63
				$705,096.89	$0.00	$705,096.89
# of Claims	57					
# Open	0	Recovery Amount:	-$1,055.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$18,696.43	$0.00	$18,696.43
Medical.....	.....			$42,780.12	$0.00	$42,780.12
				$61,476.55	$0.00	$61,476.55
# of Claims	30					
# Open	0	Recovery Amount:	-$135.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$250.00	$0.00	$250.00
Indemnity.....	.....			$64,713.68	$0.00	$64,713.68
Medical.....	.....			$97,006.09	$0.00	$97,006.09
				$161,969.77	$0.00	$161,969.77
# of Claims	36					
# Open	0	Recovery Amount:	-$4.68			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$42,581.41	$0.00	$42,581.41
Medical.....	.....			$43,912.39	$0.00	$43,912.39
				$86,493.80	$0.00	$86,493.80
# of Claims	45					
# Open	0	Recovery Amount:	-$87.65			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,174.99	$0.00	$12,174.99
Medical.....	.....			$6,691.85	$0.00	$6,691.85
				$18,866.84	$0.00	$18,866.84
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$16,715.33	$0.00	$16,715.33
Indemnity.....	.....			$332,486.38	$0.00	$332,486.38
Medical.....	.....			$756,080.47	$0.00	$756,080.47
				$1,105,282.18	$0.00	$1,105,282.18
# of Claims	26					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$17,892.40	$0.00	$17,892.40
Indemnity.....	.....			$185,280.56	$0.00	$185,280.56
Medical.....	.....			$32,903.06	$0.00	$32,903.06
				$236,076.02	$0.00	$236,076.02
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$14,413.94	$500.00	$14,913.94
Indemnity.....	.....			$201,568.96	$0.00	$201,568.96
Medical.....	.....			$445,752.18	$330,157.46	$775,909.64
				$661,735.08	$330,657.46	$992,392.54
# of Claims	43					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$23,732.87	$154.82	$23,887.69
Indemnity.....	.....			$234,810.37	$0.00	$234,810.37
Medical.....	.....			$615,046.17	$367,613.35	$982,659.52
				$873,589.41	$367,768.17	$1,241,357.58
# of Claims	51					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$29,421.10	$0.00	$29,421.10
Indemnity.....	.....			$146,968.95	$0.00	$146,968.95
Medical.....	.....			$96,188.38	$0.00	$96,188.38
				$272,578.43	$0.00	$272,578.43
# of Claims	43					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$5,153.38	$0.00	$5,153.38
Indemnity.....	.....			$301,247.13	$0.00	$301,247.13
Medical.....	.....			$381,316.23	$0.00	$381,316.23
				$687,716.74	$0.00	$687,716.74
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$1,216.00	$0.00	$1,216.00
Indemnity.....	.....			$19,585.77	$0.00	$19,585.77
Medical.....	.....			$71,405.51	$0.00	$71,405.51
				$92,207.28	$0.00	$92,207.28
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$27,629.72	$424.00	$28,053.72
Indemnity.....	.....			$312,834.23	$0.00	$312,834.23
Medical.....	.....			$554,268.79	$1,190,651.09	$1,744,919.88
				$894,732.74	$1,191,075.09	$2,085,807.83
# of Claims	18					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$39.30	$0.00	$39.30
Indemnity.....	.....			$7,253.56	$0.00	$7,253.56
Medical.....	.....			$33,319.01	$0.00	$33,319.01
				$40,611.87	$0.00	$40,611.87
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,998.59	$0.00	$6,998.59
				$7,034.59	$0.00	$7,034.59
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$11,427.75	$0.00	$11,427.75
Indemnity.....	.....			$131,780.39	$0.00	$131,780.39
Medical.....	.....			$253,304.04	$0.00	$253,304.04
				$396,512.18	$0.00	$396,512.18
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$45.17	$0.00	$45.17
Indemnity.....	.....			$13,739.70	$0.00	$13,739.70
Medical.....	.....			$4,973.03	$0.00	$4,973.03
				$18,757.90	$0.00	$18,757.90
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$43,901.63	$0.00	$43,901.63
				$43,901.63	$0.00	$43,901.63
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

715 - DJJ Va Public Service Training Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$56.55	$0.00	$56.55
Indemnity.....	.....			$5,453.91	$0.00	$5,453.91
Medical.....	.....			$4,174.31	$0.00	$4,174.31
				$9,684.77	$0.00	$9,684.77
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$63.05	$0.00	$63.05
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,425.16	$0.00	$8,425.16
				$8,488.21	$0.00	$8,488.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$58.25	$0.00	$58.25
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,127.95	$0.00	$2,127.95
				$2,186.20	$0.00	$2,186.20
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$150,830.56	$1,097.67	$151,928.23
Indemnity.....	.....			$2,810,532.81	$0.00	$2,810,532.81
Medical.....	.....			$4,606,670.46	$1,893,421.90	$6,500,092.36
				$7,568,033.83	$1,894,519.57	$9,462,553.40
# of Claims	711					
# Open	5	Recovery Amount:	-$1,322.67			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

716 - DJJ EXODUS HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.50	$0.00	$356.50
				$356.50	$0.00	$356.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$356.50	$0.00	$356.50
				$356.50	$0.00	$356.50
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

717 - DJJ HAMPTON HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$58.28	$0.00	$58.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$58.28	$0.00	$58.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

717 - DJJ HAMPTON HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$58.28	$0.00	$58.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$58.28	$0.00	$58.28
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

718 - DJJ ABRAXUS HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$210.85	$0.00	$210.85
				$210.85	$0.00	$210.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

718 - DJJ ABRAXUS HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$502.00	$0.00	$502.00
				$502.00	$0.00	$502.00
# of Claims	2					
# Open	0	Recovery Amount:	-$502.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$208.00	$0.00	$208.00
				$208.00	$0.00	$208.00
# of Claims	2					
# Open	0	Recovery Amount:	-$19.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

718 - DJJ ABRAXUS HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$572.52	$0.00	$572.52
				$572.52	$0.00	$572.52
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

718 - DJJ ABRAXUS HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$2,081.39	$0.00	$2,081.39
Indemnity.....	.....			$292,144.76	$0.00	$292,144.76
Medical.....	.....			$367,518.51	$0.00	$367,518.51
				$661,744.66	$0.00	$661,744.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$2,081.39	$0.00	$2,081.39
Indemnity.....	.....			$292,144.76	$0.00	$292,144.76
Medical.....	.....			$369,061.88	$0.00	$369,061.88
				$663,288.03	$0.00	$663,288.03
# of Claims	18					
# Open	0	Recovery Amount:	-$521.50			

719 - DJJ DISCOVERY HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,626.14	$0.00	$8,626.14
Medical.....	.....			$11,915.75	$0.00	$11,915.75
				$20,541.89	$0.00	$20,541.89
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

719 - DJJ DISCOVERY HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.54	$0.00	$33.54
				$33.54	$0.00	$33.54
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$391.16	$0.00	$391.16
				$391.16	$0.00	$391.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$115.33	$0.00	$115.33
				$115.33	$0.00	$115.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$15,896.96	$0.00	$15,896.96
Medical.....	.....			$27,574.36	$0.00	$27,574.36
				$43,471.32	$0.00	$43,471.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

719 - DJJ DISCOVERY HALFWAY HOUSE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$516.17	$0.00	$516.17
				$516.17	$0.00	$516.17
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$24,523.10	$0.00	$24,523.10
Medical.....	.....			$40,546.31	$0.00	$40,546.31
				$65,069.41	$0.00	$65,069.41
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$592.50	$0.00	$592.50
				$592.50	$0.00	$592.50
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$142.00	$0.00	$142.00
Indemnity.....	.....			$49,981.30	$0.00	$49,981.30
Medical.....	.....			$28,983.69	$0.00	$28,983.69
				$79,106.99	$0.00	$79,106.99
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$252.02	$0.00	$252.02
Medical.....	.....			$2,122.62	$0.00	$2,122.62
				$2,374.64	$0.00	$2,374.64
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$1,000.20	$2,835.51	$3,835.71
Indemnity.....	.....			$201,518.61	$0.00	$201,518.61
Medical.....	.....			$73,151.32	$45,127.53	$118,278.85
				$275,670.13	$47,963.04	$323,633.17
# of Claims	12					
# Open	1	Recovery Amount:	-$26.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$467.40	$0.00	$467.40
Indemnity.....	.....			$928.15	$0.00	$928.15
Medical.....	.....			$104,574.34	$0.00	$104,574.34
				$105,969.89	$0.00	$105,969.89
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,006.32	$0.00	$2,006.32
Medical.....	.....			$4,292.47	$0.00	$4,292.47
				$6,298.79	$0.00	$6,298.79
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$30,552.88	$0.00	$30,552.88
Medical.....	.....			$38,913.04	$0.00	$38,913.04
				$69,465.92	$0.00	$69,465.92
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$209,511.12	$0.00	$209,511.12
Medical.....	.....			$4,636.99	$0.00	$4,636.99
				$214,148.11	$0.00	$214,148.11
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$73.59	$0.00	$73.59
Indemnity.....	.....			$59,309.47	$0.00	$59,309.47
Medical.....	.....			$26,608.02	$0.00	$26,608.02
				$85,991.08	$0.00	$85,991.08
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,077.78	$0.00	$3,077.78
Medical.....	.....			$6,242.00	$0.00	$6,242.00
				$9,319.78	$0.00	$9,319.78
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$3,120.00	$0.00	$3,120.00
Indemnity.....	.....			$195,769.31	$0.00	$195,769.31
Medical.....	.....			$46,037.53	$0.00	$46,037.53
				$244,926.84	$0.00	$244,926.84
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$11,353.32	$0.00	$11,353.32
Medical.....	.....			$19,804.18	$0.00	$19,804.18
				$31,157.50	$0.00	$31,157.50
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$277.50	$0.00	$277.50
Indemnity.....	.....			$5,846.86	$0.00	$5,846.86
Medical.....	.....			$8,626.15	$0.00	$8,626.15
				$14,750.51	$0.00	$14,750.51
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$277.50	$0.00	$277.50
Indemnity.....	.....			$258.64	$0.00	$258.64
Medical.....	.....			$1,421.33	$0.00	$1,421.33
				$1,957.47	$0.00	$1,957.47
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$2,379.80	$0.00	$2,379.80
Indemnity.....	.....			$4,929.91	$0.00	$4,929.91
Medical.....	.....			$38,403.36	$0.00	$38,403.36
				$45,713.07	$0.00	$45,713.07
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$259.00	$0.00	$259.00
Indemnity.....	.....			$638.68	$0.00	$638.68
Medical.....	.....			$5,071.20	$0.00	$5,071.20
				$5,968.88	$0.00	$5,968.88
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

732 - DJJ Natural Bridge Juv. Corr. Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$1,213.64	$0.00	$1,213.64
Indemnity.....	.....			$16,624.92	$0.00	$16,624.92
Medical.....	.....			$34,398.92	$0.00	$34,398.92
				$52,237.48	$0.00	$52,237.48
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,632.41	$0.00	$1,632.41
				$1,632.41	$0.00	$1,632.41
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$116.54	$0.00	$116.54
Medical.....	.....			$9,941.61	$0.00	$9,941.61
				$10,058.15	$0.00	$10,058.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$9,210.63	$2,835.51	$12,046.14
Indemnity.....	.....			$792,675.83	$0.00	$792,675.83
Medical.....	.....			$455,453.68	$45,127.53	$500,581.21
				$1,257,340.14	$47,963.04	$1,305,303.18
# of Claims	250					
# Open	1	Recovery Amount:	-$26.00			

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,366.47**	**$0.00**	**$4,366.47**
Medical				**$14,770.54**	**$0.00**	**$14,770.54**
				$19,137.01	**$0.00**	**$19,137.01**
# of Claims	**31**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**			
Expense		**$2,193.85**	**$0.00**	**$2,193.85**
Indemnity		**$24,698.88**	**$0.00**	**$24,698.88**
Medical		**$46,844.06**	**$0.00**	**$46,844.06**
		$73,736.79	**$0.00**	**$73,736.79**
# of Claims	**37**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$114,002.25**	**$0.00**	**$114,002.25**
Medical		**$82,267.79**	**$0.00**	**$82,267.79**
		$196,278.04	**$0.00**	**$196,278.04**
# of Claims	**20**			
# Open	**0**	**Recovery Amount:**	**-$292.49**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$27,456.06**	**$0.00**	**$27,456.06**
Medical		**$80,949.10**	**$0.00**	**$80,949.10**
		$108,405.16	**$0.00**	**$108,405.16**
# of Claims	**27**			
# Open	**0**	**Recovery Amount:**	**-$1,319.74**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$1,953.91**	**$0.00**	**$1,953.91**
Medical		**$6,409.38**	**$0.00**	**$6,409.38**
		$8,363.29	**$0.00**	**$8,363.29**
# of Claims	**13**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$1,780.52	$8.00	$1,788.52
Indemnity.....	.....			$299,196.84	$0.00	$299,196.84
Medical.....	.....			$288,561.31	$26,996.70	$315,558.01
				$589,538.67	$27,004.70	$616,543.37
# of Claims	18					
# Open	1	Recovery Amount:	-$166.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,058.75	$0.00	$7,058.75
Medical.....	.....			$29,574.33	$0.00	$29,574.33
				$36,633.08	$0.00	$36,633.08
# of Claims	28					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,599.20	$0.00	$16,599.20
Medical.....	.....			$34,596.91	$0.00	$34,596.91
				$51,196.11	$0.00	$51,196.11
# of Claims	21					
# Open	0	Recovery Amount:	-$448.50			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,201.43	$0.00	$5,201.43
Medical.....	.....			$19,632.89	$0.00	$19,632.89
				$24,834.32	$0.00	$24,834.32
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,452.95	$0.00	$5,452.95
Medical.....	.....			$38,915.89	$0.00	$38,915.89
				$44,368.84	$0.00	$44,368.84
# of Claims	22					
# Open	0	Recovery Amount:	-$152.30			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$9,395.93	$647.83	$10,043.76
Indemnity.....	.....			$258,922.15	$0.00	$258,922.15
Medical.....	.....			$467,037.88	$205,548.22	$672,586.10
				$735,355.96	$206,196.05	$941,552.01
# of Claims	34					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$16,153.92	$0.00	$16,153.92
Indemnity.....	.....			$209,152.29	$0.00	$209,152.29
Medical.....	.....			$327,902.33	$0.00	$327,902.33
				$553,208.54	$0.00	$553,208.54
# of Claims	33					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$35,655.17	$0.00	$35,655.17
Medical.....	.....			$62,900.12	$0.00	$62,900.12
				$98,555.29	$0.00	$98,555.29
# of Claims	40					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$6,617.78	$0.00	$6,617.78
Indemnity.....	.....			$144,898.03	$0.00	$144,898.03
Medical.....	.....			$52,565.65	$0.00	$52,565.65
				$204,081.46	$0.00	$204,081.46
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,920.85	$0.00	$2,920.85
Medical.....	.....			$20,100.05	$0.00	$20,100.05
				$23,020.90	$0.00	$23,020.90
# of Claims	27					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,413.18	$0.00	$4,413.18
Medical.....	.....			$50,587.27	$0.00	$50,587.27
				$55,000.45	$0.00	$55,000.45
# of Claims	41					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,545.21	$0.00	$7,545.21
Medical.....	.....			$32,240.42	$0.00	$32,240.42
				$39,785.63	$0.00	$39,785.63
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$705.20	$370.00	$1,075.20
Indemnity.....	.....			$74,934.28	$0.00	$74,934.28
Medical.....	.....			$253,535.89	$123,634.77	$377,170.66
				$329,175.37	$124,004.77	$453,180.14
# of Claims	33					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8,783.67	$0.00	$8,783.67
Indemnity.....	.....			$186,784.94	$0.00	$186,784.94
Medical.....	.....			$497,077.87	$0.00	$497,077.87
				$692,646.48	$0.00	$692,646.48
# of Claims	32					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$132.00	$0.00	$132.00
Indemnity.....	.....			$29,513.29	$0.00	$29,513.29
Medical.....	.....			$100,337.87	$0.00	$100,337.87
				$129,983.16	$0.00	$129,983.16
# of Claims	23					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$24,478.36	$0.00	$24,478.36
Indemnity.....	.....			$555,507.58	$0.00	$555,507.58
Medical.....	.....			$511,105.50	$0.00	$511,105.50
				$1,091,091.44	$0.00	$1,091,091.44
# of Claims	39					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

733 - DJJ Reception & Diagnostic Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,928.04	$0.00	$1,928.04
Medical.....	.....			$34,172.88	$0.00	$34,172.88
				$36,100.92	$0.00	$36,100.92
# of Claims	45					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$672.00	$0.00	$672.00
Indemnity.....	.....			$9,344.72	$0.00	$9,344.72
Medical.....	.....			$38,192.40	$0.00	$38,192.40
				$48,209.12	$0.00	$48,209.12
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,230.20	$0.00	$2,230.20
Indemnity.....	.....			$6,384.02	$0.00	$6,384.02
Medical.....	.....			$40,743.07	$0.00	$40,743.07
				$49,357.29	$0.00	$49,357.29
# of Claims	25					
# Open	0	Recovery Amount:	-$6,372.03			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$4,218.29	$0.00	$4,218.29
Indemnity.....	.....			$16,787.08	$0.00	$16,787.08
Medical.....	.....			$36,302.27	$0.00	$36,302.27
				$57,307.64	$0.00	$57,307.64
# of Claims	19					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$77,369.72	$1,025.83	$78,395.55
Indemnity.....	.....			$2,050,677.57	$0.00	$2,050,677.57
Medical.....	.....			$3,167,323.67	$356,179.69	$3,523,503.36
				$5,295,370.96	$357,205.52	$5,652,576.48
# of Claims	716					
# Open	3	Recovery Amount:	-$8,751.14			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

735 - DJJ Culpeper Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$111.00	$0.00	$111.00
Indemnity.....	.....			$25,257.08	$0.00	$25,257.08
Medical.....	.....			$71,761.15	$0.00	$71,761.15
				$97,129.23	$0.00	$97,129.23
# of Claims	51					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$13,603.91	$0.00	$13,603.91
Indemnity.....	.....			$241,073.35	$0.00	$241,073.35
Medical.....	.....			$103,564.38	$0.00	$103,564.38
				$358,241.64	$0.00	$358,241.64
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$13,971.05	$0.00	$13,971.05
Indemnity.....	.....			$243,503.43	$0.00	$243,503.43
Medical.....	.....			$139,455.94	$0.00	$139,455.94
				$396,930.42	$0.00	$396,930.42
# of Claims	34					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$10,775.87	$0.00	$10,775.87
Indemnity.....	.....			$154,523.42	$0.00	$154,523.42
Medical.....	.....			$393,358.68	$0.00	$393,358.68
				$558,657.97	$0.00	$558,657.97
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

735 - DJJ Culpeper Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$8,944.60	$0.00	$8,944.60
Indemnity.....	.....			$450,444.80	$0.00	$450,444.80
Medical.....	.....			$217,093.01	$0.00	$217,093.01
				$676,482.41	$0.00	$676,482.41
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,346.48	$0.00	$17,346.48
Medical.....	.....			$75,500.52	$0.00	$75,500.52
				$92,847.00	$0.00	$92,847.00
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$3,327.89	$0.00	$3,327.89
Indemnity.....	.....			$29,220.40	$0.00	$29,220.40
Medical.....	.....			$63,041.16	$0.00	$63,041.16
				$95,589.45	$0.00	$95,589.45
# of Claims	44					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$10,887.34	$0.00	$10,887.34
Indemnity.....	.....			$294,727.11	$0.00	$294,727.11
Medical.....	.....			$303,139.64	$68,827.98	$371,967.62
				$608,754.09	$68,827.98	$677,582.07
# of Claims	32					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$5,763.03	$0.00	$5,763.03
Indemnity.....	.....			$21,659.06	$0.00	$21,659.06
Medical.....	.....			$77,905.39	$0.00	$77,905.39
				$105,327.48	$0.00	$105,327.48
# of Claims	54					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

735 - DJJ Culpeper Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$1,454.31**	**$34,363.49**	**$35,817.80**
Indemnity				**$2,887.70**	**$0.00**	**$2,887.70**
Medical				**$139,218.52**	**$143,241.07**	**$282,459.59**
				$143,560.53	**$177,604.56**	**$321,165.09**
# of Claims	**22**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$68,839.00**	**$34,363.49**	**$103,202.49**
Indemnity				**$1,480,642.83**	**$0.00**	**$1,480,642.83**
Medical				**$1,584,038.39**	**$212,069.05**	**$1,796,107.44**
				$3,133,520.22	**$246,432.54**	**$3,379,952.76**
# of Claims	**375**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$8.00**	**$64.00**	**$72.00**
Indemnity				**$13,433.04**	**$0.00**	**$13,433.04**
Medical				**$1,206,059.87**	**$392,396.31**	**$1,598,456.18**
				$1,219,500.91	**$392,460.31**	**$1,611,961.22**
# of Claims	**26**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$8,186.54**	**$0.00**	**$8,186.54**
Indemnity				**$44,240.67**	**$0.00**	**$44,240.67**
Medical				**$76,667.91**	**$0.00**	**$76,667.91**
				$129,095.12	**$0.00**	**$129,095.12**
# of Claims	**11**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,161.89	$0.00	$1,161.89
Medical.....	.....			$5,541.77	$0.00	$5,541.77
				$6,703.66	$0.00	$6,703.66
# of Claims	18					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,633.77	$0.00	$2,633.77
Medical.....	.....			$5,594.51	$0.00	$5,594.51
				$8,228.28	$0.00	$8,228.28
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$7.38	$0.00	$7.38
Indemnity.....	.....			$1,058.83	$0.00	$1,058.83
Medical.....	.....			$247,341.16	$0.00	$247,341.16
				$248,407.37	$0.00	$248,407.37
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$282.99	$0.00	$282.99
Medical.....	.....			$5,670.61	$0.00	$5,670.61
				$5,953.60	$0.00	$5,953.60
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$831.87	$0.00	$831.87
				$831.87	$0.00	$831.87
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$621.00	$0.00	$621.00
Medical.....	.....			$535.28	$0.00	$535.28
				$1,156.28	$0.00	$1,156.28
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,715.74	$0.00	$1,715.74
Medical.....	.....			$5,773.82	$0.00	$5,773.82
				$7,489.56	$0.00	$7,489.56
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,717.75	$0.00	$8,717.75
				$8,717.75	$0.00	$8,717.75
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$12,643.18	$0.00	$12,643.18
				$12,643.18	$0.00	$12,643.18
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,356.44	$0.00	$3,356.44
				$3,356.44	$0.00	$3,356.44
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,076.80	$0.00	$3,076.80
				$3,076.80	$0.00	$3,076.80
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,544.06	$0.00	$3,544.06
Medical.....	.....			$4,341.64	$0.00	$4,341.64
				$7,885.70	$0.00	$7,885.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$6,199.09	$192.00	$6,391.09
Indemnity.....	.....			$185,240.87	$0.00	$185,240.87
Medical.....	.....			$309,156.18	$54,299.97	$363,456.15
				$500,596.14	$54,491.97	$555,088.11
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$207.67	$0.00	$207.67
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$407.00	$0.00	$407.00
				$614.67	$0.00	$614.67
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,629.31	$0.00	$1,629.31
Medical.....	.....			$7,837.43	$0.00	$7,837.43
				$9,466.74	$0.00	$9,466.74
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$2,098.75	$0.00	$2,098.75
Indemnity.....	.....			$80,328.79	$0.00	$80,328.79
Medical.....	.....			$18,800.21	$0.00	$18,800.21
				$101,227.75	$0.00	$101,227.75
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$6,409.26	$0.00	$6,409.26
Medical.....	.....			$17,995.41	$0.00	$17,995.41
				$24,420.67	$0.00	$24,420.67
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$3,182.74	$0.00	$3,182.74
Medical.....	.....			$26,695.84	$0.00	$26,695.84
				$29,922.58	$0.00	$29,922.58
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$874.24	$0.00	$874.24
				$874.24	$0.00	$874.24
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$593.98	$0.00	$593.98
				$629.98	$0.00	$629.98
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

743 - DJJ Oak Ridge Juvenile Crctnl Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$2,540.13**	**$0.00**	**$2,540.13**
Medical				**$14,346.53**	**$0.00**	**$14,346.53**
				$16,886.66	**$0.00**	**$16,886.66**
# of Claims	**12**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$16,803.43**	**$256.00**	**$17,059.43**
Indemnity				**$348,023.09**	**$0.00**	**$348,023.09**
Medical				**$1,982,859.43**	**$446,696.28**	**$2,429,555.71**
				$2,347,685.95	**$446,952.28**	**$2,794,638.23**
# of Claims	**240**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

825 - DJJ Region I Reg. Office-Roanoke

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$479.75**	**$0.00**	**$479.75**
				$479.75	**$0.00**	**$479.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$479.75**	**$0.00**	**$479.75**
				$479.75	**$0.00**	**$479.75**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

827 - DJJ Region II Reg. Office-Fairfax

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

827 - DJJ Region II Reg. Office-Fairfax

WC2009	**7/1/2008 - 6/30/2009**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

830 - DJJ Region III Reg. Office-Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.00**	**$0.00**	**$202.00**
				$202.00	**$0.00**	**$202.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$202.00**	**$0.00**	**$202.00**
			$202.00	**$0.00**	**$202.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

830 - DJJ Region III Reg. Office-Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.00**	**$0.00**	**$202.00**
				$202.00	**$0.00**	**$202.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$202.00**	**$0.00**	**$202.00**
				$202.00	**$0.00**	**$202.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

848 - DJJ 8TH JUDICIAL DIST CSU-HAMPTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

848 - DJJ 8TH JUDICIAL DIST CSU-HAMPTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$16,842.86	$0.00	$16,842.86
Medical.....	.....			$8,731.26	$0.00	$8,731.26
				$25,574.12	$0.00	$25,574.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$416.00	$0.00	$416.00
				$416.00	$0.00	$416.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

848 - DJJ 8TH JUDICIAL DIST CSU-HAMPTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$104.67	$0.00	$104.67
				$104.67	$0.00	$104.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$1,749.89	$0.00	$1,749.89
Medical.....	.....			$2,230.87	$0.00	$2,230.87
				$3,988.76	$0.00	$3,988.76
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$18,592.75	$0.00	$18,592.75
Medical.....	.....			$11,482.80	$0.00	$11,482.80
				$30,083.55	$0.00	$30,083.55
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$940.58	$0.00	$940.58
Medical.....	.....			$280.99	$0.00	$280.99
				$1,221.57	$0.00	$1,221.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$309.58	$0.00	$309.58
				$309.58	$0.00	$309.58
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,540.27	$0.00	$18,540.27
				$18,540.27	$0.00	$18,540.27
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,991.80	$0.00	$7,991.80
Medical.....	.....			$79,811.62	$0.00	$79,811.62
				$87,803.42	$0.00	$87,803.42
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$232.34	$0.00	$232.34
				$232.34	$0.00	$232.34
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$194.35	$0.00	$194.35
				$194.35	$0.00	$194.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$9,018.50	$0.00	$9,018.50
Medical.....	.....			$28,175.57	$0.00	$28,175.57
				$37,202.07	$0.00	$37,202.07
# of Claims	2					
# Open	1	Recovery Amount:	-$179.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$438.67	$0.00	$438.67
				$438.67	$0.00	$438.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$485.39	$0.00	$485.39
				$485.39	$0.00	$485.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$616.38	$0.00	$616.38
				$616.38	$0.00	$616.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

849 - DJJ 7TH JUD DIST CSU-NEWPORT NEWS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$17,950.88**	**$0.00**	**$17,950.88**
Medical				**$129,085.16**	**$0.00**	**$129,085.16**
				$147,044.04	**$0.00**	**$147,044.04**
# of Claims	**23**					
# Open	**1**	**Recovery Amount:**	**-$179.46**			

850 - DJJ 1ST JUD DIST CSU-CHESAPEAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$74.03**	**$0.00**	**$74.03**
				$74.03	**$0.00**	**$74.03**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$80.06**	**$0.00**	**$80.06**
				$80.06	**$0.00**	**$80.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

850 - DJJ 1ST JUD DIST CSU-CHESAPEAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18.25	$0.00	$18.25
				$18.25	$0.00	$18.25
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$360.46	$0.00	$360.46
				$360.46	$0.00	$360.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$65.00	$0.00	$65.00
				$65.00	$0.00	$65.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

850 - DJJ 1ST JUD DIST CSU-CHESAPEAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	1					
# Open	0	Recovery Amount:	-$146.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$806.76	$0.00	$806.76
Medical.....	.....			$6,061.57	$0.00	$6,061.57
				$6,868.33	$0.00	$6,868.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$380.34	$0.00	$380.34
				$380.34	$0.00	$380.34
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

850 - DJJ 1ST JUD DIST CSU-CHESAPEAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,399.28	$0.00	$6,399.28
				$6,407.28	$0.00	$6,407.28
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$179.30	$0.00	$179.30
				$179.30	$0.00	$179.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

850 - DJJ 1ST JUD DIST CSU-CHESAPEAKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$116.29	$0.00	$116.29
				$116.29	$0.00	$116.29
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$178.37	$0.00	$178.37
				$186.37	$0.00	$186.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$806.76	$0.00	$806.76
Medical.....	.....			$14,058.95	$0.00	$14,058.95
				$14,889.71	$0.00	$14,889.71
# of Claims	24					
# Open	0	Recovery Amount:	-$146.00			

851 - DJJ 2-A JUDICIAL DISTRICT-ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.56	$0.00	$197.56
				$197.56	$0.00	$197.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

851 - DJJ 2-A JUDICIAL DISTRICT-ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$60.37	$0.00	$60.37
				$60.37	$0.00	$60.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$7,203.41	$916.59	$8,120.00
Indemnity.....	.....			$214,170.00	$0.00	$214,170.00
Medical.....	.....			$861,861.35	$2,386,430.35	$3,248,291.70
				$1,083,234.76	$2,387,346.94	$3,470,581.70
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$74.22	$0.00	$74.22
				$74.22	$0.00	$74.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$146.00	$0.00	$146.00
				$146.00	$0.00	$146.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

851 - DJJ 2-A JUDICIAL DISTRICT-ACCOMAC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$124.00	$0.00	$124.00
				$124.00	$0.00	$124.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$31.69	$0.00	$31.69
				$31.69	$0.00	$31.69
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$7,203.41	$916.59	$8,120.00
Indemnity.....	.....			$214,170.00	$0.00	$214,170.00
Medical.....	.....			$862,495.19	$2,386,430.35	$3,248,925.54
				$1,083,868.60	$2,387,346.94	$3,471,215.54
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH

WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$363.31**	**$0.00**	**$363.31**
		$363.31	**$0.00**	**$363.31**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2001	**7/1/2000 - 6/30/2001**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$193.14**	**$0.00**	**$193.14**
		$193.14	**$0.00**	**$193.14**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$109.00**	**$0.00**	**$109.00**
		$109.00	**$0.00**	**$109.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$366.78	$0.00	$366.78
				$366.78	$0.00	$366.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,840.36	$0.00	$1,840.36
				$1,840.36	$0.00	$1,840.36
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$13.39	$0.00	$13.39
Medical.....	.....			$1,667.00	$0.00	$1,667.00
				$1,688.39	$0.00	$1,688.39
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

852 - DJJ 3RD JUD DIST CSU-PORTSMOUTH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$269.18	$0.00	$269.18
				$269.18	$0.00	$269.18
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$13.39	$0.00	$13.39
Medical.....	.....			$4,808.77	$0.00	$4,808.77
				$4,830.16	$0.00	$4,830.16
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$575.28	$0.00	$575.28
Indemnity.....	.....			$7,041.61	$0.00	$7,041.61
Medical.....	.....			$42,664.33	$0.00	$42,664.33
				$50,281.22	$0.00	$50,281.22
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$186.45	$0.00	$186.45
				$186.45	$0.00	$186.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$886.95	$0.00	$886.95
				$886.95	$0.00	$886.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$847.91	$0.00	$847.91
				$847.91	$0.00	$847.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$197.03	$0.00	$197.03
				$197.03	$0.00	$197.03
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$91.00	$0.00	$91.00
				$91.00	$0.00	$91.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$295.28	$0.00	$295.28
				$295.28	$0.00	$295.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$362.00	$0.00	$362.00
				$362.00	$0.00	$362.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$822.63	$0.00	$822.63
				$822.63	$0.00	$822.63
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,697.95	$0.00	$1,697.95
				$1,697.95	$0.00	$1,697.95
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$555.89	$0.00	$555.89
Medical.....	.....			$60,086.22	$0.00	$60,086.22
				$60,660.61	$0.00	$60,660.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$18.50	$0.00	$18.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$55.50	$0.00	$55.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,088.04	$0.00	$1,088.04
				$1,143.54	$0.00	$1,143.54
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,020.30	$0.00	$3,020.30
				$3,028.30	$0.00	$3,028.30
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,279.24	$0.00	$1,279.24
				$1,279.24	$0.00	$1,279.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,139.00	$0.00	$1,139.00
				$1,139.00	$0.00	$1,139.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$55.90	$0.00	$55.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,158.93	$0.00	$2,158.93
				$2,214.83	$0.00	$2,214.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$136.90	$0.00	$136.90
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,112.87	$0.00	$2,112.87
				$2,249.77	$0.00	$2,249.77
# of Claims	2					
# Open	0	Recovery Amount:	-$1,294.22			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

853 - DJJ 4TH JUDICIAL DIST CSU-NORFOLK

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$905.58	$0.00	$905.58
Indemnity.....	.....			$7,597.50	$0.00	$7,597.50
Medical.....	.....			$118,936.13	$0.00	$118,936.13
				$127,439.21	$0.00	$127,439.21
# of Claims	44					
# Open	0	Recovery Amount:	-$1,294.22			

854 - DJJ 5th Judicial Dist CSU -Suffolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$82.95	$0.00	$82.95
Medical.....	.....			$2,091.14	$0.00	$2,091.14
				$2,174.09	$0.00	$2,174.09
# of Claims	1					
# Open	0	Recovery Amount:	-$2,174.09			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

854 - DJJ 5th Judicial Dist CSU -Suffolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,470.43	$0.00	$3,470.43
Medical.....	.....			$7,725.43	$0.00	$7,725.43
				$11,195.86	$0.00	$11,195.86
# of Claims	2					
# Open	0	Recovery Amount:	-$2,351.53			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$441.91	$0.00	$441.91
				$441.91	$0.00	$441.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,553.38	$0.00	$3,553.38
Medical.....	.....			$10,258.48	$0.00	$10,258.48
				$13,811.86	$0.00	$13,811.86
# of Claims	5					
# Open	0	Recovery Amount:	-$4,525.62			

855 - DJJ 6TH JUDICIAL DIST CSU-HOPEWELL

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

855 - DJJ 6TH JUDICIAL DIST CSU-HOPEWELL

WC2003	**7/1/2002 - 6/30/2003**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**10**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$3,042.19**	**$0.00**	**$3,042.19**
			$3,042.19	**$0.00**	**$3,042.19**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$3,042.19**	**$0.00**	**$3,042.19**
			$3,042.19	**$0.00**	**$3,042.19**
# of Claims	**14**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

856 - DJJ 9th Jud Dist CSU-Williamsburg

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

856 - DJJ 9th Jud Dist CSU-Williamsburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

856 - DJJ 9th Jud Dist CSU-Williamsburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$535.51	$0.00	$535.51
				$535.51	$0.00	$535.51
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$545.15	$0.00	$545.15
				$545.15	$0.00	$545.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

856 - DJJ 9th Jud Dist CSU-Williamsburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$267.46	$0.00	$267.46
				$267.46	$0.00	$267.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,876.49	$0.00	$15,876.49
				$15,895.31	$0.00	$15,895.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,356.58	$0.00	$1,356.58
				$1,356.58	$0.00	$1,356.58
# of Claims	1					
# Open	0	Recovery Amount:	-$867.94			

Grand Totals						
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,581.19	$0.00	$18,581.19
				$18,600.01	$0.00	$18,600.01
# of Claims	20					
# Open	0	Recovery Amount:	-$867.94			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

857 - DJJ 10TH JUD DIST CSU-APPOMATTOX

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$665.17	$0.00	$665.17
Medical.....	.....			$7,673.91	$0.00	$7,673.91
				$8,339.08	$0.00	$8,339.08
# of Claims	1					
# Open	0	Recovery Amount:	-$8,339.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$50.00	$68.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$530.04	$7,369.96	$7,900.00
				$548.86	$7,419.96	$7,968.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.82	$50.00	$68.82
Indemnity.....	.....			$665.17	$0.00	$665.17
Medical.....	.....			$8,203.95	$7,369.96	$15,573.91
				$8,887.94	$7,419.96	$16,307.90
# of Claims	4					
# Open	1	Recovery Amount:	-$8,339.08			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

857 - DJJ 10TH JUD DIST CSU-APPOMATTOX

858 - DJJ 11TH JUD DIST CSU-PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$70.00	$0.00	$70.00
				$70.00	$0.00	$70.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$433.49	$0.00	$433.49
Medical.....	.....			$3,445.57	$0.00	$3,445.57
				$3,879.06	$0.00	$3,879.06
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

858 - DJJ 11TH JUD DIST CSU-PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$189.73**	**$0.00**	**$189.73**
				$189.73	**$0.00**	**$189.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$30.00**	**$0.00**	**$30.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$30.00	**$0.00**	**$30.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$220.98**	**$0.00**	**$220.98**
				$220.98	**$0.00**	**$220.98**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

858 - DJJ 11TH JUD DIST CSU-PETERSBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$357.37	$0.00	$357.37
Indemnity.....	.....			$37,481.72	$0.00	$37,481.72
Medical.....	.....			$376,096.95	$0.00	$376,096.95
				$413,936.04	$0.00	$413,936.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$86.98	$0.00	$86.98
				$86.98	$0.00	$86.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$387.37	$0.00	$387.37
Indemnity.....	.....			$37,915.21	$0.00	$37,915.21
Medical.....	.....			$380,110.21	$0.00	$380,110.21
				$418,412.79	$0.00	$418,412.79
# of Claims	12					
# Open	0	Recovery Amount:	$0.00			

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$44.33**	**$0.00**	**$44.33**
				$44.33	**$0.00**	**$44.33**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$457.87**	**$0.00**	**$457.87**
				$457.87	**$0.00**	**$457.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$211.10**	**$0.00**	**$211.10**
				$211.10	**$0.00**	**$211.10**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.00	$0.00	$120.00
				$120.00	$0.00	$120.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,097.09	$0.00	$1,097.09
				$1,097.09	$0.00	$1,097.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,716.00	$0.00	$1,716.00
				$1,716.00	$0.00	$1,716.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$109.98	$0.00	$109.98
				$109.98	$0.00	$109.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,988.02	$0.00	$3,988.02
				$3,988.02	$0.00	$3,988.02
# of Claims	5					
# Open	0	Recovery Amount:	-$3,569.41			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$135.24	$0.00	$135.24
				$135.24	$0.00	$135.24
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$123.63	$0.00	$123.63
				$123.63	$0.00	$123.63
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,460.87	$0.00	$9,460.87
				$9,460.87	$0.00	$9,460.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

859 - DJJ 12TH JUD DIST CSU-CHESTERFIELD

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$17,464.13	$0.00	$17,464.13
				$17,464.13	$0.00	$17,464.13
# of Claims	29					
# Open	0	Recovery Amount:	-$3,569.41			

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$466.87	$0.00	$466.87
				$466.87	$0.00	$466.87
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$31,659.35	$0.00	$31,659.35
Medical.....	.....			$50,141.99	$0.00	$50,141.99
				$81,801.34	$0.00	$81,801.34
# of Claims	1					
# Open	0	Recovery Amount:	-$8,680.98			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$445.06**	**$0.00**	**$445.06**
				$445.06	**$0.00**	**$445.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$65.00**	**$0.00**	**$65.00**
				$65.00	**$0.00**	**$65.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9.50**	**$0.00**	**$9.50**
				$9.50	**$0.00**	**$9.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$5,121.12**	**$0.00**	**$5,121.12**
				$5,121.12	**$0.00**	**$5,121.12**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense.....	.....			$81.11	$0.00	$81.11
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,663.60	$0.00	$1,663.60
				$1,744.71	$0.00	$1,744.71
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.47	$0.00	$376.47
				$376.47	$0.00	$376.47
# of Claims	3					
# Open	0	Recovery Amount:	-$192.88			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense.....	.....			$20.00	$0.00	$20.00
Indemnity.....	.....			$2,486.49	$0.00	$2,486.49
Medical.....	.....			$5,469.14	$0.00	$5,469.14
				$7,975.63	$0.00	$7,975.63
# of Claims	4					
# Open	0	Recovery Amount:	-$3,478.93			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$146.91**	**$0.00**	**$146.91**
				$166.91	**$0.00**	**$166.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,048.09**	**$0.00**	**$4,048.09**
				$4,048.09	**$0.00**	**$4,048.09**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	**7/1/2013 - 6/30/2014**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,871.58**	**$0.00**	**$10,871.58**
				$10,879.58	**$0.00**	**$10,879.58**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$1,073.00**	**$0.00**	**$1,073.00**
Indemnity				**$1,039.91**	**$0.00**	**$1,039.91**
Medical				**$30,213.73**	**$0.00**	**$30,213.73**
				$32,326.64	**$0.00**	**$32,326.64**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$25.92**	**$0.00**	**$25.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$551.06**	**$0.00**	**$551.06**
				$576.98	**$0.00**	**$576.98**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$504.44**	**$0.00**	**$504.44**
				$504.44	**$0.00**	**$504.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$504.44**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

860 - DJJ DJJ 13TH JUD DIST CSU-Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$266.00	$0.00	$266.00
				$284.82	$0.00	$284.82
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,246.85	$0.00	$1,246.85
Indemnity.....	.....			$35,185.75	$0.00	$35,185.75
Medical.....	.....			$110,360.56	$0.00	$110,360.56
				$146,793.16	$0.00	$146,793.16
# of Claims	47					
# Open	0	Recovery Amount:	-$12,857.23			

861 - DJJ 15TH JUD DST CSU-FREDERICKBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,829.00	$0.00	$1,829.00
				$1,829.00	$0.00	$1,829.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

861 - DJJ 15TH JUD DST CSU-FREDERICKBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$327.66	$0.00	$327.66
Indemnity.....	.....			$17,248.47	$0.00	$17,248.47
Medical.....	.....			$263,554.60	$0.00	$263,554.60
				$281,130.73	$0.00	$281,130.73
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$306.15	$0.00	$306.15
				$306.15	$0.00	$306.15
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$108.99	$0.00	$108.99
				$108.99	$0.00	$108.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

861 - DJJ 15TH JUD DST CSU-FREDERICKBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.30	$0.00	$50.30
				$50.30	$0.00	$50.30
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,021.77	$0.00	$1,021.77
				$1,049.77	$0.00	$1,049.77
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

861 - DJJ 15TH JUD DST CSU-FREDERICKBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$1,576.00	$0.00	$1,576.00
Indemnity.....	.....			$12,892.30	$0.00	$12,892.30
Medical.....	.....			$36,206.05	$0.00	$36,206.05
				$50,674.35	$0.00	$50,674.35
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$401.49	$0.00	$401.49
Medical.....	.....			$4,118.27	$0.00	$4,118.27
				$4,527.76	$0.00	$4,527.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

861 - DJJ 15TH JUD DST CSU-FREDERICKBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$43.95	$0.00	$43.95
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$16,049.01	$0.00	$16,049.01
				$16,092.96	$0.00	$16,092.96
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$1,983.61	$50.00	$2,033.61
Indemnity.....	.....			$30,542.26	$0.00	$30,542.26
Medical.....	.....			$323,244.14	$1,200.00	$324,444.14
				$355,770.01	$1,250.00	$357,020.01
# of Claims	33					
# Open	1	Recovery Amount:	$0.00			

862 - DJJ 16TH CSU-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

862 - DJJ 16TH CSU-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$716.41	$0.00	$716.41
				$716.41	$0.00	$716.41
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,411.29	$0.00	$7,411.29
Medical.....	.....			$95,608.62	$0.00	$95,608.62
				$103,027.91	$0.00	$103,027.91
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$253.14	$0.00	$253.14
				$253.14	$0.00	$253.14
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

862 - DJJ 16TH CSU-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,749.78	$0.00	$3,749.78
				$3,749.78	$0.00	$3,749.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$24.39	$0.00	$24.39
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,812.42	$0.00	$6,812.42
				$6,836.81	$0.00	$6,836.81
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

862 - DJJ 16TH CSU-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$50.00	$0.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$792.08	$0.00	$792.08
				$842.08	$0.00	$842.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$295.23	$0.00	$295.23
				$295.23	$0.00	$295.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

862 - DJJ 16TH CSU-CHARLOTTESVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$29.66	$7.98	$37.64
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$663.47	$4,691.60	$5,355.07
				$693.13	$4,699.58	$5,392.71
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$112.05	$7.98	$120.03
Indemnity.....	.....			$7,411.29	$0.00	$7,411.29
Medical.....	.....			$108,891.15	$4,691.60	$113,582.75
				$116,414.49	$4,699.58	$121,114.07
# of Claims	21					
# Open	1	Recovery Amount:	$0.00			

863 - DJJ 18TH JUD DIST CSU-ALEXANDRIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.96	$0.00	$174.96
				$174.96	$0.00	$174.96
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

863 - DJJ 18TH JUD DIST CSU-ALEXANDRIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

863 - DJJ 18TH JUD DIST CSU-ALEXANDRIA

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$56.00**	**$0.00**	**$56.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$56.00	**$0.00**	**$56.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$6,955.31**	**$0.00**	**$6,955.31**
Indemnity				**$13,619.58**	**$0.00**	**$13,619.58**
Medical				**$77,449.07**	**$0.00**	**$77,449.07**
				$98,023.96	**$0.00**	**$98,023.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$7,011.31**	**$0.00**	**$7,011.31**
Indemnity				**$13,619.58**	**$0.00**	**$13,619.58**
Medical				**$77,624.03**	**$0.00**	**$77,624.03**
				$98,254.92	**$0.00**	**$98,254.92**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

864 - DJJ 20TH JUD DIST CSU-WARRENTON

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

864 - DJJ 20TH JUD DIST CSU-WARRENTON

WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,122.52**	**$0.00**	**$5,122.52**
			$5,122.52	**$0.00**	**$5,122.52**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$5,122.52**	**$0.00**	**$5,122.52**
			$5,122.52	**$0.00**	**$5,122.52**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

865 - DJJ 21ST JUD DIST CSU-MARTINSVILLE

Policy	Policy Period		Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

865 - DJJ 21ST JUD DIST CSU-MARTINSVILLE

WC1996	**7/1/1995 - 6/30/1996**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$603.42**	**$0.00**	**$603.42**
Medical			**$885.37**	**$0.00**	**$885.37**
			$1,488.79	**$0.00**	**$1,488.79**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**			
Expense		**$194.84**	**$0.00**	**$194.84**
Indemnity		**$29.86**	**$0.00**	**$29.86**
Medical		**$3,459.18**	**$0.00**	**$3,459.18**
		$3,683.88	**$0.00**	**$3,683.88**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$145.02**	**$0.00**	**$145.02**
		$145.02	**$0.00**	**$145.02**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$511.89**	**$0.00**	**$511.89**
Medical		**$5,339.58**	**$0.00**	**$5,339.58**
		$5,851.47	**$0.00**	**$5,851.47**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

865 - DJJ 21ST JUD DIST CSU-MARTINSVILLE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$519.91	$0.00	$519.91
				$519.91	$0.00	$519.91
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$194.84	$0.00	$194.84
Indemnity.....	.....			$1,145.17	$0.00	$1,145.17
Medical.....	.....			$10,349.06	$0.00	$10,349.06
				$11,689.07	$0.00	$11,689.07
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

866 - DJJ 22ND JUD DIST CSU-ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$132.00	$0.00	$132.00
				$132.00	$0.00	$132.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

866 - DJJ 22ND JUD DIST CSU-ROCKY MOUNT

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$736.47	$0.00	$736.47
				$736.47	$0.00	$736.47
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$378.97	$0.00	$378.97
				$378.97	$0.00	$378.97
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,247.44	$0.00	$1,247.44
				$1,247.44	$0.00	$1,247.44
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.10	$0.00	$160.10
				$160.10	$0.00	$160.10
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$220.00	$0.00	$220.00
				$220.00	$0.00	$220.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$305.43	$0.00	$305.43
				$305.43	$0.00	$305.43
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,395.55	$0.00	$1,395.55
				$1,395.55	$0.00	$1,395.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$240.84	$0.00	$240.84
				$240.84	$0.00	$240.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,684.90	$0.00	$5,684.90
				$5,684.90	$0.00	$5,684.90
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$76.40	$0.00	$76.40
				$76.40	$0.00	$76.40
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$56.84	$0.00	$56.84
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$11,811.68	$0.00	$11,811.68
				$11,868.52	$0.00	$11,868.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$167.90	$0.00	$167.90
				$167.90	$0.00	$167.90
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$5,364.87	$0.00	$5,364.87
Medical.....	.....			$103,813.46	$0.00	$103,813.46
				$109,186.33	$0.00	$109,186.33
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

867 - DJJ 24TH JUD DIST CSU-LYNCHBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$245.03**	**$0.00**	**$245.03**
				$245.03	**$0.00**	**$245.03**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$64.84**	**$0.00**	**$64.84**
Indemnity				**$5,364.87**	**$0.00**	**$5,364.87**
Medical				**$124,121.29**	**$0.00**	**$124,121.29**
				$129,551.00	**$0.00**	**$129,551.00**
# of Claims	**27**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

868 - DJJ 25TH JUD DIST CSU-STAUNTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$207.00**	**$0.00**	**$207.00**
				$207.00	**$0.00**	**$207.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

868 - DJJ 25TH JUD DIST CSU-STAUNTON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$354.48	$0.00	$354.48
				$372.98	$0.00	$372.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$208.48	$0.00	$208.48
				$208.48	$0.00	$208.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$491.00	$0.00	$491.00
				$491.00	$0.00	$491.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,260.96	$0.00	$1,260.96
				$1,279.46	$0.00	$1,279.46
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

869 - DJJ 26TH JUD DIST CSU-WINCHESTER

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$572.00	$0.00	$572.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$572.00	$0.00	$572.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$365.12	$0.00	$365.12
				$365.12	$0.00	$365.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$572.00	$0.00	$572.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$365.12	$0.00	$365.12
				$937.12	$0.00	$937.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

870 - DJJ 27TH JUDICIAL DIST CSU-PULASKI

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

870 - DJJ 27TH JUDICIAL DIST CSU-PULASKI

WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$654.00**	**$0.00**	**$654.00**
				$654.00	**$0.00**	**$654.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1998	**7/1/1997 - 6/30/1998**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC1999	**7/1/1998 - 6/30/1999**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2002	**7/1/2001 - 6/30/2002**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$862.29**	**$0.00**	**$862.29**
		$862.29	**$0.00**	**$862.29**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2003	**7/1/2002 - 6/30/2003**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$345.55**	**$0.00**	**$345.55**
		$345.55	**$0.00**	**$345.55**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**-$345.55**	

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

870 - DJJ 27TH JUDICIAL DIST CSU-PULASKI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,687.73**	**$0.00**	**$13,687.73**
				$13,687.73	**$0.00**	**$13,687.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$13,238.05**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$150.73**	**$0.00**	**$150.73**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$150.73	**$0.00**	**$150.73**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

870 - DJJ 27TH JUDICIAL DIST CSU-PULASKI

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$1,106.84	$0.00	$1,106.84
Medical.....	.....			$9,281.94	$0.00	$9,281.94
				$10,412.78	$0.00	$10,412.78
# of Claims	1					
# Open	0	Recovery Amount:	-$10,388.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$174.73	$0.00	$174.73
Indemnity.....	.....			$1,106.84	$0.00	$1,106.84
Medical.....	.....			$24,831.51	$0.00	$24,831.51
				$26,113.08	$0.00	$26,113.08
# of Claims	12					
# Open	0	Recovery Amount:	-$23,971.88			

871 - DJJ 28TH JUD DIST CSU-ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$316.25	$0.00	$316.25
				$316.25	$0.00	$316.25
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

871 - DJJ 28TH JUD DIST CSU-ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,901.99	$0.00	$3,901.99
Medical.....	.....			$8,435.84	$0.00	$8,435.84
				$12,337.83	$0.00	$12,337.83
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$375.15	$0.00	$375.15
				$375.15	$0.00	$375.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

871 - DJJ 28TH JUD DIST CSU-ABINGDON

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$154.68	$0.00	$154.68
				$154.68	$0.00	$154.68
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$120.52	$0.00	$120.52
				$120.52	$0.00	$120.52
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$326.07	$0.00	$326.07
				$326.07	$0.00	$326.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,901.99	$0.00	$3,901.99
Medical.....	.....			$9,728.51	$0.00	$9,728.51
				$13,630.50	$0.00	$13,630.50
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

872 - DJJ 29TH JUD DIST CSU-PEARISBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,110.81**	**$0.00**	**$1,110.81**
				$1,110.81	**$0.00**	**$1,110.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$138.00**	**$0.00**	**$138.00**
				$138.00	**$0.00**	**$138.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$612.00**	**$0.00**	**$612.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$60,149.34**	**$0.00**	**$60,149.34**
				$60,761.34	**$0.00**	**$60,761.34**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

872 - DJJ 29TH JUD DIST CSU-PEARISBURG

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$612.00	$0.00	$612.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$61,398.15	$0.00	$61,398.15
				$62,010.15	$0.00	$62,010.15
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

873 - DJJ 30TH JUD DIST CSU-GATE CITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

873 - DJJ 30TH JUD DIST CSU-GATE CITY

WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$661.66**	**$0.00**	**$661.66**
Medical				**$2,197.98**	**$0.00**	**$2,197.98**
				$2,859.64	**$0.00**	**$2,859.64**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	**7/1/2002 - 6/30/2003**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$641.40**	**$0.00**	**$641.40**
				$641.40	**$0.00**	**$641.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$5,847.76**	**$0.00**	**$5,847.76**
Medical				**$7,688.47**	**$0.00**	**$7,688.47**
				$13,536.23	**$0.00**	**$13,536.23**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$6,509.42**	**$0.00**	**$6,509.42**
Medical				**$10,527.85**	**$0.00**	**$10,527.85**
				$17,037.27	**$0.00**	**$17,037.27**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$138.86**	**$0.00**	**$138.86**
				$138.86	**$0.00**	**$138.86**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$45.00**	**$0.00**	**$45.00**
				$45.00	**$0.00**	**$45.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	**7/1/1999 - 6/30/2000**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,834.03**	**$0.00**	**$2,834.03**
				$2,834.03	**$0.00**	**$2,834.03**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$97.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$411.08	$0.00	$411.08
				$411.08	$0.00	$411.08
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$42.00	$0.00	$42.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,026.02	$0.00	$1,026.02
				$1,068.02	$0.00	$1,068.02
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$259.44	$0.00	$259.44
				$259.44	$0.00	$259.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,788.21	$0.00	$9,788.21
				$9,788.21	$0.00	$9,788.21
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$182.15	$0.00	$182.15
				$182.15	$0.00	$182.15
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,998.85	$0.00	$3,998.85
				$3,998.85	$0.00	$3,998.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,308.32	$0.00	$1,308.32
				$1,308.32	$0.00	$1,308.32
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

874 - DJJ 14TH JUDICIAL DIST CSU-HENRICO

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$75.00	$93.82
Indemnity.....	.....			$859.75	$1,740.25	$2,600.00
Medical.....	.....			$1,394.20	$9,105.80	$10,500.00
				$2,272.77	$10,921.05	$13,193.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$60.82	$75.00	$135.82
Indemnity.....	.....			$859.75	$1,740.25	$2,600.00
Medical.....	.....			$21,386.16	$9,105.80	$30,491.96
				$22,306.73	$10,921.05	$33,227.78
# of Claims	27					
# Open	1	Recovery Amount:	-$97.00			

875 - DJJ 31ST JUD DIST CSU-MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$61.67	$0.00	$61.67
				$61.67	$0.00	$61.67
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

875 - DJJ 31ST JUD DIST CSU-MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$426.73	$0.00	$426.73
				$426.73	$0.00	$426.73
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,302.56	$0.00	$2,302.56
Medical.....	.....			$2,062.34	$0.00	$2,062.34
				$4,364.90	$0.00	$4,364.90
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$50.00	$0.00	$50.00
				$50.00	$0.00	$50.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

875 - DJJ 31ST JUD DIST CSU-MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$52.44	$0.00	$52.44
				$52.44	$0.00	$52.44
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.44	$0.00	$156.44
				$156.44	$0.00	$156.44
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

875 - DJJ 31ST JUD DIST CSU-MANASSAS

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$770.58	$0.00	$770.58
				$770.58	$0.00	$770.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,466.70	$0.00	$1,466.70
				$1,466.70	$0.00	$1,466.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$388.04	$0.00	$388.04
				$388.04	$0.00	$388.04
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$215.28	$0.00	$215.28
				$215.28	$0.00	$215.28
# of Claims	1					
# Open	0	Recovery Amount:	-$215.28			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,302.56	$0.00	$2,302.56
Medical.....	.....			$5,650.22	$0.00	$5,650.22
				$7,952.78	$0.00	$7,952.78
# of Claims	20					
# Open	0	Recovery Amount:	-$215.28			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

876 - DJJ 23RD JUDICIAL DIST CSU- SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7.66	$0.00	$7.66
				$7.66	$0.00	$7.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

876 - DJJ 23RD JUDICIAL DIST CSU- SALEM

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$28.68	$0.00	$28.68
Indemnity.....	.....			$7,577.81	$0.00	$7,577.81
Medical.....	.....			$33,157.82	$0.00	$33,157.82
				$40,764.31	$0.00	$40,764.31
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$246.58	$0.00	$246.58
				$246.58	$0.00	$246.58
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,063.82	$0.00	$3,063.82
				$3,063.82	$0.00	$3,063.82
# of Claims	1					
# Open	0	Recovery Amount:	-$3,027.65			

Grand Totals						
Expense.....	.....			$28.68	$0.00	$28.68
Indemnity.....	.....			$7,577.81	$0.00	$7,577.81
Medical.....	.....			$36,475.88	$0.00	$36,475.88
				$44,082.37	$0.00	$44,082.37
# of Claims	9					
# Open	0	Recovery Amount:	-$3,027.65			

877 - DJJ 23A JUD DISTRICT-ROANOKE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

877 - DJJ 23A JUD DISTRICT-ROANOKE

WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$47.26**	**$0.00**	**$47.26**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$47.26	**$0.00**	**$47.26**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

877 - DJJ 23A JUD DISTRICT-ROANOKE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$47.26	$0.00	$47.26
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$47.26	$0.00	$47.26
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$360.38	$0.00	$360.38
Indemnity.....	.....			$776.29	$0.00	$776.29
Medical.....	.....			$688.00	$0.00	$688.00
				$1,824.67	$0.00	$1,824.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$686.56	$0.00	$686.56
				$686.56	$0.00	$686.56
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,287.85	$0.00	$1,287.85
Medical.....	.....			$1,502.67	$0.00	$1,502.67
				$2,790.52	$0.00	$2,790.52
# of Claims	1					
# Open	0	Recovery Amount:	-$1,755.69			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,583.19	$0.00	$3,583.19
Medical.....	.....			$2,559.22	$0.00	$2,559.22
				$6,142.41	$0.00	$6,142.41
# of Claims	1					
# Open	0	Recovery Amount:	-$3,829.63			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,636.99	$0.00	$1,636.99
				$1,636.99	$0.00	$1,636.99
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$48.00	$0.00	$48.00
				$48.00	$0.00	$48.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$316.78	$0.00	$316.78
Medical.....	.....			$1,514.00	$0.00	$1,514.00
				$1,830.78	$0.00	$1,830.78
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$912.07	$0.00	$912.07
				$912.07	$0.00	$912.07
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.10	$0.00	$35.10
				$35.10	$0.00	$35.10
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,353.00	$0.00	$1,353.00
				$1,353.00	$0.00	$1,353.00
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$650.27	$0.00	$650.27
				$650.27	$0.00	$650.27
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$212.93	$0.00	$212.93
				$212.93	$0.00	$212.93
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,235.88	$0.00	$4,235.88
				$4,235.88	$0.00	$4,235.88
# of Claims	1					
# Open	0	Recovery Amount:	-$1,058.28			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.00	$0.00	$137.00
				$145.00	$0.00	$145.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$51.14	$0.00	$51.14
Medical.....	.....			$0.00	$0.00	$0.00
				$59.14	$0.00	$59.14
# of Claims	2					
# Open	0	Recovery Amount:	-$51.14			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$467.07	$0.00	$467.07
				$467.07	$0.00	$467.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

878 - DJJ 2ND JUD DIST CSU-VA. BEACH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$977.78	$0.00	$977.78
				$977.78	$0.00	$977.78
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$376.38	$0.00	$376.38
Indemnity.....	.....			$6,015.25	$0.00	$6,015.25
Medical.....	.....			$17,616.54	$0.00	$17,616.54
				$24,008.17	$0.00	$24,008.17
# of Claims	41					
# Open	0	Recovery Amount:	-$6,694.74			

880 - DJJ LOCAL JUDICIAL DST CSU-FAIRFAX

Policy	Policy Period			Paid to Date	Outstanding	Incurred

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

880 - DJJ LOCAL JUDICIAL DST CSU-FAIRFAX

WC2000	**7/1/1999 - 6/30/2000**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$511.13**	**$0.00**	**$511.13**
			$511.13	**$0.00**	**$511.13**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$511.13**	**$0.00**	**$511.13**
			$511.13	**$0.00**	**$511.13**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

881 - DJJ LOCAL JUD DST CSU-FALLS CHURCH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

881 - DJJ LOCAL JUD DST CSU-FALLS CHURCH

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

882 - DJJ 20L JUDICIAL DIST CSU-LOUDOUN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,974.63**	**$0.00**	**$1,974.63**
				$1,974.63	**$0.00**	**$1,974.63**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$1,316.48**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

882 - DJJ 20L JUDICIAL DIST CSU-LOUDOUN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$387.66	$0.00	$387.66
				$387.66	$0.00	$387.66
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,362.29	$0.00	$2,362.29
				$2,362.29	$0.00	$2,362.29
# of Claims	6					
# Open	0	Recovery Amount:	-$1,316.48			

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,193.47	$0.00	$2,193.47
Medical.....	.....			$6,040.94	$0.00	$6,040.94
				$8,234.41	$0.00	$8,234.41
# of Claims	22					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$14,734.17	$0.00	$14,734.17
Medical.....	.....			$31,077.16	$0.00	$31,077.16
				$45,811.33	$0.00	$45,811.33
# of Claims	43					
# Open	0	Recovery Amount:	-$1,199.74			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$12,499.66	$0.00	$12,499.66
Medical.....	.....			$62,490.07	$0.00	$62,490.07
				$74,989.73	$0.00	$74,989.73
# of Claims	91					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$165.04	$0.00	$165.04
Indemnity.....	.....			$10,110.79	$0.00	$10,110.79
Medical.....	.....			$98,919.67	$0.00	$98,919.67
				$109,195.50	$0.00	$109,195.50
# of Claims	91					
# Open	0	Recovery Amount:	-$180.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$491.05	$0.00	$491.05
				$491.05	$0.00	$491.05
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$1,098.84	$0.00	$1,098.84
Indemnity.....	.....			$37,950.46	$0.00	$37,950.46
Medical.....	.....			$61,626.38	$0.00	$61,626.38
				$100,675.68	$0.00	$100,675.68
# of Claims	36					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$244.68	$0.00	$244.68
Medical.....	.....			$17,284.40	$0.00	$17,284.40
				$17,529.08	$0.00	$17,529.08
# of Claims	39					
# Open	0	Recovery Amount:	-$255.04			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$3,440.92	$0.00	$3,440.92
Medical.....	.....			$4,419.28	$0.00	$4,419.28
				$7,878.70	$0.00	$7,878.70
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$599.28	$0.00	$599.28
Medical.....	.....			$10,349.76	$0.00	$10,349.76
				$10,986.04	$0.00	$10,986.04
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$37.00	$0.00	$37.00
Indemnity.....	.....			$2,151.66	$0.00	$2,151.66
Medical.....	.....			$39,157.68	$0.00	$39,157.68
				$41,346.34	$0.00	$41,346.34
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$396.23	$0.00	$396.23
				$396.23	$0.00	$396.23
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,530.17	$0.00	$2,530.17
Medical.....	.....			$5,765.61	$0.00	$5,765.61
				$8,295.78	$0.00	$8,295.78
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,953.52	$0.00	$2,953.52
Medical.....	.....			$3,468.55	$0.00	$3,468.55
				$6,422.07	$0.00	$6,422.07
# of Claims	1					
# Open	0	Recovery Amount:	-$4,199.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$175.04	$0.00	$175.04
Medical.....	.....			$18,113.42	$0.00	$18,113.42
				$18,296.46	$0.00	$18,296.46
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$24.75	$0.00	$24.75
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.92	$0.00	$160.92
				$185.67	$0.00	$185.67
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13.91	$0.00	$13.91
				$13.91	$0.00	$13.91
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

S777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,609.37	$1,998.63	$10,608.00
Indemnity.....	.....			$120,601.78	$389,844.14	$510,445.92
Medical.....	.....			$143,854.38	$113,931.94	$257,786.32
				$273,065.53	$505,774.71	$778,840.24
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$454.85	$0.00	$454.85
				$454.85	$0.00	$454.85
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$10.70	$0.00	$10.70
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$174.00	$0.00	$174.00
				$184.70	$0.00	$184.70
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$820.09	$0.00	$820.09
				$820.09	$0.00	$820.09
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$10,009.20	$1,998.63	$12,007.83
Indemnity.....	.....			$210,185.60	$389,844.14	$600,029.74
Medical.....	.....			$505,078.35	$113,931.94	$619,010.29
				$725,273.15	$505,774.71	$1,231,047.86
# of Claims	394					
# Open	1	Recovery Amount:	-$5,834.83			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

777 - DEPT. OF JUVENILE JUSTICE

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

778 - Department of Forensic Science

S778 - Department of Forensic Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$166.50	$0.00	$166.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$444.05	$0.00	$444.05
				$610.55	$0.00	$610.55
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$60.25	$0.00	$60.25
Indemnity.....	.....			$646.48	$0.00	$646.48
Medical.....	.....			$10,018.66	$0.00	$10,018.66
				$10,725.39	$0.00	$10,725.39
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$36.00	$0.00	$36.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,958.34	$0.00	$3,958.34
				$3,994.34	$0.00	$3,994.34
# of Claims	7					
# Open	0	Recovery Amount:	-$430.05			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$10,070.70	$0.00	$10,070.70
				$10,070.70	$0.00	$10,070.70
# of Claims	17					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

778 - Department of Forensic Science

S778 - Department of Forensic Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$581.49	$0.00	$581.49
				$581.49	$0.00	$581.49
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$6,118.72	$0.00	$6,118.72
				$6,118.72	$0.00	$6,118.72
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,464.22	$0.00	$2,464.22
				$2,464.22	$0.00	$2,464.22
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$8,732.31	$0.00	$8,732.31
Medical.....	.....			$18,746.47	$0.00	$18,746.47
				$27,478.78	$0.00	$27,478.78
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

778 - Department of Forensic Science

S778 - Department of Forensic Science

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$32.00	$1,968.00	$2,000.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$59,814.75	$10,859.18	$70,673.93
				$59,846.75	$12,827.18	$72,673.93
# of Claims	16					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,932.39	$0.00	$2,932.39
				$2,932.39	$0.00	$2,932.39
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$9,974.73	$0.00	$9,974.73
				$9,974.73	$0.00	$9,974.73
# of Claims	16					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,811.39	$0.00	$4,811.39
				$4,811.39	$0.00	$4,811.39
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,277.14	$0.00	$4,277.14
				$4,277.14	$0.00	$4,277.14
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$244.27	$162.45	$406.72
Indemnity.....	.....			$2,826.33	$0.00	$2,826.33
Medical.....	.....			$123,836.61	$30,099.92	$153,936.53
				$126,907.21	$30,262.37	$157,169.58
# of Claims	12					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$144.30	$100.00	$244.30
Indemnity.....	.....			$128,508.33	$6,860.35	$135,368.68
Medical.....	.....			$63,455.85	$10,455.14	$73,910.99
				$192,108.48	$17,415.49	$209,523.97
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$134.10	$0.00	$134.10
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$7,329.26	$0.00	$7,329.26
				$7,463.36	$0.00	$7,463.36
# of Claims	11					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$36.60**	**$0.00**	**$36.60**
Indemnity				**$31,711.50**	**$0.00**	**$31,711.50**
Medical				**$8,413.21**	**$0.00**	**$8,413.21**
				$40,161.31	**$0.00**	**$40,161.31**
# of Claims	**10**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$100.00**	**$100.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,489.05**	**$1,622.45**	**$4,111.50**
				$2,489.05	**$1,722.45**	**$4,211.50**
# of Claims	**13**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$854.02**	**$2,330.45**	**$3,184.47**
Indemnity				**$172,424.95**	**$6,860.35**	**$179,285.30**
Medical				**$339,737.03**	**$53,036.69**	**$392,773.72**
				$513,016.00	**$62,227.49**	**$575,243.49**
# of Claims	**214**					
# Open	**6**	**Recovery Amount:**	**-$430.05**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

835 - PUBLIC & INTERGOVT AFFAIRS, OFF

S835 - PUBLIC & INTERGOVT AFFAIRS, OFF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$157.59**	**$0.00**	**$157.59**
Medical				**$1,981.08**	**$0.00**	**$1,981.08**
				$2,138.67	**$0.00**	**$2,138.67**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$642.60**	**$0.00**	**$642.60**
				$642.60	**$0.00**	**$642.60**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$157.59**	**$0.00**	**$157.59**
Medical				**$2,623.68**	**$0.00**	**$2,623.68**
				$2,781.27	**$0.00**	**$2,781.27**
# of Claims	**18**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

839 - YOUTH SERVICES COMMISSION

S839 - YOUTH SERVICES COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$1,181.18**	**$0.00**	**$1,181.18**
				$1,181.18	**$0.00**	**$1,181.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$1,181.18**	**$0.00**	**$1,181.18**
				$1,181.18	**$0.00**	**$1,181.18**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	**7/1/1988 - 6/30/1989**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,104.90**	**$0.00**	**$1,104.90**
				$1,104.90	**$0.00**	**$1,104.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	**7/1/1990 - 6/30/1991**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$253.36**	**$0.00**	**$253.36**
				$253.36	**$0.00**	**$253.36**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	**7/1/1992 - 6/30/1993**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,201.76**	**$0.00**	**$1,201.76**
				$1,201.76	**$0.00**	**$1,201.76**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$4,107.90**	**$0.00**	**$4,107.90**
Medical				**$32,822.23**	**$0.00**	**$32,822.23**
				$36,930.13	**$0.00**	**$36,930.13**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	**7/1/1994 - 6/30/1995**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$380.90**	**$0.00**	**$380.90**
				$380.90	**$0.00**	**$380.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	**7/1/1996 - 6/30/1997**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$121.31**	**$0.00**	**$121.31**
				$121.31	**$0.00**	**$121.31**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	**7/1/1998 - 6/30/1999**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$338.00**	**$0.00**	**$338.00**
				$338.00	**$0.00**	**$338.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	**7/1/2000 - 6/30/2001**					
Expense				**$814.33**	**$3,846.00**	**$4,660.33**
Indemnity				**$26,696.39**	**$0.01**	**$26,696.40**
Medical				**$128,075.40**	**$84,419.78**	**$212,495.18**
				$155,586.12	**$88,265.79**	**$243,851.91**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	**7/1/2001 - 6/30/2002**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$37.00**	**$0.00**	**$37.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,451.07**	**$0.00**	**$1,451.07**
				$1,488.07	**$0.00**	**$1,488.07**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$283.90**	**$0.00**	**$283.90**
				$283.90	**$0.00**	**$283.90**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$10,047.13**	**$0.00**	**$10,047.13**
Medical				**$7,892.08**	**$0.00**	**$7,892.08**
				$17,939.21	**$0.00**	**$17,939.21**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$40.89**	**$0.00**	**$40.89**
				$40.89	**$0.00**	**$40.89**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,433.44**	**$0.00**	**$9,433.44**
				$9,433.44	**$0.00**	**$9,433.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$133.40**	**$0.00**	**$133.40**
				$133.40	**$0.00**	**$133.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$6,871.85**	**$0.00**	**$6,871.85**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$42,582.45**	**$0.00**	**$42,582.45**
				$49,454.30	**$0.00**	**$49,454.30**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	**7/1/2014 - 6/30/2015**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,913.24**	**$0.00**	**$2,913.24**
				$2,913.24	**$0.00**	**$2,913.24**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$22.39**	**$0.00**	**$22.39**
Indemnity				**$234.93**	**$0.00**	**$234.93**
Medical				**$2,570.28**	**$0.00**	**$2,570.28**
				$2,827.60	**$0.00**	**$2,827.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$30.29**	**$0.00**	**$30.29**
Indemnity				**$6,705.00**	**$0.00**	**$6,705.00**
Medical				**$16,542.04**	**$0.00**	**$16,542.04**
				$23,277.33	**$0.00**	**$23,277.33**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,772.06**	**$0.00**	**$4,772.06**
				$4,772.06	**$0.00**	**$4,772.06**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

841 - AVIATION, DEPT. OF

S841 - AVIATION, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$7,775.86**	**$3,846.00**	**$11,621.86**
Indemnity.....	.....			**$47,791.35**	**$0.01**	**$47,791.36**
Medical.....	.....			**$252,912.71**	**$84,419.78**	**$337,332.49**
				$308,479.92	**$88,265.79**	**$396,745.71**
# of Claims	**53**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

842 - CHESAPEAKE BAY COMMISSION

S842 - CHESAPEAKE BAY COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,852.70**	**$0.00**	**$3,852.70**
				$3,852.70	**$0.00**	**$3,852.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$3,825.66**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,852.70**	**$0.00**	**$3,852.70**
				$3,852.70	**$0.00**	**$3,852.70**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$3,825.66**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,351.75	$0.00	$1,351.75
				$1,351.75	$0.00	$1,351.75
# of Claims	2					
# Open	0	Recovery Amount:	-$775.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$720.12	$0.00	$720.12
				$720.12	$0.00	$720.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$144.60	$0.00	$144.60
Medical.....	.....			$1,919.09	$0.00	$1,919.09
				$2,063.69	$0.00	$2,063.69
# of Claims	2					
# Open	0	Recovery Amount:	-$1,865.08			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$117.04	$0.00	$117.04
Indemnity.....	.....			$10,693.99	$0.00	$10,693.99
Medical.....	.....			$9,878.20	$0.00	$9,878.20
				$20,689.23	$0.00	$20,689.23
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$243.84	$0.00	$243.84
Medical.....	.....			$1,142.28	$0.00	$1,142.28
				$1,386.12	$0.00	$1,386.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$376.62	$0.00	$376.62
				$376.62	$0.00	$376.62
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$37.41	$0.00	$37.41
Medical.....	.....			$8,779.92	$0.00	$8,779.92
				$8,817.33	$0.00	$8,817.33
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$757.00	$0.00	$757.00
Medical.....	.....			$10,235.78	$0.00	$10,235.78
				$10,992.78	$0.00	$10,992.78
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$685.67	$0.00	$685.67
				$685.67	$0.00	$685.67
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$592.12	$0.00	$592.12
				$592.12	$0.00	$592.12
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$813.64	$0.00	$813.64
				$813.64	$0.00	$813.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$461.40	$0.00	$461.40
				$461.40	$0.00	$461.40
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,028.63	$0.00	$2,028.63
				$2,028.63	$0.00	$2,028.63
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$483.54	$0.00	$483.54
Indemnity.....	.....			$8,916.91	$0.00	$8,916.91
Medical.....	.....			$30,417.84	$0.00	$30,417.84
				$39,818.29	$0.00	$39,818.29
# of Claims	3					
# Open	0	Recovery Amount:	-$1,428.81			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$64,269.76	$0.00	$64,269.76
Medical.....	.....			$44,257.90	$0.00	$44,257.90
				$108,527.66	$0.00	$108,527.66
# of Claims	4					
# Open	0	Recovery Amount:	-$131.75			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$468.50	$0.00	$468.50
				$468.50	$0.00	$468.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$4,614.30	$0.00	$4,614.30
Medical.....	.....			$19,318.97	$0.00	$19,318.97
				$23,933.27	$0.00	$23,933.27
# of Claims	2					
# Open	0	Recovery Amount:	-$13,731.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$72.00	$0.00	$72.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$72.00	$0.00	$72.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$28.00	$0.00	$28.00
Indemnity.....	.....			$1,427.76	$0.00	$1,427.76
Medical.....	.....			$7,783.95	$0.00	$7,783.95
				$9,239.71	$0.00	$9,239.71
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$269.97	$0.00	$269.97
				$269.97	$0.00	$269.97
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$910.20	$0.00	$910.20
Indemnity.....	.....			$11,014.96	$0.00	$11,014.96
Medical.....	.....			$50,468.63	$0.00	$50,468.63
				$62,393.79	$0.00	$62,393.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$52.00	$0.00	$52.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$52.00	$0.00	$52.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$8,773.38	$0.00	$8,773.38
				$8,773.38	$0.00	$8,773.38
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$557.28	$0.00	$557.28
Indemnity.....	.....			$35,000.00	$0.00	$35,000.00
Medical.....	.....			$4,326.29	$0.00	$4,326.29
				$39,883.57	$0.00	$39,883.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$114.54	$0.00	$114.54
Indemnity.....	.....			$48,127.00	$0.00	$48,127.00
Medical.....	.....			$45,518.67	$0.00	$45,518.67
				$93,760.21	$0.00	$93,760.21
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$33.62	$0.00	$33.62
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$244.79	$0.00	$244.79
				$278.41	$0.00	$278.41
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$502.75	$0.00	$502.75
				$502.75	$0.00	$502.75
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

848 - VA Indigent Defense Commission

S848 - VA Indigent Defense Commission

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$133.71**	**$0.00**	**$133.71**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,004.62**	**$0.00**	**$1,004.62**
				$1,138.33	**$0.00**	**$1,138.33**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$980.29**	**$0.00**	**$980.29**
				$980.29	**$0.00**	**$980.29**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$49.17**	**$50.83**	**$100.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$2,400.00**	**$2,400.00**
				$49.17	**$2,450.83**	**$2,500.00**
# of Claims	**2**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$2,551.10**	**$50.83**	**$2,601.93**
Indemnity				**$185,247.53**	**$0.00**	**$185,247.53**
Medical				**$253,321.77**	**$2,400.00**	**$255,721.77**
				$441,120.40	**$2,450.83**	**$443,571.23**
# of Claims	**101**					
# Open	**3**	**Recovery Amount:**	**-$17,932.94**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

861 - VEAP

S861 - VEAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

128 - Virginia Veterans' Care Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$145.70	$0.00	$145.70
Medical.....	.....			$4,885.64	$0.00	$4,885.64
				$5,031.34	$0.00	$5,031.34
# of Claims	37					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$10,323.32	$18.82	$10,342.14
Indemnity.....	.....			$168,597.79	$0.00	$168,597.79
Medical.....	.....			$156,984.93	$30,411.77	$187,396.70
				$335,906.04	$30,430.59	$366,336.63
# of Claims	73					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$7,683.31	$0.00	$7,683.31
Medical.....	.....			$30,715.17	$0.00	$30,715.17
				$38,398.48	$0.00	$38,398.48
# of Claims	71					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$992.21	$0.00	$992.21
Medical.....	.....			$19,842.00	$0.00	$19,842.00
				$20,834.21	$0.00	$20,834.21
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

128 - Virginia Veterans' Care Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$1,203.01	$1,992.00	$3,195.01
Indemnity.....	.....			$6,135.37	$0.00	$6,135.37
Medical.....	.....			$120,214.40	$293,505.87	$413,720.27
				$127,552.78	$295,497.87	$423,050.65
# of Claims	73					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$1,200.76	$0.00	$1,200.76
Indemnity.....	.....			$17,713.40	$0.00	$17,713.40
Medical.....	.....			$77,249.89	$0.00	$77,249.89
				$96,164.05	$0.00	$96,164.05
# of Claims	79					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$2,692.78	$0.00	$2,692.78
Indemnity.....	.....			$168,553.59	$0.00	$168,553.59
Medical.....	.....			$128,076.33	$0.00	$128,076.33
				$299,322.70	$0.00	$299,322.70
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$94.83	$0.00	$94.83
Indemnity.....	.....			$26,769.26	$0.00	$26,769.26
Medical.....	.....			$118,707.66	$0.00	$118,707.66
				$145,571.75	$0.00	$145,571.75
# of Claims	83					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

128 - Virginia Veterans' Care Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$10,360.47	$6,822.63	$17,183.10
Indemnity.....	.....			$167,202.90	$41,377.29	$208,580.19
Medical.....	.....			$201,803.90	$25,341.61	$227,145.51
				$379,367.27	$73,541.53	$452,908.80
# of Claims	80					
# Open	1	Recovery Amount:	-$100.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$45.59	$0.00	$45.59
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$15,716.27	$0.00	$15,716.27
				$15,761.86	$0.00	$15,761.86
# of Claims	77					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$8,881.33	$164.80	$9,046.13
Indemnity.....	.....			$67,874.24	$0.00	$67,874.24
Medical.....	.....			$324,304.44	$56,722.11	$381,026.55
				$401,060.01	$56,886.91	$457,946.92
# of Claims	69					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$293.28	$0.00	$293.28
Indemnity.....	.....			$3,068.53	$0.00	$3,068.53
Medical.....	.....			$21,614.83	$0.00	$21,614.83
				$24,976.64	$0.00	$24,976.64
# of Claims	38					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

128 - Virginia Veterans' Care Center

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$385.80**	**$0.00**	**$385.80**
Indemnity				**$15,866.79**	**$0.00**	**$15,866.79**
Medical				**$70,694.57**	**$0.00**	**$70,694.57**
				$86,947.16	**$0.00**	**$86,947.16**
# of Claims	**41**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$325.75**	**$0.00**	**$325.75**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$10,215.37**	**$0.00**	**$10,215.37**
				$10,541.12	**$0.00**	**$10,541.12**
# of Claims	**32**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$79.10**	**$100.00**	**$179.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$17,276.34**	**$2,474.87**	**$19,751.21**
				$17,355.44	**$2,574.87**	**$19,930.31**
# of Claims	**29**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$427.75**	**$3,968.11**	**$4,395.86**
Indemnity				**$0.00**	**$18,623.07**	**$18,623.07**
Medical				**$8,116.60**	**$70,171.52**	**$78,288.12**
				$8,544.35	**$92,762.70**	**$101,307.05**
# of Claims	**54**					
# Open	**7**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$36,313.77**	**$13,066.36**	**$49,380.13**
Indemnity				**$650,603.09**	**$60,000.36**	**$710,603.45**
Medical				**$1,326,418.34**	**$478,627.75**	**$1,805,046.09**
				$2,013,335.20	**$551,694.47**	**$2,565,029.67**
# of Claims	**996**					
# Open	**12**	**Recovery Amount:**	**-$100.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

922 - Sitter & Barfoot Veterans Care Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$158.46	$0.00	$158.46
Medical.....	.....			$3,345.75	$0.00	$3,345.75
				$3,504.21	$0.00	$3,504.21
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$3,025.53	$0.00	$3,025.53
Medical.....	.....			$24,528.72	$0.00	$24,528.72
				$27,554.25	$0.00	$27,554.25
# of Claims	62					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$11,970.14	$0.00	$11,970.14
Indemnity.....	.....			$72,037.62	$0.00	$72,037.62
Medical.....	.....			$473,982.98	$0.00	$473,982.98
				$557,990.74	$0.00	$557,990.74
# of Claims	68					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$5,348.61	$0.00	$5,348.61
Indemnity.....	.....			$268,848.25	$0.00	$268,848.25
Medical.....	.....			$411,949.05	$0.00	$411,949.05
				$686,145.91	$0.00	$686,145.91
# of Claims	63					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

922 - Sitter & Barfoot Veterans Care Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$90.80	$0.00	$90.80
Indemnity.....	.....			$17,582.16	$0.00	$17,582.16
Medical.....	.....			$76,213.93	$0.00	$76,213.93
				$93,886.89	$0.00	$93,886.89
# of Claims	66					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$22,316.98	$0.00	$22,316.98
Indemnity.....	.....			$226,737.63	$0.00	$226,737.63
Medical.....	.....			$99,598.39	$0.00	$99,598.39
				$348,653.00	$0.00	$348,653.00
# of Claims	74					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$820.07	$0.00	$820.07
Indemnity.....	.....			$10,881.31	$0.00	$10,881.31
Medical.....	.....			$36,372.59	$0.00	$36,372.59
				$48,073.97	$0.00	$48,073.97
# of Claims	89					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$7,405.70	$0.00	$7,405.70
Indemnity.....	.....			$53,860.80	$0.00	$53,860.80
Medical.....	.....			$64,653.69	$0.00	$64,653.69
				$125,920.19	$0.00	$125,920.19
# of Claims	86					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$30,024.64	$0.00	$30,024.64
Indemnity.....	.....			$674,062.32	$0.00	$674,062.32
Medical.....	.....			$300,504.43	$0.00	$300,504.43
				$1,004,591.39	$0.00	$1,004,591.39
# of Claims	84					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

922 - Sitter & Barfoot Veterans Care Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$72.00	$0.00	$72.00
Indemnity.....	.....			$32,999.95	$0.00	$32,999.95
Medical.....	.....			$50,943.25	$0.00	$50,943.25
				$84,015.20	$0.00	$84,015.20
# of Claims	56					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$200.82	$0.00	$200.82
Indemnity.....	.....			$25,096.39	$0.00	$25,096.39
Medical.....	.....			$33,558.55	$0.00	$33,558.55
				$58,855.76	$0.00	$58,855.76
# of Claims	48					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$72.86	$0.00	$72.86
Indemnity.....	.....			$29,316.90	$0.00	$29,316.90
Medical.....	.....			$41,744.46	$0.00	$41,744.46
				$71,134.22	$0.00	$71,134.22
# of Claims	30					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$3,368.69	$0.00	$3,368.69
Indemnity.....	.....			$48,066.07	$0.00	$48,066.07
Medical.....	.....			$54,064.59	$0.00	$54,064.59
				$105,499.35	$0.00	$105,499.35
# of Claims	57					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$129.48	$0.00	$129.48
Indemnity.....	.....			$18,749.16	$0.00	$18,749.16
Medical.....	.....			$22,830.94	$0.00	$22,830.94
				$41,709.58	$0.00	$41,709.58
# of Claims	29					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

922 - Sitter & Barfoot Veterans Care Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$7,028.38**	**$3,372.91**	**$10,401.29**
Indemnity				**$39,606.71**	**$14,664.46**	**$54,271.17**
Medical				**$48,502.80**	**$45,378.57**	**$93,881.37**
				$95,137.89	**$63,415.94**	**$158,553.83**
# of Claims	**34**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$3,367.69**	**$245.87**	**$3,613.56**
Indemnity				**$20,261.20**	**$10,183.55**	**$30,444.75**
Medical				**$22,484.37**	**$25,640.00**	**$48,124.37**
				$46,113.26	**$36,069.42**	**$82,182.68**
# of Claims	**31**					
# Open	**3**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$92,216.86**	**$3,618.78**	**$95,835.64**
Indemnity				**$1,541,290.46**	**$24,848.01**	**$1,566,138.47**
Medical				**$1,765,278.49**	**$71,018.57**	**$1,836,297.06**
				$3,398,785.81	**$99,485.36**	**$3,498,271.17**
# of Claims	**887**					
# Open	**5**	**Recovery Amount:**	**$0.00**			

S912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	**7/1/2003 - 6/30/2004**					
Expense				**$13,595.46**	**$30.00**	**$13,625.46**
Indemnity				**$277,535.35**	**$0.00**	**$277,535.35**
Medical				**$825,844.61**	**$374,396.81**	**$1,200,241.42**
				$1,116,975.42	**$374,426.81**	**$1,491,402.23**
# of Claims	**108**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

S912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,304.00	$0.00	$2,304.00
Medical.....	.....			$18,868.12	$0.00	$18,868.12
				$21,172.12	$0.00	$21,172.12
# of Claims	117					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$18,303.45	$1,960.00	$20,263.45
Indemnity.....	.....			$171,120.87	$0.00	$171,120.87
Medical.....	.....			$613,457.54	$314,865.72	$928,323.26
				$802,881.86	$316,825.72	$1,119,707.58
# of Claims	106					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$7,322.31	$0.00	$7,322.31
Indemnity.....	.....			$186,633.39	$0.00	$186,633.39
Medical.....	.....			$363,550.70	$0.00	$363,550.70
				$557,506.40	$0.00	$557,506.40
# of Claims	82					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$449.45	$0.00	$449.45
Indemnity.....	.....			$14,087.77	$0.00	$14,087.77
Medical.....	.....			$76,022.44	$29,681.79	$105,704.23
				$90,559.66	$29,681.79	$120,241.45
# of Claims	70					
# Open	1	Recovery Amount:	-$13,969.62			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

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Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$689.14**	**$0.00**	**$689.14**
Medical				**$47,430.68**	**$0.00**	**$47,430.68**
				$48,127.82	**$0.00**	**$48,127.82**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$15,236.52**	**$0.00**	**$15,236.52**
Indemnity				**$193,767.85**	**$0.00**	**$193,767.85**
Medical				**$645,711.72**	**$0.00**	**$645,711.72**
				$854,716.09	**$0.00**	**$854,716.09**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,368.75**	**$0.00**	**$2,368.75**
				$2,368.75	**$0.00**	**$2,368.75**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$288.02**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

S912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$562.70	$0.00	$562.70
				$562.70	$0.00	$562.70
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,891.88	$0.00	$1,891.88
				$1,891.88	$0.00	$1,891.88
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$443.65	$0.00	$443.65
				$443.65	$0.00	$443.65
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$13,223.00	$0.00	$13,223.00
				$13,223.00	$0.00	$13,223.00
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

S912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**					
Expense				**$2,154.49**	**$0.00**	**$2,154.49**
Indemnity				**$6,566.69**	**$0.00**	**$6,566.69**
Medical				**$8,782.86**	**$0.00**	**$8,782.86**
				$17,504.04	**$0.00**	**$17,504.04**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	**7/1/2018 - 6/30/2019**					
Expense				**$36.25**	**$0.00**	**$36.25**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$470.54**	**$0.00**	**$470.54**
				$506.79	**$0.00**	**$506.79**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$148.77**	**$0.00**	**$148.77**
				$156.77	**$0.00**	**$156.77**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

912 - Department of Veterans Services

S912 - Department of Veterans Services

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,749.82**	**$0.00**	**$1,749.82**
Medical				**$24,150.38**	**$0.00**	**$24,150.38**
				$25,908.20	**$0.00**	**$25,908.20**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$92.42**	**$0.00**	**$92.42**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$8,352.78**	**$3,000.00**	**$11,352.78**
				$8,445.20	**$3,000.00**	**$11,445.20**
# of Claims	**4**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$57,214.35**	**$1,990.00**	**$59,204.35**
Indemnity				**$854,454.88**	**$0.00**	**$854,454.88**
Medical				**$2,651,281.12**	**$721,944.32**	**$3,373,225.44**
				$3,562,950.35	**$723,934.32**	**$4,286,884.67**
# of Claims	**529**					
# Open	**5**	**Recovery Amount:**	**-$14,257.64**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

S916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$75.00	$0.00	$75.00
				$75.00	$0.00	$75.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$205.74	$0.00	$205.74
Medical.....	.....			$537.75	$0.00	$537.75
				$743.49	$0.00	$743.49
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$33.00	$0.00	$33.00
				$33.00	$0.00	$33.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

S916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	**7/1/1995 - 6/30/1996**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,160.20**	**$0.00**	**$1,160.20**
Medical				**$6,439.20**	**$0.00**	**$6,439.20**
				$7,599.40	**$0.00**	**$7,599.40**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$4,980.17**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	**7/1/1997 - 6/30/1998**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$114.91**	**$0.00**	**$114.91**
				$114.91	**$0.00**	**$114.91**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$1,365.94**	**$0.00**	**$1,365.94**
Medical				**$7,199.86**	**$0.00**	**$7,199.86**
				$8,565.80	**$0.00**	**$8,565.80**
# of Claims	**9**					
# Open	**0**	**Recovery Amount:**	**-$4,980.17**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

934 - INNOVATIVE TECH., AUTHORITY FOR

S934 - INNOVATIVE TECH., AUTHORITY FOR

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$502.50**	**$0.00**	**$502.50**
				$502.50	**$0.00**	**$502.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$502.50**	**$0.00**	**$502.50**
				$502.50	**$0.00**	**$502.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

937 - Southern VA Higher Education Ctr.

S937 - Southern VA Higher Education Ctr.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	**7/1/2012 - 6/30/2013**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$824.35**	**$0.00**	**$824.35**
				$824.35	**$0.00**	**$824.35**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$824.35**	**$1,200.00**	**$2,024.35**
				$824.35	**$1,250.00**	**$2,074.35**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

938 - The New College Institute

S938 - The New College Institute

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$298.13	$0.00	$298.13
				$298.13	$0.00	$298.13
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,848.84	$0.00	$4,848.84
				$4,848.84	$0.00	$4,848.84
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$252.15	$0.00	$252.15
Medical.....	.....			$4,228.00	$0.00	$4,228.00
				$4,480.15	$0.00	$4,480.15
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.25	$0.00	$252.25
				$252.25	$0.00	$252.25
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,697.86	$0.00	$2,697.86
				$2,697.86	$0.00	$2,697.86
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.80	$0.00	$472.80
				$472.80	$0.00	$472.80
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$566.81	$0.00	$566.81
				$566.81	$0.00	$566.81
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,505.90	$0.00	$5,505.90
Medical.....	.....			$10,056.44	$0.00	$10,056.44
				$15,562.34	$0.00	$15,562.34
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,644.24	$0.00	$3,644.24
				$3,644.24	$0.00	$3,644.24
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$196.12	$0.00	$196.12
Medical.....	.....			$3,654.12	$0.00	$3,654.12
				$3,850.24	$0.00	$3,850.24
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,204.18	$0.00	$4,204.18
				$4,204.18	$0.00	$4,204.18
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,215.51	$0.00	$1,215.51
				$1,215.51	$0.00	$1,215.51
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$576.08	$0.00	$576.08
Medical.....	.....			$3,068.42	$0.00	$3,068.42
				$3,644.50	$0.00	$3,644.50
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,568.38	$0.00	$1,568.38
				$1,568.38	$0.00	$1,568.38
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$594.28	$0.00	$594.28
				$594.28	$0.00	$594.28
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$156.00	$0.00	$156.00
				$156.00	$0.00	$156.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,049.53	$0.00	$1,049.53
				$1,049.53	$0.00	$1,049.53
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$7,637.05	$0.00	$7,637.05
Medical.....	.....			$43,147.71	$0.00	$43,147.71
				$50,792.76	$0.00	$50,792.76
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$590.00	$0.00	$590.00
				$590.00	$0.00	$590.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$860.41	$0.00	$860.41
				$860.41	$0.00	$860.41
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$493.00	$0.00	$493.00
				$493.00	$0.00	$493.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$522.13	$0.00	$522.13
Indemnity.....	.....			$35,604.22	$0.00	$35,604.22
Medical.....	.....			$66,173.20	$0.00	$66,173.20
				$102,299.55	$0.00	$102,299.55
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,512.71	$0.00	$2,512.71
				$2,512.71	$0.00	$2,512.71
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$380.45	$0.00	$380.45
				$380.45	$0.00	$380.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,009.44	$0.00	$2,009.44
				$2,025.44	$0.00	$2,025.44
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$872.09	$0.00	$872.09
				$872.09	$0.00	$872.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

942 - VA MUSEUM OF NATURAL HISTORY

S942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$192.00**	**$200.00**
Indemnity				**$0.00**	**$15,000.00**	**$15,000.00**
Medical				**$4,710.68**	**$10,089.32**	**$14,800.00**
				$4,718.68	**$25,281.32**	**$30,000.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$554.13**	**$192.00**	**$746.13**
Indemnity				**$49,771.52**	**$15,000.00**	**$64,771.52**
Medical				**$164,325.48**	**$10,089.32**	**$174,414.80**
				$214,651.13	**$25,281.32**	**$239,932.45**
# of Claims	**103**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

948 - Southwest VA Higher Education Ctr.

S948 - Southwest VA Higher Education Ctr

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,934.08**	**$0.00**	**$1,934.08**
				$1,934.08	**$0.00**	**$1,934.08**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,934.08**	**$0.00**	**$1,934.08**
				$1,934.08	**$0.00**	**$1,934.08**
# of Claims	**8**					

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

948 - Southwest VA Higher Education Ctr.

S948 - Southwest VA Higher Education Ctr

# Open	**0**	**Recovery Amount:**	**$0.00**

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

957 - COMMONWEALTH'S ATTYS SERV COUN

S957 - COMMONWEALTH'S ATTYS SERV COUN

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	**7/1/1991 - 6/30/1992**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$35.00	$0.00	$35.00
				$35.00	$0.00	$35.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,039.54	$0.00	$1,039.54
Medical.....	.....			$15,964.25	$0.00	$15,964.25
				$17,003.79	$0.00	$17,003.79
# of Claims	1					
# Open	0	Recovery Amount:	-$405.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,103.28	$0.00	$1,103.28
Medical.....	.....			$1,855.29	$0.00	$1,855.29
				$2,958.57	$0.00	$2,958.57
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$518.08	$0.00	$518.08
				$518.08	$0.00	$518.08
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$114.48	$0.00	$114.48
				$114.48	$0.00	$114.48
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$193.01	$0.00	$193.01
				$193.01	$0.00	$193.01
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,955.60	$0.00	$2,955.60
				$2,955.60	$0.00	$2,955.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$160.00	$0.00	$160.00
				$160.00	$0.00	$160.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,315.69	$0.00	$1,315.69
				$1,315.69	$0.00	$1,315.69
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$905.46	$0.00	$905.46
				$905.46	$0.00	$905.46
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$18,001.50	$0.00	$18,001.50
				$18,001.50	$0.00	$18,001.50
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$8.00	$8.00
Indemnity.....	.....			$16,869.77	$0.00	$16,869.77
Medical.....	.....			$23,251.77	$27,803.37	$51,055.14
				$40,121.54	$27,811.37	$67,932.91
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$472.88	$0.00	$472.88
				$472.88	$0.00	$472.88
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$137.66	$0.00	$137.66
				$137.66	$0.00	$137.66
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$58,444.48	$0.00	$58,444.48
				$58,444.48	$0.00	$58,444.48
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$736.00	$0.00	$736.00
Medical.....	.....			$877.09	$0.00	$877.09
				$1,613.09	$0.00	$1,613.09
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$18.50	$0.00	$18.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,162.41	$0.00	$2,162.41
				$2,180.91	$0.00	$2,180.91
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$74.54	$0.00	$74.54
Indemnity.....	.....			$5,191.10	$0.00	$5,191.10
Medical.....	.....			$18,725.57	$0.00	$18,725.57
				$23,991.21	$0.00	$23,991.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$2,977.80	$0.00	$2,977.80
Medical.....	.....			$2,745.77	$0.00	$2,745.77
				$5,723.57	$0.00	$5,723.57
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$4,825.21	$500.00	$5,325.21
Indemnity.....	.....			$143,689.99	$0.00	$143,689.99
Medical.....	.....			$615,310.79	$316,669.78	$931,980.57
				$763,825.99	$317,169.78	$1,080,995.77
# of Claims	7					
# Open	1	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,538.18	$0.00	$4,538.18
				$4,538.18	$0.00	$4,538.18
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$991.29	$0.00	$991.29
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$44,023.77	$0.00	$44,023.77
				$45,015.06	$0.00	$45,015.06
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,502.36	$0.00	$4,502.36
				$4,502.36	$0.00	$4,502.36
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$525.79	$0.00	$525.79
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$82,135.72	$0.00	$82,135.72
				$82,661.51	$0.00	$82,661.51
# of Claims	7					
# Open	0	Recovery Amount:	-$33,679.10			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$6,354.56	$0.00	$6,354.56
Medical.....	.....			$4,437.35	$0.00	$4,437.35
				$10,799.91	$0.00	$10,799.91
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$202.00	$1,618.00	$1,820.00
Indemnity.....	.....			$19,119.64	$0.00	$19,119.64
Medical.....	.....			$82,268.41	$17,957.04	$100,225.45
				$101,590.05	$19,575.04	$121,165.09
# of Claims	2					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$1,428.37	$0.00	$1,428.37
Indemnity.....	.....			$54,562.93	$0.00	$54,562.93
Medical.....	.....			$57,967.84	$0.00	$57,967.84
				$113,959.14	$0.00	$113,959.14
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$159.69	$0.00	$159.69
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,871.29	$0.00	$2,871.29
				$3,030.98	$0.00	$3,030.98
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

S960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$92.78	$157.22	$250.00
Indemnity.....	.....			$8,026.57	$0.00	$8,026.57
Medical.....	.....			$10,094.04	$8,862.76	$18,956.80
				$18,213.39	$9,019.98	$27,233.37
# of Claims	2					
# Open	1	Recovery Amount:	-$14,234.93			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$188.88	$0.00	$188.88
Indemnity.....	.....			$176.77	$0.00	$176.77
Medical.....	.....			$8,478.11	$0.00	$8,478.11
				$8,843.76	$0.00	$8,843.76
# of Claims	20					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$223.00	$147.00	$370.00
Indemnity.....	.....			$0.00	$2,000.00	$2,000.00
Medical.....	.....			$25,766.53	$14,326.58	$40,093.11
				$25,989.53	$16,473.58	$42,463.11
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$125.00	$125.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,025.44	$4,174.56	$5,200.00
				$1,025.44	$4,299.56	$5,325.00
# of Claims	2					
# Open	2	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$8,738.05	$2,555.22	$11,293.27
Indemnity.....	.....			$259,847.95	$2,000.00	$261,847.95
Medical.....	.....			$1,092,255.82	$389,794.09	$1,482,049.91
				$1,360,841.82	$394,349.31	$1,755,191.13
# of Claims	114					
# Open	7	Recovery Amount:	-$48,319.03			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

960 - FIRE PROGRAMS, DEPT. OF

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	7/1/1986 - 6/30/1987					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$770.23	$0.00	$770.23
				$770.23	$0.00	$770.23
# of Claims	5					
# Open	0	Recovery Amount:	-$263.96			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	7/1/1987 - 6/30/1988					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,754.61	$0.00	$1,754.61
				$1,754.61	$0.00	$1,754.61
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$73.00	$0.00	$73.00
				$73.00	$0.00	$73.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$241.00	$0.00	$241.00
				$241.00	$0.00	$241.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$670.62	$0.00	$670.62
				$670.62	$0.00	$670.62
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$1,533.34	$0.00	$1,533.34
Medical.....	.....			$3,870.76	$0.00	$3,870.76
				$5,404.10	$0.00	$5,404.10
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$393.69	$0.00	$393.69
Medical.....	.....			$1,199.84	$0.00	$1,199.84
				$1,593.53	$0.00	$1,593.53
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,386.91	$0.00	$1,386.91
				$1,386.91	$0.00	$1,386.91
# of Claims	8					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$172.58	$0.00	$172.58
Indemnity.....	.....			$155,294.12	$0.00	$155,294.12
Medical.....	.....			$48,015.70	$0.00	$48,015.70
				$203,482.40	$0.00	$203,482.40
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,575.88	$0.00	$4,575.88
				$4,575.88	$0.00	$4,575.88
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$54.60	$0.00	$54.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$54.60	$0.00	$54.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,147.15	$0.00	$1,147.15
				$1,147.15	$0.00	$1,147.15
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$21,082.70	$0.00	$21,082.70
Medical.....	.....			$32,343.34	$0.00	$32,343.34
				$53,426.04	$0.00	$53,426.04
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,291.44	$0.00	$1,291.44
				$1,291.44	$0.00	$1,291.44
# of Claims	6					
# Open	0	Recovery Amount:	-$89.60			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,086.27	$0.00	$5,086.27
				$5,086.27	$0.00	$5,086.27
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,066.11	$0.00	$1,066.11
				$1,066.11	$0.00	$1,066.11
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,796.72	$0.00	$14,796.72
				$14,796.72	$0.00	$14,796.72
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$5,143.72	$0.00	$5,143.72
Medical.....	.....			$6,654.90	$0.00	$6,654.90
				$11,798.62	$0.00	$11,798.62
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$17,593.12	$0.00	$17,593.12
Medical.....	.....			$35,600.82	$0.00	$35,600.82
				$53,193.94	$0.00	$53,193.94
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,393.92	$0.00	$1,393.92
				$1,393.92	$0.00	$1,393.92
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$681.26	$0.00	$681.26
				$681.26	$0.00	$681.26
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,522.84	$0.00	$3,522.84
				$3,522.84	$0.00	$3,522.84
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$24.00	$0.00	$24.00
Indemnity.....	.....			$213.06	$0.00	$213.06
Medical.....	.....			$2,771.29	$0.00	$2,771.29
				$3,008.35	$0.00	$3,008.35
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

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Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$14,317.06	$0.00	$14,317.06
				$14,317.06	$0.00	$14,317.06
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$369.24	$0.00	$369.24
				$369.24	$0.00	$369.24
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$2,467.12	$0.00	$2,467.12
Indemnity.....	.....			$260.44	$0.00	$260.44
Medical.....	.....			$23,701.19	$0.00	$23,701.19
				$26,428.75	$0.00	$26,428.75
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$1,102.29	$0.00	$1,102.29
Indemnity.....	.....			$9,393.59	$0.00	$9,393.59
Medical.....	.....			$69,111.75	$0.00	$69,111.75
				$79,607.63	$0.00	$79,607.63
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$16,908.55	$0.00	$16,908.55
Medical.....	.....			$90,583.32	$0.00	$90,583.32
				$107,499.87	$0.00	$107,499.87
# of Claims	13					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$6,929.34	$552.00	$7,481.34
Indemnity.....	.....			$169,333.30	$62,062.28	$231,395.58
Medical.....	.....			$191,531.81	$174,682.18	$366,213.99
				$367,794.45	$237,296.46	$605,090.91
# of Claims	12					
# Open	2	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$16.00	$0.00	$16.00
Indemnity.....	.....			$13,264.01	$0.00	$13,264.01
Medical.....	.....			$37,262.42	$0.00	$37,262.42
				$50,542.43	$0.00	$50,542.43
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$30.57	$0.00	$30.57
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,011.99	$0.00	$5,011.99
				$5,042.56	$0.00	$5,042.56
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$96.58	$0.00	$96.58
Indemnity.....	.....			$9,096.65	$0.00	$9,096.65
Medical.....	.....			$9,256.71	$0.00	$9,256.71
				$18,449.94	$0.00	$18,449.94
# of Claims	10					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$69.00	$0.00	$69.00
Indemnity.....	.....			$890.69	$0.00	$890.69
Medical.....	.....			$2,400.01	$0.00	$2,400.01
				$3,359.70	$0.00	$3,359.70
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$320.08	$0.00	$320.08
Indemnity.....	.....			$679.66	$0.00	$679.66
Medical.....	.....			$8,144.41	$0.00	$8,144.41
				$9,144.15	$0.00	$9,144.15
# of Claims	9					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$49.40	$0.00	$49.40
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,432.80	$0.00	$2,432.80
				$2,482.20	$0.00	$2,482.20
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

961 - Capitol Police

S961 - Capitol Police

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$113.57**	**$706.43**	**$820.00**
Indemnity.....	.....			**$8,110.46**	**$45,106.57**	**$53,217.03**
Medical.....	.....			**$5,312.53**	**$62,958.90**	**$68,271.43**
				$13,536.56	**$108,771.90**	**$122,308.46**
# of Claims	**7**					
# Open	**5**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$11,453.13**	**$1,258.43**	**$12,711.56**
Indemnity.....	.....			**$429,191.10**	**$107,168.85**	**$536,359.95**
Medical.....	.....			**$628,349.85**	**$237,641.08**	**$865,990.93**
				$1,068,994.08	**$346,068.36**	**$1,415,062.44**
# of Claims	**247**					
# Open	**7**	**Recovery Amount:**	**-$353.56**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

S962 - EMPLOYMENT DISPUTE RESOL., DEPT O

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$458.27	$0.00	$458.27
Medical.....	.....			$794.80	$0.00	$794.80
				$1,253.07	$0.00	$1,253.07
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$507.60	$0.00	$507.60
				$507.60	$0.00	$507.60
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$27,032.06	$1,000.00	$28,032.06
Indemnity.....	.....			$409,412.54	$0.00	$409,412.54
Medical.....	.....			$149,993.33	$175,480.06	$325,473.39
				$586,437.93	$176,480.06	$762,917.99
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

S962 - EMPLOYMENT DISPUTE RESOL., DEPT O

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$27,032.06	$1,000.00	$28,032.06
Indemnity.....	.....			$409,870.81	$0.00	$409,870.81
Medical.....	.....			$151,295.73	$175,480.06	$326,775.79
				$588,198.60	$176,480.06	$764,678.66
# of Claims	9					
# Open	1	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

966 - VA MARINE PROD COMMISSION

S966 - VA MARINE PROD COMMISSION

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	**7/1/1993 - 6/30/1994**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$50.00**	**$0.00**	**$50.00**
				$50.00	**$0.00**	**$50.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$50.00**	**$0.00**	**$50.00**
				$50.00	**$0.00**	**$50.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

996 - Supplemental Nutrition Assist Prgm

S996 - Supplemental Nutrition Assist Prg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,470.29**	**$0.00**	**$2,470.29**
				$2,470.29	**$0.00**	**$2,470.29**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$54.05**	**$0.00**	**$54.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$54.05	**$0.00**	**$54.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$54.05**	**$0.00**	**$54.05**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,470.29**	**$0.00**	**$2,470.29**
				$2,524.34	**$0.00**	**$2,524.34**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

997 - TANF/VIEW - CWEP

S997 - TANF/VIEW - CWEP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$767.61**	**$0.00**	**$767.61**
				$767.61	**$0.00**	**$767.61**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$767.61**	**$0.00**	**$767.61**
				$767.61	**$0.00**	**$767.61**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

100 - Habitat for Humanity

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,386.61**	**$0.00**	**$2,386.61**
				$2,386.61	**$0.00**	**$2,386.61**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	**7/1/2006 - 6/30/2007**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$547.30**	**$0.00**	**$547.30**
				$547.30	**$0.00**	**$547.30**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$173.00**	**$0.00**	**$173.00**
				$173.00	**$0.00**	**$173.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,106.91**	**$0.00**	**$3,106.91**
				$3,106.91	**$0.00**	**$3,106.91**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

120 - Mountain Empire Community College

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

120 - Mountain Empire Community College

WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

130 - Richmond CAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$457.00**	**$0.00**	**$457.00**
				$457.00	**$0.00**	**$457.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$457.00**	**$0.00**	**$457.00**
			$457.00	**$0.00**	**$457.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

130 - Richmond CAP

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$457.00**	**$0.00**	**$457.00**
				$457.00	**$0.00**	**$457.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$457.00**	**$0.00**	**$457.00**
				$457.00	**$0.00**	**$457.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

150 - VCU AmeriCorps

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	**7/1/2011 - 6/30/2012**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

150 - VCU AmeriCorps

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

160 - Carroll County Public Schools

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$378.50**	**$0.00**	**$378.50**
		$378.50	**$0.00**	**$378.50**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$378.50**	**$0.00**	**$378.50**
	$378.50	**$0.00**	**$378.50**
# of Claims	**4**		
# Open	**0**	**Recovery Amount:**	**$0.00**

170 - VaDSS CommunityCorps

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

170 - VaDSS CommunityCorps

WC2005	**7/1/2004 - 6/30/2005**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,782.20**	**$0.00**	**$3,782.20**
				$3,782.20	**$0.00**	**$3,782.20**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$2,458.43**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$3,782.20**	**$0.00**	**$3,782.20**
				$3,782.20	**$0.00**	**$3,782.20**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**-$2,458.43**			

190 - Community Housing Partners

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

190 - Community Housing Partners

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$19.23	$0.00	$19.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$19.23	$0.00	$19.23
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.00	$0.00	$312.00
				$320.00	$0.00	$320.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$27.23	$0.00	$27.23
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$312.00	$0.00	$312.00
				$339.23	$0.00	$339.23
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

230 - Virginia Crime Prevention

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

230 - Virginia Crime Prevention

WC2005	**7/1/2004 - 6/30/2005**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

250 - Arlington Board

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**				
Expense			**$949.00**	**$0.00**	**$949.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$71,797.79**	**$0.00**	**$71,797.79**
			$72,746.79	**$0.00**	**$72,746.79**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,920.87**	**$0.00**	**$1,920.87**
			$1,920.87	**$0.00**	**$1,920.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$949.00**	**$0.00**	**$949.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$73,718.66**	**$0.00**	**$73,718.66**
			$74,667.66	**$0.00**	**$74,667.66**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

250 - Arlington Board

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$949.00**	**$0.00**	**$949.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$71,797.79**	**$0.00**	**$71,797.79**
				$72,746.79	**$0.00**	**$72,746.79**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,920.87**	**$0.00**	**$1,920.87**
				$1,920.87	**$0.00**	**$1,920.87**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$949.00**	**$0.00**	**$949.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$73,718.66**	**$0.00**	**$73,718.66**
				$74,667.66	**$0.00**	**$74,667.66**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

260 - Boaz and Ruth, Inc.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$588.73**	**$0.00**	**$588.73**
				$588.73	**$0.00**	**$588.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

260 - Boaz and Ruth, Inc.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$588.73	$0.00	$588.73
				$588.73	$0.00	$588.73
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

270 - Charlottesville Abundant Life Min.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

330 - New River Community Action

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

330 - New River Community Action

WC2012	**7/1/2011 - 6/30/2012**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$585.00**	**$0.00**	**$585.00**
			$585.00	**$0.00**	**$585.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2015	**7/1/2014 - 6/30/2015**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$215.00**	**$0.00**	**$215.00**
			$215.00	**$0.00**	**$215.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$800.00**	**$0.00**	**$800.00**
			$800.00	**$0.00**	**$800.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

350 - Pathways, Inc.

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2012	**7/1/2011 - 6/30/2012**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$176.38**	**$0.00**	**$176.38**
			$176.38	**$0.00**	**$176.38**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

350 - Pathways, Inc.

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$20.61	$0.00	$20.61
				$20.61	$0.00	$20.61
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$196.99	$0.00	$196.99
				$196.99	$0.00	$196.99
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

380 - City of Roanoke Libraries

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,266.37	$0.00	$2,266.37
				$2,266.37	$0.00	$2,266.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$2,266.37	$0.00	$2,266.37
				$2,266.37	$0.00	$2,266.37
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

390 - DCR, Division of State Parks

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

390 - DCR, Division of State Parks

WC2015	**7/1/2014 - 6/30/2015**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$81.74**	**$0.00**	**$81.74**
			$81.74	**$0.00**	**$81.74**
# of Claims	**6**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2016	**7/1/2015 - 6/30/2016**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$235.13**	**$0.00**	**$235.13**
		$235.13	**$0.00**	**$235.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**			
Expense		**$29.57**	**$0.00**	**$29.57**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,150.50**	**$0.00**	**$1,150.50**
		$1,180.07	**$0.00**	**$1,180.07**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$950.94**	**$0.00**	**$950.94**
		$950.94	**$0.00**	**$950.94**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

390 - DCR, Division of State Parks

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$75.44**	**$0.00**	**$75.44**
				$75.44	**$0.00**	**$75.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$31.10**	**$100.00**	**$131.10**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$3,800.00**	**$3,800.00**
				$31.10	**$3,900.00**	**$3,931.10**
# of Claims	**3**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$60.67**	**$100.00**	**$160.67**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,493.75**	**$3,800.00**	**$6,293.75**
				$2,554.42	**$3,900.00**	**$6,454.42**
# of Claims	**15**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

400 - Virginia Community College System

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	**7/1/2010 - 6/30/2011**					
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23,532.88**	**$0.00**	**$23,532.88**
				$23,564.88	**$0.00**	**$23,564.88**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**-$7,763.16**			

Grand Totals						
Expense				**$32.00**	**$0.00**	**$32.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$23,532.88**	**$0.00**	**$23,532.88**
				$23,564.88	**$0.00**	**$23,564.88**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

400 - Virginia Community College System

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**-$7,763.16**

430 - CARITAS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2018	**7/1/2017 - 6/30/2018**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$13,559.78**	**$0.00**	**$13,559.78**
			$13,567.78	**$0.00**	**$13,567.78**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$13,559.78**	**$0.00**	**$13,559.78**
			$13,567.78	**$0.00**	**$13,567.78**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

500 - The Literacy Lab

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2017	**7/1/2016 - 6/30/2017**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		
Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

S998 - AmeriCorps c/o DSS-OVC

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

S998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	**7/1/2005 - 6/30/2006**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$470.82**	**$0.00**	**$470.82**
				$470.82	**$0.00**	**$470.82**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	**7/1/2007 - 6/30/2008**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,603.77**	**$0.00**	**$1,603.77**
				$1,603.77	**$0.00**	**$1,603.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	**7/1/2008 - 6/30/2009**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,513.56**	**$0.00**	**$1,513.56**
				$1,513.56	**$0.00**	**$1,513.56**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	**7/1/2009 - 6/30/2010**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

S998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,711.11	$0.00	$5,711.11
				$5,711.11	$0.00	$5,711.11
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$23.28	$0.00	$23.28
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$619.70	$0.00	$619.70
				$642.98	$0.00	$642.98
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

S998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$225.00	$0.00	$225.00
				$225.00	$0.00	$225.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$263.59	$0.00	$263.59
				$263.59	$0.00	$263.59
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$52.80	$0.00	$52.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,184.95	$0.00	$1,184.95
				$1,237.75	$0.00	$1,237.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$47.80	$0.00	$47.80
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$780.01	$0.00	$780.01
				$827.81	$0.00	$827.81
# of Claims	3					
# Open	0	Recovery Amount:	-$780.01			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

998 - AmeriCorps c/o DSS-OVC

S998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$25.40**	**$0.00**	**$25.40**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$25.40	**$0.00**	**$25.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$149.28**	**$0.00**	**$149.28**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$12,372.51**	**$0.00**	**$12,372.51**
				$12,521.79	**$0.00**	**$12,521.79**
# of Claims	**25**					
# Open	**0**	**Recovery Amount:**	**-$780.01**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

032 - ABC Deltaville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$68.00**	**$0.00**	**$68.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,554.09**	**$591.00**	**$5,145.09**
				$4,622.09	**$591.00**	**$5,213.09**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$68.00**	**$0.00**	**$68.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$4,554.09**	**$591.00**	**$5,145.09**
				$4,622.09	**$591.00**	**$5,213.09**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

037 - ABC Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$1,769.54**	**$0.00**	**$1,769.54**
Indemnity				**$4,515.94**	**$0.00**	**$4,515.94**
Medical				**$3,661.58**	**$0.00**	**$3,661.58**
				$9,947.06	**$0.00**	**$9,947.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

037 - ABC Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,276.11	$0.00	$3,276.11
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$3,276.11	$0.00	$3,276.11
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$5,045.65	$0.00	$5,045.65
Indemnity.....	.....			$4,515.94	$0.00	$4,515.94
Medical.....	.....			$3,661.58	$0.00	$3,661.58
				$13,223.17	$0.00	$13,223.17
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

045 - ABC Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$252.00	$0.00	$252.00
				$252.00	$0.00	$252.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$56.51	$0.00	$56.51
Medical.....	.....			$930.12	$0.00	$930.12
				$994.63	$0.00	$994.63
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$56.51	$0.00	$56.51
Medical.....	.....			$1,182.12	$0.00	$1,182.12
				$1,246.63	$0.00	$1,246.63

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

045 - ABC Fairfax

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

046 - ABC Charlottesville

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$47.10**	**$0.00**	**$47.10**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$722.72**	**$0.00**	**$722.72**
		$769.82	**$0.00**	**$769.82**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$314.97**	**$0.00**	**$314.97**
		$314.97	**$0.00**	**$314.97**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$47.10**	**$0.00**	**$47.10**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$1,037.69**	**$0.00**	**$1,037.69**
	$1,084.79	**$0.00**	**$1,084.79**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

048 - ABC Lightfoot

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$2,371.36**	**$2,567.00**	**$4,938.36**
Indemnity		**$10,249.36**	**$6,522.32**	**$16,771.68**
Medical		**$11,578.60**	**$14,567.87**	**$26,146.47**
		$24,199.32	**$23,657.19**	**$47,856.51**
# of Claims	**1**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

048 - ABC Lightfoot

Expense.....	**$2,371.36**	**$2,567.00**	**$4,938.36**
Indemnity.....	**$10,249.36**	**$6,522.32**	**$16,771.68**
Medical.....	**$11,578.60**	**$14,567.87**	**$26,146.47**
	$24,199.32	**$23,657.19**	**$47,856.51**

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

051 - ABC Lake Monticello

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....			**$38.10**	**$0.00**	**$38.10**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$381.39**	**$0.00**	**$381.39**
			$419.49	**$0.00**	**$419.49**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			
Grand Totals					
Expense.....			**$38.10**	**$0.00**	**$38.10**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$381.39**	**$0.00**	**$381.39**
			$419.49	**$0.00**	**$419.49**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

052 - ABC Strasburg

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$2,188.02**	**$0.00**	**$2,188.02**
			$2,188.02	**$0.00**	**$2,188.02**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			
Grand Totals					
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$2,188.02**	**$0.00**	**$2,188.02**
			$2,188.02	**$0.00**	**$2,188.02**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

052 - ABC Strasburg

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

054 - ABC Stone Ridge

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$412.37	$0.00	$412.37
		$412.37	$0.00	$412.37

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023			
Expense.....	.....	$8.00	$0.00	$8.00
Indemnity.....	.....	$11,153.24	$0.00	$11,153.24
Medical.....	.....	$1,598.72	$0.00	$1,598.72
		$12,759.96	$0.00	$12,759.96

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals				
Expense.....	.....	$8.00	$0.00	$8.00
Indemnity.....	.....	$11,153.24	$0.00	$11,153.24
Medical.....	.....	$2,011.09	$0.00	$2,011.09
		$13,172.33	$0.00	$13,172.33

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

055 - ABC Manassas

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$543.48	$0.00	$543.48
		$543.48	$0.00	$543.48

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

055 - ABC Manassas

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$51.58**	**$74.66**	**$126.24**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$915.78**	**$9,000.00**	**$9,915.78**
				$967.36	**$9,074.66**	**$10,042.02**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$51.58**	**$74.66**	**$126.24**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,459.26**	**$9,000.00**	**$10,459.26**
				$1,510.84	**$9,074.66**	**$10,585.50**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

059 - ABC South Boston

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,126.40**	**$0.00**	**$1,126.40**
				$1,126.40	**$0.00**	**$1,126.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,126.40**	**$0.00**	**$1,126.40**
				$1,126.40	**$0.00**	**$1,126.40**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

059 - ABC South Boston

# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

063 - ABC Lorton

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

066 - ABC Bealeton

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,589.03**	**$0.00**	**$1,589.03**
			$1,589.03	**$0.00**	**$1,589.03**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$320.84**	**$0.00**	**$320.84**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$7,904.63**	**$0.00**	**$7,904.63**
			$8,225.47	**$0.00**	**$8,225.47**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

066 - ABC Bealeton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$14.60**	**$0.00**	**$14.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$169.15**	**$0.00**	**$169.15**
				$183.75	**$0.00**	**$183.75**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$335.44**	**$0.00**	**$335.44**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$9,662.81**	**$0.00**	**$9,662.81**
				$9,998.25	**$0.00**	**$9,998.25**
# of Claims	**6**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

067 - ABC Christiansburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

068 - ABC Harrisonburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

068 - ABC Harrisonburg

WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

070 - ABC Ruckersville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

071 - ABC Norfolk

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

071 - ABC Norfolk

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$8.00**	**$192.00**	**$200.00**
Indemnity			**$21,163.29**	**$11,053.33**	**$32,216.62**
Medical			**$7,989.78**	**$8,270.22**	**$16,260.00**
			$29,161.07	**$19,515.55**	**$48,676.62**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$8.00**	**$192.00**	**$200.00**
Indemnity			**$21,163.29**	**$11,053.33**	**$32,216.62**
Medical			**$7,989.78**	**$8,270.22**	**$16,260.00**
			$29,161.07	**$19,515.55**	**$48,676.62**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

074 - ABC Fredericksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$267.37**	**$0.00**	**$267.37**
				$267.37	**$0.00**	**$267.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$267.37**	**$0.00**	**$267.37**
			$267.37	**$0.00**	**$267.37**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

075 - ABC Stephens City

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

075 - ABC Stephens City

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

078 - ABC Haymarket

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

084 - ABC Fairfax

Policy	Policy Period	Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

084 - ABC Fairfax

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$3,304.35**	**$0.00**	**$3,304.35**
Medical			**$5,433.52**	**$0.00**	**$5,433.52**
			$8,745.87	**$0.00**	**$8,745.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$3,304.35**	**$0.00**	**$3,304.35**
Medical			**$5,433.52**	**$0.00**	**$5,433.52**
			$8,745.87	**$0.00**	**$8,745.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

087 - ABC Bluefield

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$2,214.24**	**$292.00**	**$2,506.24**
Indemnity				**$49,074.17**	**$11,656.21**	**$60,730.38**
Medical				**$24,861.56**	**$9,379.14**	**$34,240.70**
				$76,149.97	**$21,327.35**	**$97,477.32**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$2,214.24**	**$292.00**	**$2,506.24**
Indemnity			**$49,074.17**	**$11,656.21**	**$60,730.38**
Medical			**$24,861.56**	**$9,379.14**	**$34,240.70**
			$76,149.97	**$21,327.35**	**$97,477.32**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

088 - ABC Marshall

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

088 - ABC Marshall

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$623.55**	**$0.00**	**$623.55**
			$623.55	**$0.00**	**$623.55**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$623.55**	**$0.00**	**$623.55**
			$623.55	**$0.00**	**$623.55**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

090 - ABC Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,618.00**	**$0.00**	**$2,618.00**
				$2,618.00	**$0.00**	**$2,618.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$43.16**	**$175.66**	**$218.82**
Indemnity				**$0.00**	**$1,650.00**	**$1,650.00**
Medical				**$0.00**	**$8,350.00**	**$8,350.00**
				$43.16	**$10,175.66**	**$10,218.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$43.16**	**$175.66**	**$218.82**
Indemnity			**$0.00**	**$1,650.00**	**$1,650.00**
Medical			**$2,618.00**	**$8,350.00**	**$10,968.00**
			$2,661.16	**$10,175.66**	**$12,836.82**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

090 - ABC Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$2,618.00**	**$0.00**	**$2,618.00**
				$2,618.00	**$0.00**	**$2,618.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$43.16**	**$175.66**	**$218.82**
Indemnity				**$0.00**	**$1,650.00**	**$1,650.00**
Medical				**$0.00**	**$8,350.00**	**$8,350.00**
				$43.16	**$10,175.66**	**$10,218.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$43.16**	**$175.66**	**$218.82**
Indemnity				**$0.00**	**$1,650.00**	**$1,650.00**
Medical				**$2,618.00**	**$8,350.00**	**$10,968.00**
				$2,661.16	**$10,175.66**	**$12,836.82**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

092 - ABC Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$213.37**	**$0.00**	**$213.37**
				$213.37	**$0.00**	**$213.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

092 - ABC Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$94.82	$0.00	$94.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,621.30	$0.00	$1,621.30
				$1,716.12	$0.00	$1,716.12
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$94.82	$0.00	$94.82
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,834.67	$0.00	$1,834.67
				$1,929.49	$0.00	$1,929.49
# of Claims	5					
# Open	0	Recovery Amount:	$0.00			

095 - ABC Massaponax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$200.00	$218.82
Indemnity.....	.....			$2,735.18	$5,470.36	$8,205.54
Medical.....	.....			$568.61	$27,231.39	$27,800.00
				$3,322.61	$32,901.75	$36,224.36
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$18.82	$200.00	$218.82
Indemnity.....	.....			$2,735.18	$5,470.36	$8,205.54
Medical.....	.....			$568.61	$27,231.39	$27,800.00
				$3,322.61	$32,901.75	$36,224.36

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

095 - ABC Massaponax

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

096 - ABC Galax

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021				
Expense.....	.....		$63.15	$0.00	$63.15
Indemnity.....	.....		$7,124.68	$0.00	$7,124.68
Medical.....	.....		$21,175.52	$0.00	$21,175.52
			$28,363.35	$0.00	$28,363.35

# of Claims 1

 # Open 0 **Recovery Amount:** -$18,802.66

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals					
Expense.....	.....		$63.15	$0.00	$63.15
Indemnity.....	.....		$7,124.68	$0.00	$7,124.68
Medical.....	.....		$21,175.52	$0.00	$21,175.52
			$28,363.35	$0.00	$28,363.35

# of Claims 2

 # Open 0 **Recovery Amount:** -$18,802.66

101 - ABC Richmond

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021				
Expense.....	.....		$86.00	$0.00	$86.00
Indemnity.....	.....		$3,136.27	$0.00	$3,136.27
Medical.....	.....		$5,438.68	$0.00	$5,438.68
			$8,660.95	$0.00	$8,660.95

# of Claims 3

 # Open 0 **Recovery Amount:** $0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

101 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$86.00	$0.00	$86.00
Indemnity.....	.....			$3,136.27	$0.00	$3,136.27
Medical.....	.....			$5,438.68	$0.00	$5,438.68
				$8,660.95	$0.00	$8,660.95
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

102 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.16	$0.00	$320.16
				$320.16	$0.00	$320.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$320.16	$0.00	$320.16
				$320.16	$0.00	$320.16
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

105 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

105 - ABC Beach

WC2022	**7/1/2021 - 6/30/2022**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

106 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$8.00**	**$0.00**	**$8.00**
Indemnity.....	**.....**			**$162.43**	**$0.00**	**$162.43**
Medical.....	**.....**			**$534.62**	**$0.00**	**$534.62**
				$705.05	**$0.00**	**$705.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	**.....**			**$50.91**	**$0.00**	**$50.91**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$1,618.51**	**$0.00**	**$1,618.51**
				$1,669.42	**$0.00**	**$1,669.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense.....	**.....**		**$58.91**	**$0.00**	**$58.91**
Indemnity.....	**.....**		**$162.43**	**$0.00**	**$162.43**
Medical.....	**.....**		**$2,153.13**	**$0.00**	**$2,153.13**
			$2,374.47	**$0.00**	**$2,374.47**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

106 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$162.43**	**$0.00**	**$162.43**
Medical				**$534.62**	**$0.00**	**$534.62**
				$705.05	**$0.00**	**$705.05**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$50.91**	**$0.00**	**$50.91**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,618.51**	**$0.00**	**$1,618.51**
				$1,669.42	**$0.00**	**$1,669.42**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$58.91**	**$0.00**	**$58.91**
Indemnity				**$162.43**	**$0.00**	**$162.43**
Medical				**$2,153.13**	**$0.00**	**$2,153.13**
				$2,374.47	**$0.00**	**$2,374.47**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

108 - ABC Glen Allen

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$371.06**	**$0.00**	**$371.06**
				$371.06	**$0.00**	**$371.06**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$371.06**	**$0.00**	**$371.06**
				$371.06	**$0.00**	**$371.06**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

108 - ABC Glen Allen

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

112 - ABC Hampton

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$540.81**	**$0.00**	**$540.81**
		$548.81	**$0.00**	**$548.81**

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$8.00**	**$192.00**	**$200.00**
Indemnity		**$9,985.65**	**$19,305.59**	**$29,291.24**
Medical		**$27,233.87**	**$17,766.13**	**$45,000.00**
		$37,227.52	**$37,263.72**	**$74,491.24**

# of Claims	**1**		
# Open	**1**	**Recovery Amount:**	**$0.00**

Grand Totals			
Expense	**$16.00**	**$192.00**	**$208.00**
Indemnity	**$9,985.65**	**$19,305.59**	**$29,291.24**
Medical	**$27,774.68**	**$17,766.13**	**$45,540.81**
	$37,776.33	**$37,263.72**	**$75,040.05**

# of Claims	**2**		
# Open	**1**	**Recovery Amount:**	**$0.00**

113 - ABC Hot Springs

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$18.82**	**$231.18**	**$250.00**
Indemnity		**$8,697.43**	**$12,642.67**	**$21,340.10**
Medical		**$53,294.33**	**$23,255.67**	**$76,550.00**
		$62,010.58	**$36,129.52**	**$98,140.10**

# of Claims	**1**		
# Open	**1**	**Recovery Amount:**	**$0.00**

Grand Totals

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

113 - ABC Hot Springs

Expense.....	**$18.82**	**$231.18**	**$250.00**
Indemnity.....	**$8,697.43**	**$12,642.67**	**$21,340.10**
Medical.....	**$53,294.33**	**$23,255.67**	**$76,550.00**
	$62,010.58	**$36,129.52**	**$98,140.10**

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

115 - ABC Roanoke

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$51.60**	**$0.00**	**$51.60**
			$51.60	**$0.00**	**$51.60**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....			**$36.10**	**$0.00**	**$36.10**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$73.22**	**$0.00**	**$73.22**
			$109.32	**$0.00**	**$109.32**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

Grand Totals

Expense.....	**$36.10**	**$0.00**	**$36.10**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$124.82**	**$0.00**	**$124.82**
	$160.92	**$0.00**	**$160.92**

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

121 - ABC Fredericksburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

121 - ABC Fredericksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$258.66**	**$0.00**	**$258.66**
				$258.66	**$0.00**	**$258.66**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$258.66**	**$0.00**	**$258.66**
				$258.66	**$0.00**	**$258.66**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

122 - ABC Staunton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24.08**	**$0.00**	**$24.08**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$340.52**	**$0.00**	**$340.52**
				$364.60	**$0.00**	**$364.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$24.08**	**$0.00**	**$24.08**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$340.52**	**$0.00**	**$340.52**
				$364.60	**$0.00**	**$364.60**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

124 - ABC Covington

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

124 - ABC Covington

WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

125 - ABC Charlottesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$45.60**	**$0.00**	**$45.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.60	**$0.00**	**$45.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$45.60**	**$0.00**	**$45.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.60	**$0.00**	**$45.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

125 - ABC Charlottesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$45.60**	**$0.00**	**$45.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.60	**$0.00**	**$45.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$45.60**	**$0.00**	**$45.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$45.60	**$0.00**	**$45.60**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

126 - ABC Nellysford

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$32.90**	**$0.00**	**$32.90**
Indemnity				**$3,778.29**	**$0.00**	**$3,778.29**
Medical				**$1,567.21**	**$0.00**	**$1,567.21**
				$5,378.40	**$0.00**	**$5,378.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

126 - ABC Nellysford

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$32.90	$0.00	$32.90
Indemnity.....	.....			$3,778.29	$0.00	$3,778.29
Medical.....	.....			$1,567.21	$0.00	$1,567.21
				$5,378.40	$0.00	$5,378.40
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

127 - ABC Herndon

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

128 - ABC Norfolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

128 - ABC Norfolk

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$79.00**	**$0.00**	**$79.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$79.00	**$0.00**	**$79.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$200.00**	**$218.82**
Indemnity				**$3,870.00**	**$10,630.00**	**$14,500.00**
Medical				**$699.89**	**$10,300.11**	**$11,000.00**
				$4,588.71	**$21,130.11**	**$25,718.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$97.82**	**$200.00**	**$297.82**
Indemnity			**$3,870.00**	**$10,630.00**	**$14,500.00**
Medical			**$699.89**	**$10,300.11**	**$11,000.00**
			$4,667.71	**$21,130.11**	**$25,797.82**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

131 - ABC Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$4,117.90**	**$912.00**	**$5,029.90**
Indemnity				**$43,971.43**	**$9,039.41**	**$53,010.84**
Medical				**$68,445.38**	**$147,863.93**	**$216,309.31**
				$116,534.71	**$157,815.34**	**$274,350.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$4,117.90**	**$912.00**	**$5,029.90**
Indemnity			**$43,971.43**	**$9,039.41**	**$53,010.84**
Medical			**$68,445.38**	**$147,863.93**	**$216,309.31**
			$116,534.71	**$157,815.34**	**$274,350.05**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

131 - ABC Fairfax

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$4,117.90**	**$912.00**	**$5,029.90**
Indemnity				**$43,971.43**	**$9,039.41**	**$53,010.84**
Medical				**$68,445.38**	**$147,863.93**	**$216,309.31**
				$116,534.71	**$157,815.34**	**$274,350.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$4,117.90**	**$912.00**	**$5,029.90**
Indemnity				**$43,971.43**	**$9,039.41**	**$53,010.84**
Medical				**$68,445.38**	**$147,863.93**	**$216,309.31**
				$116,534.71	**$157,815.34**	**$274,350.05**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

133 - ABC Manassas

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

134 - ABC Norfolk

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

134 - ABC Norfolk

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$47.12**	**$0.00**	**$47.12**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$432.90**	**$0.00**	**$432.90**
			$480.02	**$0.00**	**$480.02**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$47.12**	**$0.00**	**$47.12**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$432.90**	**$0.00**	**$432.90**
			$480.02	**$0.00**	**$480.02**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

135 - ABC Marion

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$151.18**	**$170.00**
Indemnity				**$4,810.45**	**$7,487.57**	**$12,298.02**
Medical				**$361.56**	**$12,138.44**	**$12,500.00**
				$5,190.83	**$19,777.19**	**$24,968.02**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$18.82**	**$151.18**	**$170.00**
Indemnity			**$4,810.45**	**$7,487.57**	**$12,298.02**
Medical			**$361.56**	**$12,138.44**	**$12,500.00**
			$5,190.83	**$19,777.19**	**$24,968.02**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

139 - ABC Winchester

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

139 - ABC Winchester

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

140 - ABC Lexington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$67.30**	**$0.00**	**$67.30**
Indemnity				**$201.52**	**$0.00**	**$201.52**
Medical				**$185.00**	**$0.00**	**$185.00**
				$453.82	**$0.00**	**$453.82**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24.50**	**$0.00**	**$24.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.50	**$0.00**	**$24.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$91.80**	**$0.00**	**$91.80**
Indemnity			**$201.52**	**$0.00**	**$201.52**
Medical			**$185.00**	**$0.00**	**$185.00**
			$478.32	**$0.00**	**$478.32**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

140 - ABC Lexington

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$67.30**	**$0.00**	**$67.30**
Indemnity				**$201.52**	**$0.00**	**$201.52**
Medical				**$185.00**	**$0.00**	**$185.00**
				$453.82	**$0.00**	**$453.82**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$24.50**	**$0.00**	**$24.50**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$24.50	**$0.00**	**$24.50**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$91.80**	**$0.00**	**$91.80**
Indemnity				**$201.52**	**$0.00**	**$201.52**
Medical				**$185.00**	**$0.00**	**$185.00**
				$478.32	**$0.00**	**$478.32**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

143 - ABC South Hill

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$289.59**	**$0.00**	**$289.59**
				$289.59	**$0.00**	**$289.59**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$289.59**	**$0.00**	**$289.59**
				$289.59	**$0.00**	**$289.59**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

143 - ABC South Hill

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

144 - ABC Emporia

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$553.52	$0.00	$553.52
		$553.52	$0.00	$553.52

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$553.52	$0.00	$553.52
		$553.52	$0.00	$553.52

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

145 - ABC Harrisonburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

145 - ABC Harrisonburg

Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

147 - ABC Monterey

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$204.60**	**$0.00**	**$204.60**
			$204.60	**$0.00**	**$204.60**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			
Grand Totals					
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$204.60**	**$0.00**	**$204.60**
			$204.60	**$0.00**	**$204.60**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

148 - ABC Williamsburg

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

148 - ABC Williamsburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$271.44**	**$0.00**	**$271.44**
				$271.44	**$0.00**	**$271.44**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$271.44**	**$0.00**	**$271.44**
				$271.44	**$0.00**	**$271.44**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

152 - ABC Farmville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....			**$0.00**	**$0.00**	**$0.00**
Medical.....	.....			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

155 - ABC Gloucester Point

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

155 - ABC Gloucester Point

WC2023	**7/1/2022 - 6/30/2023**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

158 - ABC Newport News

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

158 - ABC Newport News

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

159 - ABC Chesterfield

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$339.14**	**$0.00**	**$339.14**
				$339.14	**$0.00**	**$339.14**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

159 - ABC Chesterfield

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$339.14	$0.00	$339.14
				$339.14	$0.00	$339.14
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

160 - ABC Bedford

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$24.35	$0.00	$24.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$24.35	$0.00	$24.35
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$24.35	$0.00	$24.35
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

164 - ABC Crewe

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

164 - ABC Crewe

WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

165 - ABC Chesapeake

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

166 - ABC Leesburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

166 - ABC Leesburg

WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,607.28**	**$0.00**	**$1,607.28**
			$1,607.28	**$0.00**	**$1,607.28**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$52.00**	**$148.00**	**$200.00**
Indemnity				**$21,927.86**	**$3,086.14**	**$25,014.00**
Medical				**$15,460.74**	**$11,778.66**	**$27,239.40**
				$37,440.60	**$15,012.80**	**$52,453.40**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$52.00**	**$148.00**	**$200.00**
Indemnity			**$21,927.86**	**$3,086.14**	**$25,014.00**
Medical			**$17,068.02**	**$11,778.66**	**$28,846.68**
			$39,047.88	**$15,012.80**	**$54,060.68**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

167 - ABC Berryville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

167 - ABC Berryville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

171 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

171 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$50.00	$50.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$1,200.00	$1,200.00
				$0.00	$1,250.00	$1,250.00
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

175 - ABC West Point

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$601.87	$0.00	$601.87
				$601.87	$0.00	$601.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$601.87	$0.00	$601.87
				$601.87	$0.00	$601.87
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

179 - ABC Urbanna

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

179 - ABC Urbanna

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$3,428.13**	**$0.00**	**$3,428.13**
Medical			**$2,520.65**	**$0.00**	**$2,520.65**
			$5,956.78	**$0.00**	**$5,956.78**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$3,428.13**	**$0.00**	**$3,428.13**
Medical			**$2,520.65**	**$0.00**	**$2,520.65**
			$5,956.78	**$0.00**	**$5,956.78**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

185 - ABC Charlottesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$295.23**	**$0.00**	**$295.23**
				$295.23	**$0.00**	**$295.23**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$295.23**	**$0.00**	**$295.23**
			$295.23	**$0.00**	**$295.23**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

188 - ABC Beach

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

188 - ABC Beach

WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

190 - ABC Chesterfield

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

190 - ABC Chesterfield

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

191 - ABC Rocky Mount

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$23.50	$0.00	$23.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.50	$0.00	$23.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$23.50	$0.00	$23.50
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$23.50	$0.00	$23.50
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

192 - ABC Kilmarnock

Policy	Policy Period			Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

192 - ABC Kilmarnock

WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$208.00**	**$208.00**
Indemnity				**$0.00**	**$7,150.00**	**$7,150.00**
Medical				**$0.00**	**$5,100.00**	**$5,100.00**
				$0.00	**$12,458.00**	**$12,458.00**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$208.00**	**$208.00**
Indemnity				**$0.00**	**$7,150.00**	**$7,150.00**
Medical				**$0.00**	**$5,100.00**	**$5,100.00**
				$0.00	**$12,458.00**	**$12,458.00**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

193 - ABC Luray

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$5,551.56**	**$431.25**	**$5,982.81**
Indemnity				**$15,454.12**	**$0.00**	**$15,454.12**
Medical				**$31,790.60**	**$22,165.63**	**$53,956.23**
				$52,796.28	**$22,596.88**	**$75,393.16**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$5,551.56**	**$431.25**	**$5,982.81**
Indemnity				**$15,454.12**	**$0.00**	**$15,454.12**
Medical				**$31,790.60**	**$22,165.63**	**$53,956.23**
				$52,796.28	**$22,596.88**	**$75,393.16**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

195 - ABC Christiansburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

195 - ABC Christiansburg

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$590.79**	**$0.00**	**$590.79**
			$590.79	**$0.00**	**$590.79**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$590.79**	**$0.00**	**$590.79**
			$590.79	**$0.00**	**$590.79**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

196 - ABC Keysville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

201 - ABC Abingdon

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

201 - ABC Abingdon

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

202 - ABC Charlottesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$698.81**	**$0.00**	**$698.81**
				$698.81	**$0.00**	**$698.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$583.54**	**$0.00**	**$583.54**
				$583.54	**$0.00**	**$583.54**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,282.35**	**$0.00**	**$1,282.35**
			$1,282.35	**$0.00**	**$1,282.35**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

202 - ABC Charlottesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$698.81**	**$0.00**	**$698.81**
				$698.81	**$0.00**	**$698.81**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$583.54**	**$0.00**	**$583.54**
				$583.54	**$0.00**	**$583.54**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,282.35**	**$0.00**	**$1,282.35**
				$1,282.35	**$0.00**	**$1,282.35**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

203 - ABC Alexandria

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$64.50**	**$55.50**	**$120.00**
Indemnity				**$184.29**	**$6,265.71**	**$6,450.00**
Medical				**$1,149.90**	**$14,400.10**	**$15,550.00**
				$1,398.69	**$20,721.31**	**$22,120.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$64.50**	**$55.50**	**$120.00**
Indemnity				**$184.29**	**$6,265.71**	**$6,450.00**
Medical				**$1,149.90**	**$14,400.10**	**$15,550.00**
				$1,398.69	**$20,721.31**	**$22,120.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

203 - ABC Alexandria

# of Claims	**1**		
# Open	**1**	**Recovery Amount:**	**$0.00**

206 - ABC Big Stone Gap

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

207 - ABC Glen Allen

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,648.90**	**$0.00**	**$1,648.90**
				$1,656.90	**$0.00**	**$1,656.90**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$29.92**	**$0.00**	**$29.92**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$29.92	**$0.00**	**$29.92**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

207 - ABC Glen Allen

Expense	**$37.92**	**$0.00**	**$37.92**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$1,648.90**	**$0.00**	**$1,648.90**
	$1,686.82	**$0.00**	**$1,686.82**

# of Claims 4

 # Open 0 **Recovery Amount:** $0.00

209 - ABC Fredericksburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

211 - ABC Suffolk

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$8.00	**$0.00**	**$8.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

211 - ABC Suffolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

212 - ABC Falls Church

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

213 - ABC Hardy

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

213 - ABC Hardy

WC2020	**7/1/2019 - 6/30/2020**				
Expense.....	**.....**		**$32.80**	**$0.00**	**$32.80**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$156.00**	**$0.00**	**$156.00**
			$188.80	**$0.00**	**$188.80**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....	**.....**		**$8.00**	**$0.00**	**$8.00**
Indemnity.....	**.....**		**$68.70**	**$0.00**	**$68.70**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$76.70	**$0.00**	**$76.70**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$40.80**	**$0.00**	**$40.80**
Indemnity.....	**.....**		**$68.70**	**$0.00**	**$68.70**
Medical.....	**.....**		**$156.00**	**$0.00**	**$156.00**
			$265.50	**$0.00**	**$265.50**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

219 - ABC Vienna

Policy	**Policy Period**		**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

219 - ABC Vienna

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

221 - ABC Dahlgren

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$299.49	$4.33	$303.82
Indemnity.....	.....			$0.00	$4,950.00	$4,950.00
Medical.....	.....			$0.00	$12,250.00	$12,250.00
				$299.49	$17,204.33	$17,503.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$299.49	$4.33	$303.82
Indemnity.....	.....			$0.00	$4,950.00	$4,950.00
Medical.....	.....			$0.00	$12,250.00	$12,250.00
				$299.49	$17,204.33	$17,503.82
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

223 - ABC Exmore

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

223 - ABC Exmore

WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

224 - ABC Chantilly

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$40.00**	**$0.00**	**$40.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$40.00	**$0.00**	**$40.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

224 - ABC Chantilly

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$40.58	$0.00	$40.58
Indemnity.....	.....			$6,321.24	$0.00	$6,321.24
Medical.....	.....			$4,208.46	$0.00	$4,208.46
				$10,570.28	$0.00	$10,570.28
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$245.75	$0.00	$245.75
				$245.75	$0.00	$245.75
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$88.58	$0.00	$88.58
Indemnity.....	.....			$6,321.24	$0.00	$6,321.24
Medical.....	.....			$4,454.21	$0.00	$4,454.21
				$10,864.03	$0.00	$10,864.03
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

225 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

225 - ABC Beach

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

226 - ABC Norfolk

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$49.75**	**$0.00**	**$49.75**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$49.75	**$0.00**	**$49.75**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$50.00**	**$50.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$1,200.00**	**$1,200.00**
		$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$49.75**	**$50.00**	**$99.75**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$1,200.00**	**$1,200.00**
	$49.75	**$1,250.00**	**$1,299.75**
# of Claims	**4**		
# Open	**1**	**Recovery Amount:**	**$0.00**

229 - ABC Roanoke

Policy	Policy Period	Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

229 - ABC Roanoke

WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

232 - ABC Colonial Heights

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

234 - ABC Burke

Policy	Policy Period			Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

234 - ABC Burke

WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$94.53**	**$0.00**	**$94.53**
Medical				**$832.39**	**$0.00**	**$832.39**
				$934.92	**$0.00**	**$934.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$37.25**	**$0.00**	**$37.25**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$1,631.88**	**$0.00**	**$1,631.88**
		$1,669.13	**$0.00**	**$1,669.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$45.25**	**$0.00**	**$45.25**
Indemnity		**$94.53**	**$0.00**	**$94.53**
Medical		**$2,464.27**	**$0.00**	**$2,464.27**
		$2,604.05	**$0.00**	**$2,604.05**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

236 - ABC Annandale

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals				
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

236 - ABC Annandale

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

238 - ABC Callao

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

239 - ABC Bowling Green

Policy	Policy Period	Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

239 - ABC Bowling Green

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$93.11**	**$0.00**	**$93.11**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$93.11	**$0.00**	**$93.11**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$93.11**	**$0.00**	**$93.11**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$93.11	**$0.00**	**$93.11**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

240 - ABC Waverly

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

242 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

242 - ABC Richmond

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$362.63**	**$0.00**	**$362.63**
			$362.63	**$0.00**	**$362.63**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$362.63**	**$0.00**	**$362.63**
			$362.63	**$0.00**	**$362.63**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

243 - ABC Ashland

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$2,371.36**	**$192.00**	**$2,563.36**
Indemnity				**$9,663.19**	**$7,534.01**	**$17,197.20**
Medical				**$3,316.67**	**$10,083.33**	**$13,400.00**
				$15,351.22	**$17,809.34**	**$33,160.56**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$2,371.36**	**$192.00**	**$2,563.36**
Indemnity			**$9,663.19**	**$7,534.01**	**$17,197.20**
Medical			**$3,316.67**	**$10,083.33**	**$13,400.00**
			$15,351.22	**$17,809.34**	**$33,160.56**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

244 - ABC Hampton

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

244 - ABC Hampton

WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

245 - ABC Fredericksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,637.10**	**$0.00**	**$1,637.10**
Medical				**$2,442.18**	**$0.00**	**$2,442.18**
				$4,087.28	**$0.00**	**$4,087.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$1,637.10**	**$0.00**	**$1,637.10**
Medical				**$2,442.18**	**$0.00**	**$2,442.18**
				$4,087.28	**$0.00**	**$4,087.28**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

246 - ABC Beach

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

246 - ABC Beach

WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$411.81**	**$0.00**	**$411.81**
			$411.81	**$0.00**	**$411.81**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**	**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**	**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**	**$710.71**	**$0.00**	**$710.71**
		$710.71	**$0.00**	**$710.71**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,122.52**	**$0.00**	**$1,122.52**
			$1,122.52	**$0.00**	**$1,122.52**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

252 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

252 - ABC Richmond

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

255 - ABC Petersburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$149.60**	**$0.00**	**$149.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$149.60	**$0.00**	**$149.60**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

255 - ABC Petersburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$149.60	$0.00	$149.60
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$149.60	$0.00	$149.60
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

256 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$330.12	$0.00	$330.12
				$330.12	$0.00	$330.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$330.12	$0.00	$330.12
				$330.12	$0.00	$330.12
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

259 - ABC Roanoke

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

259 - ABC Roanoke

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$155.73**	**$0.00**	**$155.73**
				$155.73	**$0.00**	**$155.73**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$155.73**	**$0.00**	**$155.73**
			$155.73	**$0.00**	**$155.73**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

261 - ABC Winchester

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

261 - ABC Winchester

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$58.00**	**$2,242.00**	**$2,300.00**
Indemnity				**$8,906.54**	**$13,228.06**	**$22,134.60**
Medical				**$7,732.72**	**$31,417.28**	**$39,150.00**
				$16,697.26	**$46,887.34**	**$63,584.60**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$58.00**	**$2,242.00**	**$2,300.00**
Indemnity				**$8,906.54**	**$13,228.06**	**$22,134.60**
Medical				**$7,732.72**	**$31,417.28**	**$39,150.00**
				$16,697.26	**$46,887.34**	**$63,584.60**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

263 - ABC Norfolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$305.19**	**$0.00**	**$305.19**
				$313.19	**$0.00**	**$313.19**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$61.90**	**$0.00**	**$61.90**
Indemnity				**$5,554.13**	**$0.00**	**$5,554.13**
Medical				**$581.13**	**$0.00**	**$581.13**
				$6,197.16	**$0.00**	**$6,197.16**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

263 - ABC Norfolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$43.38	$0.00	$43.38
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$43.38	$0.00	$43.38
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$113.28	$0.00	$113.28
Indemnity.....	.....			$5,554.13	$0.00	$5,554.13
Medical.....	.....			$886.32	$0.00	$886.32
				$6,553.73	$0.00	$6,553.73
# of Claims	7					
# Open	0	Recovery Amount:	$0.00			

265 - ABC Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$281.18	$300.00
Indemnity.....	.....			$0.00	$25,508.28	$25,508.28
Medical.....	.....			$0.00	$34,000.00	$34,000.00
				$18.82	$59,789.46	$59,808.28
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$18.82	$281.18	$300.00
Indemnity.....	.....			$0.00	$25,508.28	$25,508.28
Medical.....	.....			$0.00	$34,000.00	$34,000.00
				$18.82	$59,789.46	$59,808.28
# of Claims	1					
# Open	1	Recovery Amount:	$0.00			

267 - ABC Mclean

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

267 - ABC Mclean

WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

269 - ABC Roanoke

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

270 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

270 - ABC Richmond

WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$520.36**	**$0.00**	**$520.36**
				$520.36	**$0.00**	**$520.36**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$23.60**	**$0.00**	**$23.60**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$23.60	**$0.00**	**$23.60**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	**Policy Period**	**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$8.00**	**$242.00**	**$250.00**
Indemnity		**$9,567.04**	**$8,371.16**	**$17,938.20**
Medical		**$6,400.68**	**$31,099.32**	**$37,500.00**
		$15,975.72	**$39,712.48**	**$55,688.20**
# of Claims	**1**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$31.60**	**$242.00**	**$273.60**
Indemnity	**$9,567.04**	**$8,371.16**	**$17,938.20**
Medical	**$6,921.04**	**$31,099.32**	**$38,020.36**
	$16,519.68	**$39,712.48**	**$56,232.16**
# of Claims	**4**		
# Open	**1**	**Recovery Amount:**	**$0.00**

271 - ABC Woodbridge

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

271 - ABC Woodbridge

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$4,607.14	$0.00	$4,607.14
Medical.....	.....			$9,977.25	$0.00	$9,977.25
				$14,603.21	$0.00	$14,603.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals

Expense.....	.....			$18.82	$0.00	$18.82
Indemnity.....	.....			$4,607.14	$0.00	$4,607.14
Medical.....	.....			$9,977.25	$0.00	$9,977.25
				$14,603.21	$0.00	$14,603.21
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

272 - ABC Newport News

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals

Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

277 - ABC Stanleytown

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

277 - ABC Stanleytown

WC2023	**7/1/2022 - 6/30/2023**				
Expense.....	**.....**		**$84.00**	**$0.00**	**$84.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$600.00**	**$600.00**
			$84.00	**$600.00**	**$684.00**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$84.00**	**$0.00**	**$84.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$600.00**	**$600.00**
			$84.00	**$600.00**	**$684.00**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

278 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$51.70**	**$0.00**	**$51.70**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$1,144.97**	**$0.00**	**$1,144.97**
				$1,196.67	**$0.00**	**$1,196.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense.....	**.....**		**$51.70**	**$0.00**	**$51.70**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$1,144.97**	**$0.00**	**$1,144.97**
			$1,196.67	**$0.00**	**$1,196.67**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

280 - ABC Chesapeake

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

280 - ABC Chesapeake

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

281 - ABC Madison Heights

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$200.00**	**$218.82**
Indemnity				**$0.00**	**$750.00**	**$750.00**
Medical				**$0.00**	**$1,800.00**	**$1,800.00**
				$18.82	**$2,750.00**	**$2,768.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$18.82**	**$200.00**	**$218.82**
Indemnity			**$0.00**	**$750.00**	**$750.00**
Medical			**$0.00**	**$1,800.00**	**$1,800.00**
			$18.82	**$2,750.00**	**$2,768.82**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

281 - ABC Madison Heights

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$200.00**	**$218.82**
Indemnity				**$0.00**	**$750.00**	**$750.00**
Medical				**$0.00**	**$1,800.00**	**$1,800.00**
				$18.82	**$2,750.00**	**$2,768.82**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.82**	**$200.00**	**$218.82**
Indemnity				**$0.00**	**$750.00**	**$750.00**
Medical				**$0.00**	**$1,800.00**	**$1,800.00**
				$18.82	**$2,750.00**	**$2,768.82**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

282 - ABC Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$177.19**	**$0.00**	**$177.19**
				$177.19	**$0.00**	**$177.19**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

282 - ABC Hampton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$51.45	$0.00	$51.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$51.45	$0.00	$51.45
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$51.45	$0.00	$51.45
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$177.19	$0.00	$177.19
				$228.64	$0.00	$228.64
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

286 - ABC Gainesville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,065.88	$0.00	$1,065.88
				$1,065.88	$0.00	$1,065.88
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,936.19	$0.00	$1,936.19
				$1,936.19	$0.00	$1,936.19
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$3,002.07	$0.00	$3,002.07
				$3,002.07	$0.00	$3,002.07

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

286 - ABC Gainesville

# of Claims	**3**		
# Open	**0**	**Recovery Amount:**	**$0.00**

288 - ABC Portsmouth

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

289 - ABC Roanoke

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$20.00**	**$0.00**	**$20.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$20.00	**$0.00**	**$20.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$25.40**	**$0.00**	**$25.40**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$25.40	**$0.00**	**$25.40**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

289 - ABC Roanoke

Expense			**$45.40**	**$0.00**	**$45.40**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$45.40	**$0.00**	**$45.40**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

290 - ABC Grafton

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$40.20**	**$0.00**	**$40.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$893.75**	**$0.00**	**$893.75**
				$933.95	**$0.00**	**$933.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$40.20**	**$0.00**	**$40.20**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$893.75**	**$0.00**	**$893.75**
				$933.95	**$0.00**	**$933.95**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

291 - ABC Martinsville

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

291 - ABC Martinsville

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

292 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$88.00**	**$0.00**	**$88.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$88.00	**$0.00**	**$88.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$299.34**	**$0.00**	**$299.34**
		$299.34	**$0.00**	**$299.34**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$88.00**	**$0.00**	**$88.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$299.34**	**$0.00**	**$299.34**
	$387.34	**$0.00**	**$387.34**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

294 - ABC Baileys Cross Roads

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$339.85**	**$0.00**	**$339.85**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$339.85	**$0.00**	**$339.85**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

294 - ABC Baileys Cross Roads

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$339.85	$0.00	$339.85
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$339.85	$0.00	$339.85
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

295 - ABC Manassas

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			

300 - ABC Hanover Commons

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

300 - ABC Hanover Commons

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$197.03**	**$0.00**	**$197.03**
			$197.03	**$0.00**	**$197.03**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$197.03**	**$0.00**	**$197.03**
			$197.03	**$0.00**	**$197.03**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

303 - ABC Warrenton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$70.10**	**$0.00**	**$70.10**
Indemnity				**$3,712.12**	**$0.00**	**$3,712.12**
Medical				**$1,791.62**	**$0.00**	**$1,791.62**
				$5,573.84	**$0.00**	**$5,573.84**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$40.80**	**$0.00**	**$40.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$40.80	**$0.00**	**$40.80**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

303 - ABC Warrenton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$911.56	$0.00	$911.56
				$911.56	$0.00	$911.56
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$110.90	$0.00	$110.90
Indemnity.....	.....			$3,712.12	$0.00	$3,712.12
Medical.....	.....			$2,703.18	$0.00	$2,703.18
				$6,526.20	$0.00	$6,526.20
# of Claims	6					
# Open	0	Recovery Amount:	$0.00			

305 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

308 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

308 - ABC Richmond

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$286.93**	**$0.00**	**$286.93**
			$286.93	**$0.00**	**$286.93**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$286.93**	**$0.00**	**$286.93**
			$286.93	**$0.00**	**$286.93**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

309 - ABC Roanoke

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$31.80**	**$0.00**	**$31.80**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$818.16**	**$0.00**	**$818.16**
				$849.96	**$0.00**	**$849.96**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$31.80**	**$0.00**	**$31.80**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$818.16**	**$0.00**	**$818.16**
			$849.96	**$0.00**	**$849.96**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

311 - ABC Portsmouth

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

311 - ABC Portsmouth

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

313 - ABC Fredericksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$8.00	**$0.00**	**$8.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$3,332.76**	**$2,907.00**	**$6,239.76**
Indemnity				**$13,205.23**	**$7,711.09**	**$20,916.32**
Medical				**$15,245.38**	**$20,504.62**	**$35,750.00**
				$31,783.37	**$31,122.71**	**$62,906.08**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$3,340.76**	**$2,907.00**	**$6,247.76**
Indemnity			**$13,205.23**	**$7,711.09**	**$20,916.32**
Medical			**$15,245.38**	**$20,504.62**	**$35,750.00**
			$31,791.37	**$31,122.71**	**$62,914.08**
# of Claims	**4**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

313 - ABC Fredericksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$8.00	$0.00	$8.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$3,332.76	$2,907.00	$6,239.76
Indemnity.....	.....			$13,205.23	$7,711.09	$20,916.32
Medical.....	.....			$15,245.38	$20,504.62	$35,750.00
				$31,783.37	$31,122.71	$62,906.08
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$3,340.76	$2,907.00	$6,247.76
Indemnity.....	.....			$13,205.23	$7,711.09	$20,916.32
Medical.....	.....			$15,245.38	$20,504.62	$35,750.00
				$31,791.37	$31,122.71	$62,914.08
# of Claims	4					
# Open	1	Recovery Amount:	$0.00			

314 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

314 - ABC Richmond

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

318 - ABC Woodstock

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

320 - ABC Williamsburg

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$100.00**	**$100.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$8,460.00**	**$8,460.00**
		$0.00	**$8,560.00**	**$8,560.00**
# of Claims	**2**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

320 - ABC Williamsburg

Expense.....		**$0.00**	**$100.00**	**$100.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$8,460.00**	**$8,460.00**
		$0.00	**$8,560.00**	**$8,560.00**

# of Claims 2

 # Open 1 **Recovery Amount:** $0.00

322 - ABC Centreville

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$114.97**	**$0.00**	**$114.97**
			$114.97	**$0.00**	**$114.97**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			
Grand Totals					
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$114.97**	**$0.00**	**$114.97**
			$114.97	**$0.00**	**$114.97**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

323 - ABC Purcellville

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$5,073.79**	**$0.00**	**$5,073.79**
			$5,073.79	**$0.00**	**$5,073.79**
# of Claims	2				
# Open	0	**Recovery Amount:** $0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

323 - ABC Purcellville

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	2					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$5,073.79	$0.00	$5,073.79
				$5,073.79	$0.00	$5,073.79
# of Claims	4					
# Open	0	Recovery Amount:	$0.00			

325 - ABC Courtland

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

328 - ABC Chesapeake

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

328 - ABC Chesapeake

WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$180.49**	**$0.00**	**$180.49**
			$180.49	**$0.00**	**$180.49**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$180.49**	**$0.00**	**$180.49**
			$180.49	**$0.00**	**$180.49**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

329 - ABC Culpeper

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$180.43**	**$0.00**	**$180.43**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$0.00**	**$0.00**	**$0.00**
				$180.43	**$0.00**	**$180.43**
# of Claims	**5**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense.....	**.....**		**$180.43**	**$0.00**	**$180.43**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$180.43	**$0.00**	**$180.43**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

330 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

330 - ABC Richmond

WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	**.....**		**$25.40**	**$0.00**	**$25.40**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$25.40	**$0.00**	**$25.40**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$25.40**	**$0.00**	**$25.40**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$25.40	**$0.00**	**$25.40**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

331 - ABC Short Pump

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$310.17**	**$0.00**	**$310.17**
				$310.17	**$0.00**	**$310.17**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense.....	**.....**			**$8.00**	**$0.00**	**$8.00**
Indemnity.....	**.....**			**$3,963.45**	**$0.00**	**$3,963.45**
Medical.....	**.....**			**$316.43**	**$0.00**	**$316.43**
				$4,287.88	**$0.00**	**$4,287.88**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

331 - ABC Short Pump

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$101.63**	**$0.00**	**$101.63**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$227.70**	**$0.00**	**$227.70**
				$329.33	**$0.00**	**$329.33**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$109.63**	**$0.00**	**$109.63**
Indemnity				**$3,963.45**	**$0.00**	**$3,963.45**
Medical				**$854.30**	**$0.00**	**$854.30**
				$4,927.38	**$0.00**	**$4,927.38**
# of Claims	**4**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

332 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

334 - ABC Mechanicsville

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

334 - ABC Mechanicsville

WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$511.13**	**$0.00**	**$511.13**
				$511.13	**$0.00**	**$511.13**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$511.13**	**$0.00**	**$511.13**
				$511.13	**$0.00**	**$511.13**
# of Claims	**8**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

335 - ABC Williamsburg

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

335 - ABC Williamsburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

336 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$2,424.51**	**$138.85**	**$2,563.36**
Indemnity				**$17,578.78**	**$5,273.66**	**$22,852.44**
Medical				**$26,323.97**	**$12,176.03**	**$38,500.00**
				$46,327.26	**$17,588.54**	**$63,915.80**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

336 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$384.80**	**$1,200.00**	**$1,584.80**
				$384.80	**$1,250.00**	**$1,634.80**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$2,424.51**	**$188.85**	**$2,613.36**
Indemnity				**$17,578.78**	**$5,273.66**	**$22,852.44**
Medical				**$26,708.77**	**$13,376.03**	**$40,084.80**
				$46,712.06	**$18,838.54**	**$65,550.60**
# of Claims	**3**					
# Open	**2**	**Recovery Amount:**	**$0.00**			

337 - ABC Vinton

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

338 - ABC Waynesboro

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

338 - ABC Waynesboro

WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

340 - ABC Newport News

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

341 - ABC Newport News

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

341 - ABC Newport News

WC2021	**7/1/2020 - 6/30/2021**				
Expense.....	.....		**$8.00**	**$0.00**	**$8.00**
Indemnity.....	.....		**$218.35**	**$0.00**	**$218.35**
Medical.....	.....		**$2,219.17**	**$0.00**	**$2,219.17**
			$2,445.52	**$0.00**	**$2,445.52**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	.....		**$8.00**	**$0.00**	**$8.00**
Indemnity.....	.....		**$218.35**	**$0.00**	**$218.35**
Medical.....	.....		**$2,219.17**	**$0.00**	**$2,219.17**
			$2,445.52	**$0.00**	**$2,445.52**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

345 - ABC Pulaski

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

345 - ABC Pulaski

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

346 - ABC Falls Church

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

348 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

348 - ABC Richmond

WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,836.73**	**$0.00**	**$1,836.73**
			$1,836.73	**$0.00**	**$1,836.73**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$1,836.73**	**$0.00**	**$1,836.73**
			$1,836.73	**$0.00**	**$1,836.73**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

350 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$629.67**	**$0.00**	**$629.67**
				$629.67	**$0.00**	**$629.67**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$629.67**	**$0.00**	**$629.67**
			$629.67	**$0.00**	**$629.67**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

351 - ABC Amelia

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

351 - ABC Amelia

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$53.50**	**$0.00**	**$53.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,086.37**	**$0.00**	**$2,086.37**
			$2,139.87	**$0.00**	**$2,139.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$53.50**	**$0.00**	**$53.50**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,086.37**	**$0.00**	**$2,086.37**
			$2,139.87	**$0.00**	**$2,139.87**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

353 - ABC Dale City

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

360 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

360 - ABC Richmond

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

361 - ABC Portsmouth

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$2,200.00**	**$2,200.00**
Medical				**$0.00**	**$3,250.00**	**$3,250.00**
				$18.82	**$5,651.18**	**$5,670.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$18.82**	**$201.18**	**$220.00**
Indemnity			**$0.00**	**$2,200.00**	**$2,200.00**
Medical			**$0.00**	**$3,250.00**	**$3,250.00**
			$18.82	**$5,651.18**	**$5,670.00**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

361 - ABC Portsmouth

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$2,200.00**	**$2,200.00**
Medical				**$0.00**	**$3,250.00**	**$3,250.00**
				$18.82	**$5,651.18**	**$5,670.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$18.82**	**$201.18**	**$220.00**
Indemnity				**$0.00**	**$2,200.00**	**$2,200.00**
Medical				**$0.00**	**$3,250.00**	**$3,250.00**
				$18.82	**$5,651.18**	**$5,670.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

363 - ABC Richmond

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

366 - ABC Richmond

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

366 - ABC Richmond

WC2020	**7/1/2019 - 6/30/2020**				
Expense.....	**.....**		**$31.42**	**$0.00**	**$31.42**
Indemnity.....	**.....**		**$3,069.85**	**$0.00**	**$3,069.85**
Medical.....	**.....**		**$1,160.69**	**$0.00**	**$1,160.69**
			$4,261.96	**$0.00**	**$4,261.96**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense.....	**.....**		**$31.42**	**$0.00**	**$31.42**
Indemnity.....	**.....**		**$3,069.85**	**$0.00**	**$3,069.85**
Medical.....	**.....**		**$1,160.69**	**$0.00**	**$1,160.69**
			$4,261.96	**$0.00**	**$4,261.96**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

367 - ABC Loudon

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$533.37**	**$0.00**	**$533.37**
				$533.37	**$0.00**	**$533.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$533.37**	**$0.00**	**$533.37**
			$533.37	**$0.00**	**$533.37**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

370 - ABC Beach

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

370 - ABC Beach

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$254.24**	**$0.00**	**$254.24**
			$254.24	**$0.00**	**$254.24**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$18.82**	**$150.00**	**$168.82**
Indemnity			**$0.00**	**$1,721.13**	**$1,721.13**
Medical			**$96.24**	**$7,753.76**	**$7,850.00**
			$115.06	**$9,624.89**	**$9,739.95**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense	**$18.82**	**$150.00**	**$168.82**
Indemnity	**$0.00**	**$1,721.13**	**$1,721.13**
Medical	**$350.48**	**$7,753.76**	**$8,104.24**
	$369.30	**$9,624.89**	**$9,994.19**
# of Claims	**3**		
# Open	**1**	**Recovery Amount:**	**$0.00**

371 - ABC Burke

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**
# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

371 - ABC Burke

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

372 - ABC Alexandria

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$55.60**	**$2,144.40**	**$2,200.00**
Indemnity				**$14,903.82**	**$103,618.50**	**$118,522.32**
Medical				**$49,346.44**	**$5,060.52**	**$54,406.96**
				$64,305.86	**$110,823.42**	**$175,129.28**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$55.60**	**$2,144.40**	**$2,200.00**
Indemnity				**$14,903.82**	**$103,618.50**	**$118,522.32**
Medical				**$49,346.44**	**$5,060.52**	**$54,406.96**
				$64,305.86	**$110,823.42**	**$175,129.28**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

373 - ABC Danville

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

373 - ABC Danville

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$15.34**	**$184.66**	**$200.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$846.20**	**$3,353.80**	**$4,200.00**
			$861.54	**$3,538.46**	**$4,400.00**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$15.34**	**$184.66**	**$200.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$846.20**	**$3,353.80**	**$4,200.00**
			$861.54	**$3,538.46**	**$4,400.00**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

377 - ABC Suffolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$2,051.59**	**$0.00**	**$2,051.59**
Medical				**$1,673.54**	**$0.00**	**$1,673.54**
				$3,733.13	**$0.00**	**$3,733.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$2,051.59**	**$0.00**	**$2,051.59**
Medical			**$1,673.54**	**$0.00**	**$1,673.54**
			$3,733.13	**$0.00**	**$3,733.13**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

377 - ABC Suffolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$2,051.59**	**$0.00**	**$2,051.59**
Medical				**$1,673.54**	**$0.00**	**$1,673.54**
				$3,733.13	**$0.00**	**$3,733.13**
# of Claims	**2**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$8.00**	**$0.00**	**$8.00**
Indemnity				**$2,051.59**	**$0.00**	**$2,051.59**
Medical				**$1,673.54**	**$0.00**	**$1,673.54**
				$3,733.13	**$0.00**	**$3,733.13**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

379 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,255.77**	**$0.00**	**$1,255.77**
				$1,291.77	**$0.00**	**$1,291.77**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$36.00**	**$0.00**	**$36.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$1,255.77**	**$0.00**	**$1,255.77**
				$1,291.77	**$0.00**	**$1,291.77**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

379 - ABC Beach

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

382 - ABC Poquoson

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$8.00**	**$0.00**	**$8.00**
Indemnity		**$1,075.50**	**$0.00**	**$1,075.50**
Medical		**$8,031.72**	**$0.00**	**$8,031.72**
		$9,115.22	**$0.00**	**$9,115.22**
# of Claims	**2**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$50.00**	**$50.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$1,200.00**	**$1,200.00**
		$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$8.00**	**$50.00**	**$58.00**
Indemnity	**$1,075.50**	**$0.00**	**$1,075.50**
Medical	**$8,031.72**	**$1,200.00**	**$9,231.72**
	$9,115.22	**$1,250.00**	**$10,365.22**
# of Claims	**3**		
# Open	**1**	**Recovery Amount:**	**$0.00**

385 - ABC Fairfax

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$2,093.13**	**$0.00**	**$2,093.13**
		$2,093.13	**$0.00**	**$2,093.13**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

385 - ABC Fairfax

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$2,093.13**	**$0.00**	**$2,093.13**
			$2,093.13	**$0.00**	**$2,093.13**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

387 - ABC Front Royal

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

389 - ABC Glen Allen

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			
Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

389 - ABC Glen Allen

# of Claims	**1**		
# Open	**0**	**Recovery Amount:**	**$0.00**

394 - ABC Beach

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$18.82**	**$181.18**	**$200.00**
Indemnity		**$1,644.15**	**$9,905.85**	**$11,550.00**
Medical		**$665.76**	**$7,684.24**	**$8,350.00**
		$2,328.73	**$17,771.27**	**$20,100.00**
# of Claims	**1**			
# Open	**1**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$18.82**	**$181.18**	**$200.00**
Indemnity	**$1,644.15**	**$9,905.85**	**$11,550.00**
Medical	**$665.76**	**$7,684.24**	**$8,350.00**
	$2,328.73	**$17,771.27**	**$20,100.00**

# of Claims	**2**		
# Open	**1**	**Recovery Amount:**	**$0.00**

395 - ABC Floyd

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

395 - ABC Floyd

Expense.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

407 - ABC Chesterfield

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**				
Expense.....			**$10.70**	**$0.00**	**$10.70**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$38.20**	**$0.00**	**$38.20**
			$48.90	**$0.00**	**$48.90**
# of Claims	1				
# Open	0	**Recovery Amount:** $0.00			

Grand Totals

Expense.....		**$10.70**	**$0.00**	**$10.70**
Indemnity.....		**$0.00**	**$0.00**	**$0.00**
Medical.....		**$38.20**	**$0.00**	**$38.20**
		$48.90	**$0.00**	**$48.90**

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

409 - ABC Norfolk

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense.....			**$0.00**	**$0.00**	**$0.00**
Indemnity.....			**$0.00**	**$0.00**	**$0.00**
Medical.....			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	2				
# Open	0	**Recovery Amount:** $0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

409 - ABC Norfolk

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

410 - ABC Moneta

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$38.10	$0.00	$38.10
Indemnity.....	.....			$11,107.88	$0.00	$11,107.88
Medical.....	.....			$4,555.31	$0.00	$4,555.31
				$15,701.29	$0.00	$15,701.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			
Grand Totals						
Expense.....	.....			$38.10	$0.00	$38.10
Indemnity.....	.....			$11,107.88	$0.00	$11,107.88
Medical.....	.....			$4,555.31	$0.00	$4,555.31
				$15,701.29	$0.00	$15,701.29
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

411 - ABC Grottoes

Policy	Policy Period	Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

411 - ABC Grottoes

WC2021	**7/1/2020 - 6/30/2021**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

414 - ABC Blacksburg

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$25.68**	**$0.00**	**$25.68**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$25.68	**$0.00**	**$25.68**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$25.68**	**$0.00**	**$25.68**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$25.68	**$0.00**	**$25.68**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

415 - ABC Beach

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

415 - ABC Beach

WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

418 - ABC Dulles Landing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.64**	**$0.00**	**$247.64**
				$247.64	**$0.00**	**$247.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$231.18**	**$250.00**
Indemnity				**$4,307.70**	**$6,356.47**	**$10,664.17**
Medical				**$3,150.80**	**$10,149.20**	**$13,300.00**
				$7,477.32	**$16,736.85**	**$24,214.17**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals					
Expense			**$18.82**	**$231.18**	**$250.00**
Indemnity			**$4,307.70**	**$6,356.47**	**$10,664.17**
Medical			**$3,398.44**	**$10,149.20**	**$13,547.64**
			$7,724.96	**$16,736.85**	**$24,461.81**
# of Claims	**3**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

418 - ABC Dulles Landing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$247.64**	**$0.00**	**$247.64**
				$247.64	**$0.00**	**$247.64**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$18.82**	**$231.18**	**$250.00**
Indemnity				**$4,307.70**	**$6,356.47**	**$10,664.17**
Medical				**$3,150.80**	**$10,149.20**	**$13,300.00**
				$7,477.32	**$16,736.85**	**$24,214.17**
# of Claims	**2**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$18.82**	**$231.18**	**$250.00**
Indemnity				**$4,307.70**	**$6,356.47**	**$10,664.17**
Medical				**$3,398.44**	**$10,149.20**	**$13,547.64**
				$7,724.96	**$16,736.85**	**$24,461.81**
# of Claims	**3**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

428 - ABC Beach

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

428 - ABC Beach

# of Claims	**1**		
# Open	**1**	**Recovery Amount:**	**$0.00**

437 - ABC Chesapeake

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$247.24**	**$0.00**	**$247.24**
		$247.24	**$0.00**	**$247.24**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$280.43**	**$0.00**	**$280.43**
		$280.43	**$0.00**	**$280.43**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals			
Expense	**$0.00**	**$0.00**	**$0.00**
Indemnity	**$0.00**	**$0.00**	**$0.00**
Medical	**$527.67**	**$0.00**	**$527.67**
	$527.67	**$0.00**	**$527.67**
# of Claims	**2**		
# Open	**0**	**Recovery Amount:**	**$0.00**

440 - ABC Waynesboro

Policy	Policy Period	Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**			
Expense		**$0.00**	**$0.00**	**$0.00**
Indemnity		**$0.00**	**$0.00**	**$0.00**
Medical		**$0.00**	**$0.00**	**$0.00**
		$0.00	**$0.00**	**$0.00**
# of Claims	**1**			
# Open	**0**	**Recovery Amount:**	**$0.00**	

Grand Totals

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

440 - ABC Waynesboro

Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

441 - ABC Richmond - Henrico County

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$47.60**	**$0.00**	**$47.60**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$89.83**	**$0.00**	**$89.83**
				$137.43	**$0.00**	**$137.43**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense			**$47.60**	**$0.00**	**$47.60**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$89.83**	**$0.00**	**$89.83**
			$137.43	**$0.00**	**$137.43**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

443 - ABC Haymarket -Prince William Cty

Policy	**Policy Period**			**Paid to Date**	**Outstanding**	**Incurred**

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

443 - ABC Haymarket -Prince William Cty

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$42.68**	**$0.00**	**$42.68**
Medical			**$304.58**	**$0.00**	**$304.58**
			$355.26	**$0.00**	**$355.26**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$42.68**	**$0.00**	**$42.68**
Medical			**$304.58**	**$0.00**	**$304.58**
			$355.26	**$0.00**	**$355.26**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

494 - ABC Stores Maintenance

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense				**$2,113.62**	**$0.00**	**$2,113.62**
Indemnity				**$9,439.47**	**$0.00**	**$9,439.47**
Medical				**$17,488.06**	**$0.00**	**$17,488.06**
				$29,041.15	**$0.00**	**$29,041.15**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$19,560.16**			

Grand Totals

Expense			**$2,113.62**	**$0.00**	**$2,113.62**
Indemnity			**$9,439.47**	**$0.00**	**$9,439.47**
Medical			**$17,488.06**	**$0.00**	**$17,488.06**
			$29,041.15	**$0.00**	**$29,041.15**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**-$19,560.16**		

498 - ABC Store Renovations

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

498 - ABC Store Renovations

WC2022	**7/1/2021 - 6/30/2022**				
Expense			**$8.00**	**$0.00**	**$8.00**
Indemnity			**$1,427.10**	**$0.00**	**$1,427.10**
Medical			**$1,166.52**	**$0.00**	**$1,166.52**
			$2,601.62	**$0.00**	**$2,601.62**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2023	**7/1/2022 - 6/30/2023**				
Expense			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$18.82	**$0.00**	**$18.82**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals					
Expense			**$26.82**	**$0.00**	**$26.82**
Indemnity			**$1,427.10**	**$0.00**	**$1,427.10**
Medical			**$1,166.52**	**$0.00**	**$1,166.52**
			$2,620.44	**$0.00**	**$2,620.44**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

504 - ABC Retail Administration

Policy	Policy Period		Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

504 - ABC Retail Administration

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$53.15	$0.00	$53.15
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,023.17	$0.00	$4,023.17
				$4,076.32	$0.00	$4,076.32
# of Claims	1					
# Open	0	Recovery Amount:	-$4,023.17			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$0.00	$0.00	$0.00
				$0.00	$0.00	$0.00
# of Claims	1					
# Open	0	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$53.15	$0.00	$53.15
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$4,023.17	$0.00	$4,023.17
				$4,076.32	$0.00	$4,076.32
# of Claims	3					
# Open	0	Recovery Amount:	-$4,023.17			

507 - ABC Warehouse

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$67.27	$0.00	$67.27
Indemnity.....	.....			$551.00	$0.00	$551.00
Medical.....	.....			$338.94	$0.00	$338.94
				$957.21	$0.00	$957.21
# of Claims	3					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

507 - ABC Warehouse

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$169.59	$0.00	$169.59
Indemnity.....	.....			$36,113.16	$0.00	$36,113.16
Medical.....	.....			$96,921.49	$0.00	$96,921.49
				$133,204.24	$0.00	$133,204.24
# of Claims	14					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	7/1/2021 - 6/30/2022					
Expense.....	.....			$163.10	$0.00	$163.10
Indemnity.....	.....			$1,712.37	$0.00	$1,712.37
Medical.....	.....			$4,532.90	$0.00	$4,532.90
				$6,408.37	$0.00	$6,408.37
# of Claims	17					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$18.82	$201.18	$220.00
Indemnity.....	.....			$0.00	$4,500.00	$4,500.00
Medical.....	.....			$828.40	$10,500.00	$11,328.40
				$847.22	$15,201.18	$16,048.40
# of Claims	6					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$418.78	$201.18	$619.96
Indemnity.....	.....			$38,376.53	$4,500.00	$42,876.53
Medical.....	.....			$102,621.73	$10,500.00	$113,121.73
				$141,417.04	$15,201.18	$156,618.22
# of Claims	40					
# Open	2	Recovery Amount:	$0.00			

711 - ABC Human Resources

Policy	Policy Period			Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

711 - ABC Human Resources

WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**3**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

736 - ABC Purchasing

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2022	**7/1/2021 - 6/30/2022**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,235.92**	**$0.00**	**$13,235.92**
				$13,235.92	**$0.00**	**$13,235.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$13,235.92**	**$0.00**	**$13,235.92**
				$13,235.92	**$0.00**	**$13,235.92**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

784 - ABC It Production Support

Policy	Policy Period	Paid to Date	Outstanding	Incurred

999 - VA Alcoholic Beverage Control Auth

784 - ABC It Production Support

WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$0.00**	**$0.00**
				$0.00	**$0.00**	**$0.00**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

808 - ABC Roanoke-region #1

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$491.24**	**$0.00**	**$491.24**
				$491.24	**$0.00**	**$491.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals						
Expense				**$0.00**	**$0.00**	**$0.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$491.24**	**$0.00**	**$491.24**
				$491.24	**$0.00**	**$491.24**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

811 - ABC Alexandria-region #4

Policy	Policy Period			Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

811 - ABC Alexandria-region #4

WC2020	**7/1/2019 - 6/30/2020**				
Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

812 - ABC Fredericksburg-region #5

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	**7/1/2020 - 6/30/2021**					
Expense.....	**.....**			**$31.85**	**$0.00**	**$31.85**
Indemnity.....	**.....**			**$3,511.14**	**$0.00**	**$3,511.14**
Medical.....	**.....**			**$785.38**	**$0.00**	**$785.38**
				$4,328.37	**$0.00**	**$4,328.37**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense.....	**.....**		**$31.85**	**$0.00**	**$31.85**
Indemnity.....	**.....**		**$3,511.14**	**$0.00**	**$3,511.14**
Medical.....	**.....**		**$785.38**	**$0.00**	**$785.38**
			$4,328.37	**$0.00**	**$4,328.37**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**$0.00**		

813 - ABC Richmond-region #6

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

813 - ABC Richmond-region #6

WC2023	**7/1/2022 - 6/30/2023**				
Expense.....	**.....**		**$58.02**	**$30.80**	**$88.82**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$206.83**	**$9,843.17**	**$10,050.00**
			$264.85	**$9,873.97**	**$10,138.82**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

Grand Totals

Expense.....	**.....**		**$58.02**	**$30.80**	**$88.82**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$206.83**	**$9,843.17**	**$10,050.00**
			$264.85	**$9,873.97**	**$10,138.82**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**$0.00**		

815 - ABC Chesapeake-region #8

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	**7/1/2019 - 6/30/2020**					
Expense.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**			**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**			**$335.62**	**$0.00**	**$335.62**
				$335.62	**$0.00**	**$335.62**
# of Claims	**1**					
# Open	**0**	**Recovery Amount:**	**-$335.62**			

Grand Totals

Expense.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**.....**		**$0.00**	**$0.00**	**$0.00**
Medical.....	**.....**		**$335.62**	**$0.00**	**$335.62**
			$335.62	**$0.00**	**$335.62**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**-$335.62**		

816 - ABC License Records

Policy	Policy Period	Paid to Date	Outstanding	Incurred

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

816 - ABC License Records

WC2023	**7/1/2022 - 6/30/2023**					
Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

Grand Totals

Expense				**$0.00**	**$50.00**	**$50.00**
Indemnity				**$0.00**	**$0.00**	**$0.00**
Medical				**$0.00**	**$1,200.00**	**$1,200.00**
				$0.00	**$1,250.00**	**$1,250.00**
# of Claims	**1**					
# Open	**1**	**Recovery Amount:**	**$0.00**			

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1987	**7/1/1986 - 6/30/1987**					
Expense				**$15,749.07**	**$0.00**	**$15,749.07**
Indemnity				**$241,254.60**	**$0.00**	**$241,254.60**
Medical				**$143,195.17**	**$0.00**	**$143,195.17**
				$400,198.84	**$0.00**	**$400,198.84**
# of Claims	**144**					
# Open	**0**	**Recovery Amount:**	**-$2,917.46**			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1988	**7/1/1987 - 6/30/1988**					
Expense				**$20,013.46**	**$0.00**	**$20,013.46**
Indemnity				**$618,117.59**	**$0.00**	**$618,117.59**
Medical				**$147,066.74**	**$0.00**	**$147,066.74**
				$785,197.79	**$0.00**	**$785,197.79**
# of Claims	**155**					
# Open	**0**	**Recovery Amount:**	**$0.00**			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1989	7/1/1988 - 6/30/1989					
Expense.....	.....			$147,362.43	$0.00	$147,362.43
Indemnity.....	.....			$438,990.94	$0.00	$438,990.94
Medical.....	.....			$235,170.53	$0.00	$235,170.53
				$821,523.90	$0.00	$821,523.90
# of Claims	132					
# Open	0	Recovery Amount:	-$4,725.12			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1990	7/1/1989 - 6/30/1990					
Expense.....	.....			$18,509.50	$0.00	$18,509.50
Indemnity.....	.....			$906,562.82	$0.00	$906,562.82
Medical.....	.....			$361,660.38	$0.00	$361,660.38
				$1,286,732.70	$0.00	$1,286,732.70
# of Claims	178					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1991	7/1/1990 - 6/30/1991					
Expense.....	.....			$20,638.69	$0.00	$20,638.69
Indemnity.....	.....			$586,269.85	$0.00	$586,269.85
Medical.....	.....			$188,038.48	$0.00	$188,038.48
				$794,947.02	$0.00	$794,947.02
# of Claims	132					
# Open	0	Recovery Amount:	-$3,533.44			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1992	7/1/1991 - 6/30/1992					
Expense.....	.....			$12,148.17	$548.00	$12,696.17
Indemnity.....	.....			$585,139.35	$0.00	$585,139.35
Medical.....	.....			$1,071,730.30	$148,461.39	$1,220,191.69
				$1,669,017.82	$149,009.39	$1,818,027.21
# of Claims	135					
# Open	2	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1993	7/1/1992 - 6/30/1993					
Expense.....	.....			$6,063.93	$0.00	$6,063.93
Indemnity.....	.....			$812,464.82	$0.00	$812,464.82
Medical.....	.....			$415,290.92	$0.00	$415,290.92
				$1,233,819.67	$0.00	$1,233,819.67
# of Claims	163					
# Open	0	Recovery Amount:	-$1,997.09			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1994	7/1/1993 - 6/30/1994					
Expense.....	.....			$3,654.93	$0.00	$3,654.93
Indemnity.....	.....			$246,481.44	$0.00	$246,481.44
Medical.....	.....			$305,764.16	$0.00	$305,764.16
				$555,900.53	$0.00	$555,900.53
# of Claims	139					
# Open	0	Recovery Amount:	-$4,516.73			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1995	7/1/1994 - 6/30/1995					
Expense.....	.....			$1,082.40	$176.91	$1,259.31
Indemnity.....	.....			$861,614.29	$0.00	$861,614.29
Medical.....	.....			$546,621.67	$102,046.98	$648,668.65
				$1,409,318.36	$102,223.89	$1,511,542.25
# of Claims	149					
# Open	1	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1996	7/1/1995 - 6/30/1996					
Expense.....	.....			$740.00	$0.00	$740.00
Indemnity.....	.....			$61,490.10	$0.00	$61,490.10
Medical.....	.....			$124,370.16	$0.00	$124,370.16
				$186,600.26	$0.00	$186,600.26
# of Claims	108					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1997	7/1/1996 - 6/30/1997					
Expense.....	.....			$1,606.00	$0.00	$1,606.00
Indemnity.....	.....			$261,649.28	$0.00	$261,649.28
Medical.....	.....			$492,224.26	$0.00	$492,224.26
				$755,479.54	$0.00	$755,479.54
# of Claims	119					
# Open	0	Recovery Amount:	-$1,907.64			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1998	7/1/1997 - 6/30/1998					
Expense.....	.....			$6,571.09	$0.00	$6,571.09
Indemnity.....	.....			$404,998.05	$0.00	$404,998.05
Medical.....	.....			$185,972.41	$0.00	$185,972.41
				$597,541.55	$0.00	$597,541.55
# of Claims	132					
# Open	0	Recovery Amount:	-$723.18			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC1999	7/1/1998 - 6/30/1999					
Expense.....	.....			$0.00	$0.00	$0.00
Indemnity.....	.....			$94,893.50	$0.00	$94,893.50
Medical.....	.....			$109,152.17	$0.00	$109,152.17
				$204,045.67	$0.00	$204,045.67
# of Claims	101					
# Open	0	Recovery Amount:	-$9,802.33			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2000	7/1/1999 - 6/30/2000					
Expense.....	.....			$8.00	$0.00	$8.00
Indemnity.....	.....			$19,336.53	$0.00	$19,336.53
Medical.....	.....			$46,458.47	$0.00	$46,458.47
				$65,803.00	$0.00	$65,803.00
# of Claims	108					
# Open	0	Recovery Amount:	-$12,129.62			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2001	7/1/2000 - 6/30/2001					
Expense.....	.....			$22,095.09	$811.54	$22,906.63
Indemnity.....	.....			$699,304.92	$0.00	$699,304.92
Medical.....	.....			$401,967.51	$24,940.36	$426,907.87
				$1,123,367.52	$25,751.90	$1,149,119.42
# of Claims	100					
# Open	1	Recovery Amount:	-$485.27			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2002	7/1/2001 - 6/30/2002					
Expense.....	.....			$2,811.00	$0.00	$2,811.00
Indemnity.....	.....			$154,009.38	$0.00	$154,009.38
Medical.....	.....			$190,028.74	$0.00	$190,028.74
				$346,849.12	$0.00	$346,849.12
# of Claims	155					
# Open	0	Recovery Amount:	-$6,584.26			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2003	7/1/2002 - 6/30/2003					
Expense.....	.....			$19,936.70	$8.00	$19,944.70
Indemnity.....	.....			$548,540.89	$0.00	$548,540.89
Medical.....	.....			$952,649.35	$46,555.39	$999,204.74
				$1,521,126.94	$46,563.39	$1,567,690.33
# of Claims	154					
# Open	1	Recovery Amount:	-$27,462.71			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2004	7/1/2003 - 6/30/2004					
Expense.....	.....			$17,603.27	$0.00	$17,603.27
Indemnity.....	.....			$435,928.77	$0.00	$435,928.77
Medical.....	.....			$443,363.55	$0.00	$443,363.55
				$896,895.59	$0.00	$896,895.59
# of Claims	142					
# Open	0	Recovery Amount:	-$67,904.13			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2005	7/1/2004 - 6/30/2005					
Expense.....	.....			$64,653.63	$0.00	$64,653.63
Indemnity.....	.....			$1,271,175.16	$0.00	$1,271,175.16
Medical.....	.....			$1,440,751.43	$640,484.51	$2,081,235.94
				$2,776,580.22	$640,484.51	$3,417,064.73
# of Claims	148					
# Open	1	Recovery Amount:	-$32,829.15			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2006	7/1/2005 - 6/30/2006					
Expense.....	.....			$57,795.66	$23,058.90	$80,854.56
Indemnity.....	.....			$1,113,881.99	$0.00	$1,113,881.99
Medical.....	.....			$1,678,027.13	$788,208.12	$2,466,235.25
				$2,849,704.78	$811,267.02	$3,660,971.80
# of Claims	137					
# Open	2	Recovery Amount:	-$14,630.51			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2007	7/1/2006 - 6/30/2007					
Expense.....	.....			$21,012.17	$0.00	$21,012.17
Indemnity.....	.....			$199,824.24	$0.00	$199,824.24
Medical.....	.....			$206,521.18	$0.00	$206,521.18
				$427,357.59	$0.00	$427,357.59
# of Claims	129					
# Open	0	Recovery Amount:	-$1,500.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2008	7/1/2007 - 6/30/2008					
Expense.....	.....			$28,130.53	$1,000.00	$29,130.53
Indemnity.....	.....			$351,164.43	$0.00	$351,164.43
Medical.....	.....			$470,412.16	$27,498.90	$497,911.06
				$849,707.12	$28,498.90	$878,206.02
# of Claims	114					
# Open	1	Recovery Amount:	-$266.60			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2009	7/1/2008 - 6/30/2009					
Expense.....	.....			$21,272.04	$3,059.90	$24,331.94
Indemnity.....	.....			$299,332.05	$0.00	$299,332.05
Medical.....	.....			$825,168.15	$754,005.90	$1,579,174.05
				$1,145,772.24	$757,065.80	$1,902,838.04
# of Claims	97					
# Open	3	Recovery Amount:	-$6,626.90			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2010	7/1/2009 - 6/30/2010					
Expense.....	.....			$638.04	$0.00	$638.04
Indemnity.....	.....			$40,693.80	$0.00	$40,693.80
Medical.....	.....			$243,442.68	$0.00	$243,442.68
				$284,774.52	$0.00	$284,774.52
# of Claims	100					
# Open	0	Recovery Amount:	$0.00			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2011	7/1/2010 - 6/30/2011					
Expense.....	.....			$35,720.49	$0.00	$35,720.49
Indemnity.....	.....			$447,824.21	$0.00	$447,824.21
Medical.....	.....			$361,775.25	$0.00	$361,775.25
				$845,319.95	$0.00	$845,319.95
# of Claims	89					
# Open	0	Recovery Amount:	-$821.67			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2012	7/1/2011 - 6/30/2012					
Expense.....	.....			$10,662.49	$120.00	$10,782.49
Indemnity.....	.....			$217,886.07	$0.00	$217,886.07
Medical.....	.....			$778,058.11	$756,462.72	$1,534,520.83
				$1,006,606.67	$756,582.72	$1,763,189.39
# of Claims	99					
# Open	1	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2013	7/1/2012 - 6/30/2013					
Expense.....	.....			$49,936.87	$4,256.05	$54,192.92
Indemnity.....	.....			$491,083.10	$4,747.59	$495,830.69
Medical.....	.....			$785,581.72	$329,391.15	$1,114,972.87
				$1,326,601.69	$338,394.79	$1,664,996.48
# of Claims	113					
# Open	2	Recovery Amount:	-$3,585.19			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2014	7/1/2013 - 6/30/2014					
Expense.....	.....			$42,893.60	$1,144.80	$44,038.40
Indemnity.....	.....			$322,258.06	$2,070.76	$324,328.82
Medical.....	.....			$478,316.75	$10,154.90	$488,471.65
				$843,468.41	$13,370.46	$856,838.87
# of Claims	111					
# Open	1	Recovery Amount:	-$158,308.52			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2015	7/1/2014 - 6/30/2015					
Expense.....	.....			$17,844.97	$15,538.61	$33,383.58
Indemnity.....	.....			$209,239.95	$24,504.54	$233,744.49
Medical.....	.....			$756,214.99	$1,279,194.05	$2,035,409.04
				$983,299.91	$1,319,237.20	$2,302,537.11
# of Claims	120					
# Open	1	Recovery Amount:	-$38,577.46			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2016	7/1/2015 - 6/30/2016					
Expense.....	.....			$7,339.15	$0.00	$7,339.15
Indemnity.....	.....			$142,382.73	$0.00	$142,382.73
Medical.....	.....			$374,700.77	$0.00	$374,700.77
				$524,422.65	$0.00	$524,422.65
# of Claims	119					
# Open	0	Recovery Amount:	-$1,601.30			

sedgwick

Policy Cost Summary

Injury Period: 01/01/1900 - 06/30/2023
Payments, Recoveries, Reserves as of:06/30/2023

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2017	7/1/2016 - 6/30/2017					
Expense.....	.....			$8,575.86	$2,659.95	$11,235.81
Indemnity.....	.....			$416,608.02	$97,298.53	$513,906.55
Medical.....	.....			$325,741.19	$15,719.43	$341,460.62
				$750,925.07	$115,677.91	$866,602.98
# of Claims	101					
# Open	3	Recovery Amount:	-$17,420.57			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2018	7/1/2017 - 6/30/2018					
Expense.....	.....			$19,363.45	$5,509.59	$24,873.04
Indemnity.....	.....			$234,641.94	$129,129.84	$363,771.78
Medical.....	.....			$346,265.66	$180,212.93	$526,478.59
				$600,271.05	$314,852.36	$915,123.41
# of Claims	106					
# Open	3	Recovery Amount:	-$5,268.45			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2019	7/1/2018 - 6/30/2019					
Expense.....	.....			$9,221.18	$4,786.40	$14,007.58
Indemnity.....	.....			$173,320.11	$16,427.73	$189,747.84
Medical.....	.....			$224,279.80	$124,340.03	$348,619.83
				$406,821.09	$145,554.16	$552,375.25
# of Claims	89					
# Open	2	Recovery Amount:	-$26,822.95			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2020	7/1/2019 - 6/30/2020					
Expense.....	.....			$804.97	$0.00	$804.97
Indemnity.....	.....			$20,016.06	$0.00	$20,016.06
Medical.....	.....			$20,954.19	$0.00	$20,954.19
				$41,775.22	$0.00	$41,775.22
# of Claims	59					
# Open	0	Recovery Amount:	$0.00			

Policy Cost Summary

As Of: 06/30/2023

Claim Type: Indemnity;Medical Only;Reporting Purposes Only

7/6/2023 10:53:15 AM

999 - VA Alcoholic Beverage Control Auth

S999 - VA Alcoholic Beverage Control Aut

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2021	7/1/2020 - 6/30/2021					
Expense.....	.....			$44.00	$0.00	$44.00
Indemnity.....	.....			$0.00	$0.00	$0.00
Medical.....	.....			$1,757.62	$0.00	$1,757.62
				$1,801.62	$0.00	$1,801.62
# of Claims	15					
# Open	0	Recovery Amount:	-$1,127.34			

Policy	Policy Period			Paid to Date	Outstanding	Incurred
WC2023	7/1/2022 - 6/30/2023					
Expense.....	.....			$17.89	$50.00	$67.89
Indemnity.....	.....			$1,384.44	$0.00	$1,384.44
Medical.....	.....			$3,206.66	$1,117.77	$4,324.43
				$4,608.99	$1,167.77	$5,776.76
# of Claims	3					
# Open	1	Recovery Amount:	$0.00			

Grand Totals						
Expense.....	.....			$712,520.72	$62,728.65	$775,249.37
Indemnity.....	.....			$13,929,763.48	$274,178.99	$14,203,942.47
Medical.....	.....			$15,681,900.41	$5,228,794.53	$20,910,694.94
				$30,324,184.61	$5,565,702.17	$35,889,886.78
# of Claims	4,195					
# Open	26	Recovery Amount:	-$454,075.59			